US Ecology Washington
1777 Terminal Drive
Richland, Washington 99354

(509) 377-2411
Fax: (509) 377-2244

US Ecology

an American Ecology company

April 1, 2005

Mr. James J. Pearson
Safety Inspection Engineer
Spent Fuel Project Office, NMSS
Mail Stop: O13D13
U.S. Nuclear Regulatory Commission
Washington, D.C. 20555-0001

SUBJECT: Renewal of QA Program Approval 0258

Dear Mr. Pearson:

US Ecology Washington requests the renewal of our Quality Assurance (QA) Program Approval for Radioactive Material Packages No. 0258.

American Ecology Corporation in Boise Idaho, the US Ecology Washington parent company, was the previous holder of QA Program Approval No. 0258. American Ecology has reorganized and restructured in the last several years which also included the sale of various nuclear facilities leaving the US Ecology Washington facility as the only facility requiring a Nuclear Regulatory Commission approved QA program. Along with the corporate reorganization all nuclear QA program responsibilities have been transferred to the US Ecology Washington facility.

Along with the request for renewal, US Ecology Washington is submitting the current Quality Assurance Manual, QA-MA-2, for review. Since this document is still being revised to reflect the change of responsibility from the American Ecology corporate office to the US Ecology Washington facility I have placed you on our list of controlled copy holders. This will ensure that your office is in possession of our current QA Manual as required and there will not be any further lapses in program notification.

If you need any information, please call me at (509) 377-2411.

Sincerely,

Douglas Greffin

Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Cc: File

NMSS01

LETTER OF TRANSMITTAL

US Ecology Washington
1777 Terminal Drive
Richland, WA 99354
(509) 377-2411

Date: 04/01/05 Transmittal Number: 05-QAM-011

First Class Mail [ ] Express [X] Internal [ ]

To:

James Pearson, Safety Inspection Engineer	Document Control Desk
U.S. Nuclear Regulatory Commission	U.S. Nuclear Regulatory Commission
Spent Fuel Project Office, NMSS	Spent Fuel Project Office, NMSS
Mail Stop: 013D13	11545 Rockville Pike
Washington, DC 20555-0001	Rockville, MD 20852-2739

The following attached document(s) are transmitted as checked below:

For Approval [ ] Approved as Submitted [ ] Approved as Noted [ ]
Disapproved [ ] As Requested [ ] For Use [X] For Review [ ]

The following document(s) are QA Manual **QA-MA-02** and are assigned control copy **#19**.

Document	**Amendments**	**Dated**	
Revision Log	3/16/05	3/16/05	Quality Assurance Procedure Revision Log
QAP's	Various	Various	(See attached page 2 for current QAP's and revisions.

Document Control Signature: *Charmaine Busler*
Document Control Specialist

Acknowledgment of Receipt
Please return one signed copy to sender.

I have received the document(s) identified above, and prior revisions of the document(s) have been destroyed _____ or voided _____, if applicable.

Printed name of recipient: _____

Signature of recipient: _____

Date received: _____

LETTER OF TRANSMITTAL

US Ecology Washington
1777 Terminal Drive
Richland, WA 99354
(509) 377-2411

PROCEDURE NUMBER	TITLE	REVISION	DATE
1.01	Stop Work Order (SWO)	3	3/7/05
1.02	Delegation of Authority (DOA)	3	3/7/05
2.01	QA Program Plan	2	3/14/05
2.02	QA Evaluation	4	3/7/05
2.03	QA Auditor Qualification	3	3/7/05
2.04	Indoctrination, Training & Qualification	2	3/21/05
2.05	Inspection, Exam &Testing Personnel Qualification	1	10/24/90
3.02	Numbering Documentation	3	2/12/91
3.04	Calculations	0	7/6/90
3.05	Specification Requirements	1	7/26/99
3.06	Engineering Revision Authorization	1	10/24/90
4.01	Procurement Document Control	2	2/4/91
5.01	Procedure Preparation, Review and Control	3	7/10/98
6.01	Document Control	1	10/12/90
6.02	Independent Technical Review	1	10/12/90
7.01	Supplier Qualification	3	1/23/04
7.02	Bid Evaluation	1	3/20/91
7.03	Vendor Document Review	2	3/20/91
7.04	External QA Audits	2	10/5/98
10.01	Quality Control Inspection	2	9/21/98
10.02	QA Surveillance	1	10/12/90
12.01	Control of Measuring and Test Equipment	0	7/16/92
15.01	Nonconformance Reports	1	10/12/90
15.02	Reporting of Defects & Noncompliance - 10CFR21	0	7/26/90
16.01	Administration of Corrective Action Requests	1	10/12/90
17.01	Records Management and Control	2	9/17/04
18.01	Internal Audits	4	12/10/03

USEcology Washington
an American Ecology company
1777 Terminal Dr.
Richland, WA 99354
(509) 377-2411
(509) 377-2244 Fax

Richland
Quality Assurance Manual

QA-MA-02

CONTROL COPY # 19

QUALITY ASSURANCE PROCEDURE
REVISION LOG
03/16/05

PROCEDURE NUMBER	TITLE	REVISION	DATE
1.01	Stop Work Order (SWO)	3	3/7/05
1.02	Delegation of Authority (DOA)	3	3/7/05
1.03	Communication for Quality Assurance Activities	Deleted	10/9/98
2.01	QA Program Plan	2	3/14/05
2.02	QA Evaluation	4	3/7/05
2.03	QA Auditor Qualification	3	3/7/05
2.04	Indoctrination, Training & Qualification	2	3/21/05
2.05	Inspection, Exam &Testing Personnel Qualification	1	10/24/90
2.06	Management Assessment	Deleted	11/26/03
3.01	Project Management	Deleted	10/9/98
3.02	Numbering Documentation	3	2/12/91
3.03	Design Verification	Deleted	10/9/98
3.04	Calculations	0	7/6/90
3.05	Specification Requirements	1	7/26/99
3.06	Engineering Revision Authorization	1	10/24/90
4.01	Procurement Document Control	2	2/4/91
5.01	Procedure Preparation, Review and Control	3	7/10/98
6.01	Document Control	1	10/12/90
6.02	Independent Technical Review	1	10/12/90
6.03	Peer Review	Deleted	10/9/98
7.01	Supplier Qualification	3	1/23/04
7.02	Bid Evaluation	1	3/20/91
7.03	Vendor Document Review	2	3/20/91
7.04	External QA Audits	2	10/5/98
10.01	Quality Control Inspection	2	9/21/98
10.02	QA Surveillance	1	10/12/90
12.01	Control of Measuring and Test Equipment	0	7/16/92
15.01	Nonconformance Reports	1	10/12/90
15.02	Reporting of Defects & Noncompliance - 10CFR21	0	7/26/90
16.01	Administration of Corrective Action Requests	1	10/12/90
17.01	Records Management and Control	2	9/17/04
18.01	Internal Audits	4	12/10/03

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US ECOLOGY WASHINGTON PROCEDURE	NUMBER: QAP-1.01
	REVISION NUMBER: 3
TITLE: STOP WORK ORDER	EFFECTIVE DATE: March 7, 2005
	PAGE 1 OF 5

Prepared By:

Douglas Greffin Date: 3-4-05
Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Reviewed and Approved By:

Date: 7 Mar 05
Michael R. Ault
Facility Manager

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US ECOLOGY WASHINGTON
PROCEDURE CHANGE RECORD

TITLE: **STOP WORK ORDER**

PROCEDURE NUMBER: QAP-1.01

REVISION NUMBER: 3

PAGE/PARAGRAPH AFFECTED:

All

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APPENDIX

A STOP WORK ORDER (SWO)

CONTROL COPY # 19

1.0 PURPOSE

This procedure establishes a formal method of processing Stop Work Orders (SWOs) on quality-related activities performed by or for US Ecology Washington (USEW).

2.0 SCOPE

This procedure is applicable to all activities affecting quality when those activities are not in compliance with QA Program requirements, when public health and safety, environmental protection, or regulatory compliance are jeopardized, or when corrective action is not implemented in a timely manner. Issuance of a SWO is a last resort for the correction of conditions adverse to quality.

3.0 REFERENCES

3.1 QAP 1.02, Delegation of Authority (DOA).

3.2 QAP 17.01, "Records System"

4.0 DEFINITIONS

4.1 NONE

5.0 RESPONSIBILITIES

5.1 Responsibilities contained in this procedure may be delegated as necessary. The manager delegating responsibility retains ultimate responsibility for the designee's actions.

5.2 The Quality Assurance and Regulatory Compliance Coordinator (QA&RCC) initiates, approves, and closes SWOs. The QA&RCC is also responsible for effectively communicating with appropriate facility or project management prior to and during the SWO.

5.3 Responsible management shall adhere to the requirements of this procedure and the SWO. Managers are responsible for analyzing the impact of a SWO from a managerial perspective, implementing corrective action, and notifying the QA&RCC when corrective action has been completed.

6.0 RECORDS

Completed copies of Appendix A, "Stop Work Order" shall be forwarded to Document Control for indefinite retention in accordance with procedure QAP 17.01, with a retention schedule of "Life of Facility".

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7.0 PROCEDURE/REQUIREMENTS

7.1 Initiating Stop Work Orders

7.1.1 The Quality Assurance & Regulatory Compliance Coordinator (QA&RCC) initiates a SWO when other means of notification have been exhausted without obtaining corrective action. Examples of prior notification are: surveillance reports, nonconformance reports, condition reports, and audit reports. If, however, conditions exist that warrant immediate attention, a SWO may be issued without prior notification.

7.1.2 When the QA&RCC determines that an activity must be stopped, a SWO is initiated. USEW Richland office or facility personnel may be delegated the authority to stop work by their signature on the SWO, but the SWO must be validated by the QA&RCC prior to work stoppage.

7.1.3 The QA&RCC shall inform the responsible manager of the adverse conditions justifying stop work and shall work toward reaching an agreement on required corrective action. If the QA&RCC and the responsible manager cannot agree on the corrective action and schedule, the QA&RCC shall immediately escalate the issue to higher management for resolution.

7.2 Issuing a SWO

7.2.1 The QA&RCC shall issue SWOs using a SWO Form (Appendix A) and assign a sequential SWO number from the QA SWO Log. The unique SWO number shall represent the current year, e.g., 01 (2001) followed by a sequential number.

7.2.2 The SWO shall be addressed to the responsible manager or contractor/supplier with copies to appropriate department and Project Managers. When a SWO is issued to a contractor/supplier, the SWO and associated correspondence may be initially sent via fax, and then subsequently presented via certified mail. The QA&RCC is responsible for transmittal of the SWO.

7.2.3 The QA&RCC shall ensure that the SWO is submitted to the affected manager and maintain a copy in the SWO file until the original is returned. Information copies of the SWO shall be distributed to appropriate USEW personnel including the Facility Manager.

7.3 Closing a SWO

7.3.1 When notified by the responsible manager that corrective action has been completed, the QA&RCC shall verify implementation of the corrective action.

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7.3.2 When a SWO is lifted, the QA&RCC shall send a copy of the closed SWO to the affected manager and to all original recipients. If corrective action has taken place, the QA&RCC shall signify closure of the SWO. Copies of the closed SWO shall be sent to responsible manager, the purchasing department (if applicable) and all recipients determined in procedure step 7.2.3. The original closed copy of the SWO shall be maintained in the appropriate QA file.

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APPENDIX A
Page 1 of 1

STOP WORK ORDER -(SWO)

SWO#_____

Page ____ of ____

AFFECTED AREA/PROJECT/FACILITY/ACTIVITY:_____

_____

_____

UNACCEPTABLE CONDITION(S):_____

_____

_____

_____

ORIGINATOR:_____ DATE:_____

QA&RCC:_____ DATE:_____

CORRECTIVE ACTION TO LIFT SWO:_____

_____

_____

_____

_____

AFFECTED MANAGER:_____ ESTIMATED COMPLETION DATE:_____

QA CONCURRENCE:

QA&RCC:_____ DATE:_____

IMPLEMENTATION OF CORRECTIVE ACTION HAS BEEN VERIFIED AND THE SWO IS LIFTED.

QA&RCC:_____ DATE:_____

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US ECOLOGY WASHINGTON PROCEDURE	NUMBER: QAP-1.02
	REVISION NUMBER: 3
TITLE: DELEGATION OF AUTHORITY	EFFECTIVE DATE: March 7, 2005
	PAGE 1 OF 5

Prepared By:

Douglas Greffin Date: 2-25-05

Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Reviewed and Approved By:

Date: 1 Mar 05

Michael R. Ault
Facility Manager

CONTROL COPY # 19

US ECOLOGY WASHINGTON
PROCEDURE CHANGE RECORD

TITLE: **DELEGATION OF AUTHORITY**

PROCEDURE NUMBER: QAP 1.02

REVISION NUMBER: 3

PAGE/PARAGRAPH AFFECTED: ALL

Initial Issue.

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APPENDIX

A DELEGATION OF AUTHORITY

CONTROL COPY # 19

1.0 PURPOSE

This Quality Assurance Procedure (QAP) defines and establishes control over the practice of documenting Delegation of Authority (DOA) at all levels of management. The scope of activities that can be delegated may be limited as defined in company policy, permits or licenses.

2.0 SCOPE

This QAP is applicable to the DOA for quality-related work performed at all levels of US Ecology Washington Richland management. Management authority may be delegated on a temporary basis during a planned absence, or as a permanent signature authority for a specified activity.

This procedure does not apply to administrative procedures or processes that are not encompassed by US Ecology Washington's QA Program.

3.0 REFERENCES

None

4.0 DEFINITIONS

4.1 Delegation of Authority - DOA is the formal delegation of a manager's duties and signature authority to the identified employee on a temporary or permanent basis during the manager's absence. A DOA may also be used to identify individuals authorized to sign for specific management activities, e.g., approval of procedures, document reviews, or purchases requisitions.

4.2 DOA Form (Appendix A) - The DOA form is the documented record of delegation. It is signed by the delegating manager prior to the dates of delegation and distributed to affected employees and other interfacing organizations.

4.3 Planned Absence - A planned absence is any scheduled time that a manager will not be present to perform management responsibilities. Such absences include vacations, business trips, seminars, training, and special assignments.

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5.0 RESPONSIBILITIES

5.1 Manager's

Each manager is responsible for ensuring that a DOA is prepared and signed prior to a planned absence, and the distribution of the DOA to affected personnel. The delegating manager is also responsible for instructing the designee in the managerial duties authorized and distribution of the DOA to appropriate personnel and/or organizations.

5.2 Designee

The designee acts for the manager in the manager's absence as authorized and instructed. This includes signing time sheets, attending meetings, signing internal letters and other documents as appropriate, and participating in decision making as circumstances and policies warrant. Documents (except for timesheets) signed by the designee shall be followed by the word "for" and the delegating manager's name.

6.0 RECORDS

6.1 Appendix A shall be maintained in accordance with QAP 17.01 as a lifetime record.

7.0 PROCEDURE/REQUIREMENTS

7.1 The manager preparing the DOA shall obtain a current copy of the form from Document Control or other appropriate location. The form may also be copied directly from this procedure.

7.2 The responsible manager shall prepare the DOA form as follows:

7.2.1 Enter the individual's name being delegated.

7.2.2 Check the appropriate period for delegation; Temporary or Permanent.

7.2.3 Enter the beginning and ending dates for temporary delegations.

7.2.4 Enter the beginning date for permanent delegations.

7.2.5 List limitations, if any, that applies to the delegation, (e.g., hire/termination authority, purchasing limitations etc.)

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7.2.6 Enter a brief statement defining the purpose and justification for permanent delegations.

7.2.7 Enter the name of all individuals directly affected by the delegation. Direct reports are one example of the individual(s) that should be listed.

7.2.8 Approve the DOA by signature, including appropriate title and date.

7.2.9 Enter the organization(s) and/or facility(s) affected by the DOA.

7.2.10 List the individual(s) or organization(s) affected by the DOA, and distribute accordingly. The original DOA shall then be routed to Document Control for retention.

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APPENDIX A
DELEGATION OF AUTHORITY

US Ecology Washington	DELEGATION OF AUTHORITY

I hereby delegate my authority to: _____

For the following period:

____ Temporary - From _____ Through _____

____ Permanent - Effective Date _____

Delegation is limited to that specified below (if applicable):

_____

_____

Purpose and Justification (complete for a permanent delegation only):

_____

_____

_____

Person(s) Covered Under Delegation:

_____ _____

_____ _____

_____ _____

_____

Signature Title Date

_____

Affected Organization(s)

Distribution:

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INTERIM CHANGE NOTICE

PART 1

ICN Number: 98-001 Date: 10/9/98

Procedure Number: QAP 1.03 Revision Number: 0

Procedure Title: Communication for Quality Assurance Activities

Expiration Date (If applicable; NA for permanent change): N/A

Description: Obsolete Procedure

Prepared by: S. Wallace/CQAM 5/22/98 Date

PART 2

Reviewed By:

Signature on File A. Bilau/CIC LLRW Project

Signature on File J. Shaffner/California LLRW Project

Signature on File T. Hayes/Richland LLRW Facility

Reviewed and Approved By:

5/23/98 Quality Assurance Review/Date

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US ECOLOGY WASHINGTON PROCEDURE	NUMBER: QAP-2.01
	REVISION NUMBER: 2
TITLE: QUALITY ASSURANCE PROGRAM PLAN	EFFECTIVE DATE: March 14, 2005
	PAGE 1 OF 5

Prepared By:

Douglas Greffin Date: 3-9-05

Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Reviewed and Approved By:

Date: 9 Mar 05

Michael R. Ault
Facility Manager

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US ECOLOGY WASHINGTON
PROCEDURE CHANGE RECORD

TITLE: **QUALITY ASSURANCE PROGRAM PLAN**

PROCEDURE NUMBER: QAP 2.01

REVISION NUMBER: 2

PAGE/PARAGRAPH AFFECTED: ALL

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APPENDICES

A QUALITY ASSURANCE REQUIREMENTS MATRIX
B REQUIREMENT AND PROCEDURE MATRIX

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1.0 PURPOSE

The purpose of this quality assurance procedure (QAP) is to establish the requirements and guidelines for the development of a Quality Assurance Program Plan (QAPP).

2.0 SCOPE

This procedure applies to the development of QAPP's in support of US Ecology Washington quality-related projects.

3.0 REFERENCES

None

4.0 DEFINITIONS

4.1 Quality-related activities - activities important to public health and safety, environmental and regulatory compliance.

4.2 Quality Record – provides objective evidence of the extent of the fulfillment of the requirements for quality or the effectiveness of the operation of a quality system element.

5.0 RESPONSIBILITIES

5.1 Quality Assurance and Regulatory Compliance Coordinator or Designee - Assist the Project Manager during the development of a QAPP to assure that the requirements contained in this procedure and other applicable documents are properly address. Approve new and subsequent revisions of QAPP's in accordance with this procedure.

5.2 Project Manager or Designee - Identify quality-related projects or activities that require the development of a QAPP. Oversee the development, approval and implementation of the QAPP.

6.0 RECORDS

QAPP's shall be controlled and maintained by USEW document control. A QAPP is a quality record and shall be retained for the life of the facility, plus ten years, unless noted otherwise.

7.0 PROCEDURE/REQUIREMENTS

7.1 The QAPP shall include the following, as applicable:

7.1.1 The purpose for the QAPP. This should be a brief overview for the purpose of outlining the scope and the quality assurance goals and/or objectives of the program.

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7.1.2 A brief description of each activity.

7.1.3 A completed Quality Assurance Requirements Matrix (Appendix A) which provides the following information:

7.1.4 The activities of the program.

7.1.5 Organizations and/or subcontractors responsible for each activity.

7.1.6 Designated QA requirements applicable to each activity.

7.1.7 Comment section containing (as applicable):

7.1.8 Clarification of requirements.

7.1.9 Statements explaining why requirements are not applicable.

7.1.10 Special requirements of the customer.

7.1.11 Detailed requirements which may not be included in specific procedures; audit emphasis and corresponding schedules; defined limits for QA involvement in the activity.

7.1.12 A matrix depicting procedures, instructions and other documents which implement QAPP requirements. The procedures, instructions and other documents shall be cross-referenced to the QAPP requirements and to the facilities, offices or activities to which they are applicable. Utilize a format similar to Appendix B.

7.2 QAPP's shall be reviewed by the responsible organizations, and approved by the Project Manager and QA&RCC. The review, comments and their resolutions shall be documented.

7.3 After approval, the Project Manager shall prepare a distribution list which shall include, as a minimum, Quality Assurance, Health Physics, and Subcontractors, when applicable.

7.4 QAPP's are controlled documents and revisions or changes to them shall meet document control requirements.

7.5 QAPPs shall remain in effect throughout the life of the program. The Project Manager, upon work completion or the superseding of the QAPP, and prior to closure, shall:

7.5.1 Resolve any outstanding action items, such as open nonconformance reports, audit findings, and/or closure reports.

7.5.2 Issue a memo to the QA&RCC that the QAPP is closed, and the date of closure.

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APPENDIX A

QUALITY ASSURANCE REQUIREMENTS MATRIX

Number	CRITERIA	PROJ. MGT.	CHARACTERIZATION	DESIGN	PROC./ FAB.	CONST/ INST.	OPERATIONS	CLOSURE	POST CLOSURE
1	ORGANIZATION								
2	QUALITY ASSURANCE PROGRAM								
3	DESIGN CONTROL								
4	PROCUREMENT DOCUMENT CONTROL								
5	INSTRUCTIONS, PROCEDURES AND DRAWINGS								
6	DOCUMENT CONTROL								
7	CONTROL of PURCHASED MATERIAL, EQUIPMENT AND SERVICES								
8	IDENTIFICATION and CONTROL of MATERIALS, PARTS and COMPONENTS								
9	CONTROL of SPECIAL PROCESSES								
10	INSPECTION								
11	TEST CONTROL								
12	CONTROL of MEASURING and TEST EQUIPMENT								
13	HANDLING, STORAGE and SHIPPING								
14	INSPECTION, TEST and OPERATING STATUS								
15	NONCONFORMING MATERIAL, PARTS or COMPONENTS								
16	CORRECTIVE ACTIONS								
17	QUALITY ASSURANCE RECORDS								
18	AUDITS								

⬢= Performed by US Ecology
◈= Performed by contractor

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APPENDIX B

 REQUIREMENT AND PROCEDURE MATRIX

QAPP REQUIREMENTS	Richland Operational Procedures (ROP's)	Quality Assurance Procedures (QAP'S)
1.0 ORGANIZATION • ESTABLISH ORGANIZATION STRUCTURE • DEFINE RESPONSIBILITIES	ROP-1	QAP-1.01, QAP-1.02
2.0 QA PROGRAM • IDENTIFIES APPLICABLE ITEMS & ACTIVITIES. • DOCUMENTED PLANNING OF PROJ. ACTIVITIES • INDOCTRINATION & TRAINING • QUALIFICATION OF QA/QC PERSONNEL • PROGRAM PLAN CONTROL & DISTRIBUTION	ROP-20, ROP-21, ROP-22, ROP-23, ROP-24, ROP-25, ROP-26, ROP-27	QAP-2.01, QAP-2.02, QAP-2.03, QAP-2.04, QAP-2.05, 6.01
3.0 DESIGN CONTROL • IDENTIFY & DOC. QA REQUIREMENTS & CONTROLS • DESIGN ANALYSIS CALCULATIONS/COMPUTER PROGRAMS • DESIGN VERIFICATION • DESIGN CHANGE CONTROL	ROP-42, ROP-65	QAP-3.01, QAP-3.02, QAP-3.03, QAP-3.04, QAP-3.05
4.0 PROCUREMENT DOCUMENT CONTROL • PROCUREMENT DOCUMENT REVIEW • PROCUREMENT DOCUMENT CHANGE CONTROL	ROP-9, ROP-13, ROP-14, ROP-15, ROP-32, ROP-35, ROP-36, ROP-44, ROP-45, ROP-53	QAP-4.01, QAP-4.021
5.0 INSTRUCTIONS, PROCEDURES & DRAWINGS • DEFINE RESPONSIBILITIES • ACCEPTANCE CRITERIA	ROP-9, ROP-13, ROP-14, ROP-15, ROP-32, ROP-35, ROP-36, ROP-44, ROP-45, ROP-53	QAP-5.01

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6.0 DOCUMENT CONTROL • DOCUMENT REVIEW, APPROVAL • IDENTIFICATION & DISTRIBUTION • DOCUMENT CHANGE CONTROL	ROP-1, ROP-2, ROP-3, ROP-37	QAP-6.01, QAP-6.02, QAP-6.03
7.0 CONTROL OF PURCHASED ITEMS, AND SERVICES • VENDOR QUALIFICATION AND SELECTION • APPROVAL OF SUBMITTED DOCUMENTS	ROP-66	QUP-7.01, QAP-7.02, QAP-7.03, QAP-7.04
8.0 IDENTIFICATION & CONTROL OF MATERIALS, PARTS AND COMPONENTS • SAMPLE IDENTIFICATION • CHAIN OF CUSTODY	ROP-46, ROP-47, ROP-48, ROP-49	
9.0 CONTROL OF PROCESSES • SAMPLE ANALYSIS • SAMPLE COLLECTION	ROP-7, ROP-39, ROP-46, ROP-47, ROP-48, ROP-49, ROP-50, ROP-58, ROP-59, ROP-70	
10.0 INSPECTION • PLANNING • SURVEILLANCE • INSPECTOR QUALIFICATION • REPORTING	ROP-29, ROP-30, ROP-34, ROP-40, ROP-43, ROP-61, ROP-16, ROP-55, ROP-60, ROP-64, ROP-68, ROP-69	QAP-10.01, QAP-10.02, QAP-2.05
11.0 TEST CONTROL • SUBCONTRACTED, SEE CRITERIA 4		
12.0 CONTROL OF MEASURING & TEST EQUIPMENT • CALIBRATION PROGRAM • DEFINE RESPONSIBILITIES	ROP-10, ROP-52, ROP-54, ROP-56	
13.0 HANDLING, STORAGE & SHIPPING • LIFTING EQUIPMENT • DEFINED STORAGE AREAS	ROP-28, ROP-31, ROP-33	

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14.0 INSPECTION, TEST & OPERATING STATUS • LOG MAINTENANCE • STATUS INDICATORS	ROP-41	QAP-10.01
15.0 CONTROL OF NONCONFORMING ITEMS • IDENTIFIED AND CONTROLLED • NOTIFICATION TO AFFECTED ORGANIZATIONS	ROP-38, ROP-63	QAP-15.01
16.0 CORRECTIVE ACTIONS • NOTIFICATION AND IMPLEMENTATION • DETERMINE ROOT CAUSE		QAP-16.01
17.0 QA RECORDS • RADIATION EXPOSURE (WORKER/VISITOR) • CONNECTION AN MAINTENANCE	ROP-8, ROP-6	
18.0 AUDITS • MANAGEMENT • RADIOLOGICAL CONTROL AND SAFETY • QUALITY ASSURANCE	ROP-4, ROP-5	QAP-18.01

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US ECOLOGY WASHINGTON PROCEDURE	NUMBER: QAP-2.02
	REVISION NUMBER: 4
TITLE: QA EVALUATION	EFFECTIVE DATE: March 7, 2005
	PAGE 1 OF 5

Prepared By:

Douglas Greffin Date: 3-1-05

Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Reviewed and Approved By:

Date: 7 Mar 05

Michael R. Ault
Facility Manager

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TITLE: **QA EVALUATION**

PROCEDURE NUMBER: QAP 2.02

REVISION NUMBER: 4

PAGE/PARAGRAPH AFFECTED: ALL

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APPENDICES

A QUALITY ASSURANCE EVALUATION REPORT
B INSTRUCTIONS FOR COMPLETING QUALITY ASSURANCE EVALUATION REPORTS (QAER)

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1.0 PURPOSE

The purpose of this quality assurance procedure (QAP) is to establish a method of evaluating and documenting single or multiple tasks if the task(s) is classified quality-related. The performance of a quality-related task, verses non-quality, usually requires increased administrative and engineering controls to ensure conformity with pertinent health and safety, environmental protection, and/or regulatory compliance requirements.

2.0 SCOPE

This QAP applies to quality-related activities conducted by or for US Ecology.

3.0 REFERENCES

QAP 17.01, QA Records

4.0 DEFINITIONS

4.1 Quality Assurance Evaluation (QAE) - is the method utilized by US Ecology to define and document quality assurance requirements and actions necessary to assure that quality-related tasks, (i.e., items, services, and/or equipment) are identified and perform satisfactorily (i.e., meeting applicable specifications, standards, codes, regulations, and requirements).

4.2 Quality-related activities - are those activities important to public health and safety, environmental protection, and regulatory compliance.

5.0 RESPONSIBILITIES

5.1 Project Manager or designee - shall conduct QAE in accordance with this procedure for quality-related activities falling under the individual's realm of responsibility.

5.2 The Quality Assurance and Regulatory Compliance Coordinator (QA&RCC) or designee - shall review and approve QAEs in accordance with the requirements of this procedure. The QA&RCC shall transmit approved QAE's to Document Control.

6.0 RECORDS

6.1 Appendix A, QAER, is a quality record and shall be controlled and maintained by Document Control in accordance with QAP 17.01 or other approved site specific procedure(s). QAER's shall be retained for the life of facility, unless noted otherwise.

7.0 PROCEDURE/REQUIREMENTS

7.1 The QAER (Appendix A) as exemplified in this procedure should contain the following:

7.1.1 Preparer's name,

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7.1.2 Project or facility name,

7.1.3 Brief description of the activity to be evaluated,

7.1.4 List of tasks necessary to complete the activity or activities. The list of tasks should be arranged chronologically or other logical order,

7.1.5 List of critical item(s) and/or equipment necessary to perform each task.

7.1.6 Identify the applicable QA requirements for each task. Additional information regarding each of the nineteen (19) criteria can be located in the Corporate Quality Assurance Manual or site specific Quality Assurance Program Plan,

7.1.7 Comments page for addition information, as necessary,

7.1.8 Date of preparation,

7.1.9 Project Manager and QA&RCC approval, or their designees, and

7.1.10 Date of approvals.

7.2 The comment page(s) (when necessary) shall identify the appropriate task(s) by the index number, applicable quality assurance requirements, and corresponding comments. The comment(s) may:

7.2.1 Clarify the meaning and application of the governing QA requirements,

7.2.2 Provide justification for the exclusion of requirements when no QA requirements appear to exist for a particular task,

7.2.3 List any special customer and regulatory requirements, and/or

7.2.4 Provide identification of performance monitoring activities, e.g. inspections, surveillance, audits, reviews, other quality control measures.

7.3 Instructions for completing the QAER are located in Appendix B. Hard or electronic copies of the QAER may be obtained from the QA&RCC.

7.4 Completed QAERs shall be reviewed and approved by the Project Manager and QA&RCC, or their designees.

7.5 The preparer is responsible for routing completed QAERs to the Project Manager, QA&RCC, and any individual(s) responsible for performance of the tasks, including subcontractors, if appropriate.

7.6 A revision or change to a QAER requires the same approval as the original document.

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7.7 Quality Assurance Evaluations shall be conducted by the organization responsible for the activity, both for internal and/or contract work. The responsible organization may require or request the internal organization performing the work or the contractor to assist in preparing the QAER.

7.8 QAERs should expire after completion of the activity description.

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QUALITY ASSURANCE EVALUATION REPORT

US ECOLOGY, INC.

QUALITY ASSURANCE EVALUATION REPORT

Prepared by: 1 Company: 2

Project 3

Activity/Description: 4

Date Prepared: 5 QAER No.: 6

Index No.	Task(s)				Quality Related Items/Equipment	Organization	QA Program	Design Controls	Procurement Controls	Instructions, Procedures & Drawings	Document Control	Control of Purchased Items	Identification and Control of Items	Control of Special Processes	Inspection	Test Control	Control of Measuring and Test Equipment	Handling, Storage and Shipping	Inspection, Test and Operating Status	Nonconforming Items	Corrective Actions	QA Records	Audits	Software QA
7	8				9	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

Project Manager 11 Date 11 QA&RCC 11 Date 11

CODE: X = Requirements that Apply R = Requirements with Comments N = Not Required with Comments Page ___ of ___

QAP 2.02 Rev. 4

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Instructions for Completing Quality Assurance Evaluation Reports (QAER)

Block 1, Prepared By - Enter the preparers name.

Block 2, Company - Enter the company responsible for performance of the task(s).

Block 3, Project/Facility - Indicate Project Number, Project Name/Facility (location) etc...

Block 4, Activity Descrip. - Select and designate the activity for which the QAE is to be performed.

Block 5, Date Prepared - Enter the date the QAER was prepared.

Block 6, QAER Number - Obtain a QAER number from the QA&RCC. The QA&RCC shall maintain a log book for QAER's to assure non–duplication of numbers. Enter the QAER number in the space provided.

Block 7, Index Number - This number identifies the corresponding task. Use of work breakdown numbers or task authorization number are preferred, if available. Sequential numbers where "1" represents the first task or 2 represents the second task may also be used. Place this number in the "index" column.

Block 8, Task(s) - Enter the title and/or brief description of the task(s). Tasks should be entered in a logical order. A task is a step which is necessary to complete or continue an activity. A task may be a portion of work being performed by a designated organization.

Example: For the activity water sampling, tasks might include: collecting sample, packaging sample, transporting sample to laboratory, receiving sample at laboratory, analyzing sample, generating and reporting data, and disposition of sample (storing or disposing).

Block 9, Items & Equip. - Enter a brief description of the items and/or equipment which are necessary to perform the task, if not applicable enter N/A.

Block 10, QA Req. - For each task place the appropriate symbol (see Appendix A) in the column under the applicable criteria.

Block 11, Approvals - The Project Manager and QA&RCC shall review and approve the QAER, if appropriate, and transmit the completed document to the originator for distribution. Unresolved evaluations shall be returned to the originator for resolution.

Block 12, Pagination - The preparer shall enter the total number of pages representing the QAER and transmit the QAER to all effected parties.

US ECOLOGY WASHINGTON PROCEDURE	NUMBER: QAP-2.03
	REVISION NUMBER: 3
TITLE: QA AUDITOR QUALIFICATION	EFFECTIVE DATE: March 7, 2005
	PAGE 1 OF 7

Prepared By:

Douglas Greffin Date: 3-1-05

Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Reviewed and Approved By:

Date: 8 Mar 05

Michael R. Ault
Facility Manager

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US ECOLOGY WASHINGTON
PROCEDURE CHANGE RECORD

TITLE: **QA AUDITOR QUALIFICATION**

PROCEDURE NUMBER: QAP-2.03

REVISION NUMBER: 3

PAGE/PARAGRAPH AFFECTED: All

Initial Issue

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APPENDICES

A RECORD OF LEAD AUDITOR QUALIFICATION
B RECORD OF LEAD AUDITOR QUALIFICATION MAINTENANCE

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1.0 PURPOSE

The purpose of this procedure is to establish guidelines, responsibilities and requirements for qualification of personnel performing quality assurance (QA) audit activities.

2.0 SCOPE

This procedure applies to personnel who perform any of the following activities involved in QA audits of US Ecology organizations or projects, contractors, and suppliers:

- Preparation of audit plans or checklists;
- Examinations or questions to provide information as to the degree of conformance to the requirements being audited;
- Preparation or reporting of audit findings or observations;
- Evaluation and concurrence of the acceptability of proposed corrective actions;
- Follow-up to assure implementation and effectiveness of corrective actions;
- Leading or directing activities for a specific audit.

3.0 REFERENCES

3.1 NQA-1, Quality Assurance Requirements for Nuclear Facility Applications

3.2 NUREG-1293 Rev 1 "Quality Assurance Guidance for a Low-Level Radioactive Waste Disposal Facility"

3.3 QAP 2.04, Indoctrination, Training and Qualification

3.4 QAP 7.04, External QA Audits

3.5 QAP 17.01, Records System

3.6 QAP 18.01, Internal Quality Assurance Audits

4.0 DEFINITIONS

4.1 Auditor - Individual who performs any portion of an audit, including lead auditors, technical specialist and others such as management representatives and auditors in training.

4.2 Lead Auditor - Individual qualified to organize and direct an audit, report audit findings, observations, evaluate corrective action, and who is certified in accordance with this procedure.

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5.0 RESPONSIBILITIES

5.1 The Quality Assurance & Regulatory Compliance Coordinator (QA&RCC) is responsible for evaluation and certification of auditors, as well as the maintenance of supporting documentation.

6.0 RECORDS

6.1 Completed copies of Appendix A, "Record of Lead Auditor Qualification" and Appendix B, "Record of Lead Auditor Qualification Maintenance" shall be maintained as "Lifetime Records" in accordance with procedure QAP 17.01, "Records System".

7.0 PROCEDURE/REQUIREMENTS

7.1 Selection and Training of Personnel

7.1.1 Facility or Project Management, or the QA&RCC may recommend an individual for consideration as auditor.

7.1.2 The QA&RCC shall provide appropriate indoctrination and training to individuals selected as auditors.

7.2 Qualification of Auditors

7.2.1 The lead auditor for each audit is responsible for assuring that audit team members are competent to perform their assigned duties. This may be accomplished by virtue of prior experience, training and/or specific documented orientation training conducted during the audit preparation phase

7.2.2 To determine the extent of auditor orientation required, the lead auditor shall consider the specific role of the auditor(s), type of audit, prior training and experience of the auditor, including scope, complexity and special nature of the activities to be audited.

7.2.3 As needed, based on the auditor's prior training and experience, the lead auditor shall include in the orientation a review of US Ecology's QA Program Plan and procedures related to auditing and auditing techniques. This training shall be documented in accordance with procedure QAP 2.04.

7.2.4 The lead auditor shall ascertain that auditor's are independent with respect to activities they will audit (i.e., auditor's shall not audit an activity for which he or she is directly responsible or provides direction).

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7.3 Qualification of Lead Auditors

7.3.1 The prospective lead auditor shall have verifiable evidence that a minimum of ten (10) credits have been accumulated when credits are awarded per the following criteria:

7.3.1.1 Education (4 Credits Maximum)

7.3.1.2 Associate Degree from an accredited institution, score one (1) credit, or if the degree is in engineering, physical sciences, mathematics or quality assurance, score two (2) credits; or

7.3.1.3 A Bachelor's Degree from an accredited institution, score two (2) credits or if the degree is in engineering, physical sciences, mathematics or quality assurance, score three (3) credits; in addition, score one (1) credit for a Master's Degree in engineering, physical sciences, business management, or quality assurance from an accredited institution.

7.3.2 Experience (9 Credits Maximum)

7.3.2.1 Technical experience in engineering, manufacturing, construction, operation or maintenance, score one (1) credit for each full year with a maximum of five (5) credits for this aspect of experience; or

7.3.2.2 If two (2) or more years of this experience have been in the nuclear field, score one (1) additional credit, or

7.3.2.3 If two (2) or more years of this experience have been in quality assurance, score two (2) additional credits; or

7.3.2.4 If two (2) or more years of this experience have been in auditing, score three (3) additional credits; or

7.3.2.5 If two (2) or more years of this experience has been in nuclear quality assurance, score three (3) additional credits; or

7.3.2.6 If two (2) or more years of this experience has been in nuclear quality assurance auditing, score four (4) additional credits; or

7.3.3 Other Credentials of Professional Competence (2 Credits Maximum). Certification of competency in engineering, science or quality assurance specialties issued and approved by a State Agency, or National Professional or Technical Society, score two (2) credits.

7.3.4 Rights of Management (2 Credits Maximum). The lead auditor's employer may grant up to two (2) credits for other performance factors applicable to auditing which may not be explicitly called out in this

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procedure. Examples: leadership, sound judgment, maturity, analytical ability, tenacity, past performance, and quality assurance training courses.

7.3.5 The prospective lead auditor shall have the capability to communicate effectively, both written and orally. These skills shall be attested to by the candidate's manager on Appendix A.

7.3.6 The prospective lead auditor shall have training sufficient to assure their competence in auditing skills. This training may include, but should not be limited to, on-the-job-training. Training should provide the auditor with knowledge and understanding of the US Ecology's QA Program, related codes, standards, regulations and/or regulatory guides, general auditing techniques and procedures, including an understanding of the activity being audited.

7.3.7 The prospective lead auditor shall have participated in a minimum of five (5) quality assurance audits within a period of time not to exceed three (3) years prior to the date of qualification, one audit of which shall be a nuclear quality assurance audit within the year prior to the qualification. Audits performed prior to employment by US Ecology may be used to meet this requirement, except that at least one of the audits should have been a US Ecology audit within the year of qualification.

7.3.8 The prospective lead auditor shall successfully complete an examination that shall evaluate their comprehension of and ability to apply the body of knowledge identified in 7.3.6. The examination may be oral, written, practical or any combination of the three types.

7.3.9 The QA&RCC shall develop and administer the examination for lead auditor, preserve the integrity of the examination, and retain copies of objective evidence that demonstrate successful completion of the examination.

7.3.10 The QA&RCC's lead auditor qualifications shall be evaluated by the Manager of Operations of US Ecology Washington or designee in accordance with paragraphs 7.3.1 through 7.3.7 of this procedure.

7.3.11 The QA&RCC shall review the qualifications of prospective lead auditors and document their certification on Appendix A, "Record of Lead Auditor Qualification".

7.4 Maintenance of Lead Auditor Qualification

7.4.1 Lead auditors shall maintain their proficiency through regular and active participation in the audit process, (i.e., the auditor shall lead at least one (1) audit within the previous two (2) years or participation in auditor training seminars).

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7.4.2 Lead auditors who fail to maintain their proficiency for a period of two (2) years or more shall require requalification. Requalification shall include retraining and re-examination in accordance with the requirements of paragraphs 7.3.6 and 7.3.8 and participation as an auditor in at least one (1) nuclear quality assurance audit.

7.5 Records

7.5.1 Lead auditor's shall maintain records and supporting documentation (e.g., certifications, reviews, examinations, courses) of training, review and study material, and audit participation. Appendix B, "Record of Lead Auditor Qualification Maintenance" shall be used to document these activities.

7.5.2 The lead auditor shall forward to the QA&RCC legible copies of the records identified in section 7.5.1. These records will be maintained on file to provide objective evidence of the auditor's qualification.

7.5.3 Upon receipt of the completed Appendix B, the QA&RCC shall sign and date the "Record of Lead Auditor Qualification Maintenance" form as evidence of having reviewed the completed form and supporting documents. This review shall be done annually. The QA&RCC's record is reviewed by the Manager of Operations of US Ecology Washington or designee. A completed copy of Appendix B shall be returned to the originator.

7.5.4 The QA&RCC shall maintain a list of personnel qualified to act as lead auditors and a file on each lead auditor which contains copies of all documentation supporting qualification, certification and maintenance (e.g., certification, reviews, and examinations).

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APPENDIX A

ECORD OF LEAD AUDITOR QUALIFICATION	Name	Date
EMPLOYER:		

QUALIFICATION POINT REQUIREMENTS		**CREDITS**
Education — University/Degree Date	**4 Credits Max.**	
1. Undergraduate Level 2. Graduate Level		
Experience — Company/Dates	**9 Credit Max.**	
Technical (0-5 credits) and Nuclear Industry (0-1 credit), or Quality Assurance (0-2 credits), or Auditing (3 credits), or Nuclear QA Auditing (4 credits)		
Professional Accomplishment — Certificate/Date	**2 Credits Max.**	
1. P.E. 2. Society		
Rights of Management — Justification/Evaluator/Date	**2 Credits Max.**	
Explain: Evaluated by: (Name and Title)	Date_____	
	Total Credits:	_____

AUDIT COMMUNICATION SKILLS

Evaluated by:(Name and Title) Date_____

AUDIT TRAINING COURSES

Course: Title or Topic and Date(s)
1.
2.

AUDIT PARTICIPATION

	Location	Audit	Date
	1.		
	2.		
	3.		
	4.		
	5.		

EXAMINATION:	**PASSED:**	**DATE:**
AUDITOR QUALIFICATION CERTIFIED BY: (Signature and Title)		**Date Certified**

ANNUAL EVALUATION (Signature and Date)				

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APPENDIX B

RECORD OF LEAD AUDITOR QUALIFICATION MAINTENANCE

Name:

Period Covered By This Record
From: To:

Qualification Data:

Previous Record Date:

Training/Required Read/Course Study/OJT

Subject	Covered	Date

Audit Participation

Location	Audit Number	Date

Submitted By

Signature/Date

Reviewed By

Signature/Date

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US ECOLOGY WASHINGTON PROCEDURE	NUMBER: QAP-2.04
	REVISION NUMBER: 2
TITLE: INDOCTRINATION, TRAINING, & QUALIFICATION	EFFECTIVE DATE: March 21, 2005
	PAGE 1 OF 6

Prepared By:

Douglas Greffin Date: 3-15-05

Douglas Greffin
Quality Assurance & Regulatory Compliance Coordinator

Reviewed By:

Date: 15 Mar 05

Michael R. Ault
Facility Manager

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US ECOLOGY, RICHLAND WASHINGTON
PROCEDURE CHANGE RECORD

TITLE: **INDOCTRINATION, TRAINING & QUALIFICATION**

PROCEDURE NUMBER: QAP 2.04

REVISION NUMBER: 2

PAGE/PARAGRAPH AFFECTED: All

Initial Issue

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APPENDICES

A TRAINING ASSIGNMENT
B BRIEFING DOCUMENTATION
C US ECOLOGY PERSONNEL QUALIFICATION
D TRAINING RECORD

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1.0 PURPOSE

This Quality Assurance Procedure (QAP) establishes the methods for qualification of US Ecology Washington staff and for planning, performing, and documenting indoctrination and training.

2.0 SCOPE

This QAP applies to the indoctrination, training and qualification of personnel assigned to manage or perform activities affecting quality to assure that suitable proficiency is achieved and maintained. The program consists of initial training of new employees and periodic sessions to inform all personnel of revisions to the QA program, QA plans, scope of work, interfaces, implementing procedures, and other related topics.

The qualification process for QA auditors is provided in QAP 2.03. The qualification process for inspection, examination, and testing personnel is provided in QAP 2.05.

3.0 REFERENCES

None

4.0 DEFINITIONS

Indoctrination - consists of formal sessions, required reading assignments, etc. that provide orientation, motivation, instruction and direction related to fundamental topics, such as QA program requirements, job responsibilities and authority, general criteria, applicable codes and standards, and company procedures.

Training - Includes all of the actions necessary (e.g., classroom or on-the-job instructions in specific procedures, special topics or skill areas) where instruction is usually followed by a practical examination or evaluation.

Qualification - the characteristics or abilities to perform a specific function that are gained through education, training, or experience, as measured against established requirements or job descriptions.

5.0 RESPONSIBILITIES

None

6.0 RECORDS

Training documentation forms shall be forwarded to Document Control for subsequent processing as lifetime QA records.

7.0 PROCEDURE/REQUIREMENTS

7.1 Establishment of Competency

7.1.1 The Facility Manager or designee shall assign personnel, who have the appropriate education and experience based on position descriptions documented on the Personnel Qualification Form or equivalent, (Appendix C) and shall have such personnel, who perform activities affecting quality, prepare written summaries of their education, experience, and training. This documentation may be a recent resume or any other form of documentation as long as applicable dates, education completed (e.g., degree and major), work experience (employer and major responsibilities), licenses and certifications, and related training and qualifications are included and are sufficiently recent to substantiated the current assignments. The Facility Manager or designee may elect to verify information stated in the resumes.

7.1.2 The Facility Manager or designee shall assure that all personnel receive the required and appropriate indoctrination and training and that they are sufficiently qualified prior to their being allowed to work on activities affecting quality. Personnel discovered to be inadequately indoctrinated and trained shall be removed from the work being performed until adequate training has been completed.

7.1.3 The Facility Manager or designee shall assure that personnel operating equipment utilized while performing tests to gather data have demonstrated their capability to correctly and safely operate the equipment.

7.1.4 The Facility Manager or designee shall attest to an individual's competency by signing and dating a document (e.g., a memo) that states that the individual has demonstrated to the manager's satisfaction, the capability to correctly and safely operate the equipment and conduct work on activities affecting quality:

- At the start of a new project or activity;
- After a significant change in a project or activity organizational structure, scope of work, QA plan, or procedures;
- Upon assignment of new personnel to a project or activity.
- At periodic intervals not to exceed 3 years for inspection and testing personnel. Personnel who have not performed activities in the areas of qualification for a period of more than two years shall be reevaluated in accordance with 7.1.1.

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7.1.5 The Facility Manager or designee shall review assigned staff's education, experience and competency documentation and shall periodically determine the indoctrination and training needed for the assigned staff. This evaluation shall be documented on the Training Assignment Form or equivalent, (Appendix A).

7.2 Quality Assurance Orientation and Indoctrination

7.2.1 The Quality Assurance and Regulatory Compliance Coordinator (QA&RCC) is responsible for the development and maintenance of a generic QA Orientation and Indoctrination Program. This program is a basic QA course, inducing concepts, policy and philosophy of quality-related activities including the purpose, scope and implementation of quality-related manuals and procedures. The QA&RCC is also responsible for providing specific QA training as necessary.

7.2.2 All US Ecology Washington personnel involved in work affecting quality shall be required to complete the basic QA course described in 7.2.1.

7.2.3 Managers (facility, and project) are responsible for ensuring that their personnel attend the basic QA course and any additional specific training required by QA plans, procedures, or regulatory documents.

7.3 Types of Training

7.3.1 Formal training is used where large amounts of detailed information must be presented, and where feedback, in the form of discussion or examination, is desired in order to determine the extent of understanding of the presentation. Assignments and completion of formal training shall be documented on the Training Assignment Form or equivalent, Part A, (Appendix A).

7.3.2 On-the-job training (OJT) shall be used whenever the trainee is required to demonstrate proficiency in a process or skill or where supervised experience in the process is determined to be necessary prior to allowing the individual to work independently. An approved training plan shall be prepared for OJT that includes as a minimum the name of the project or activity, a unique identification number, a title, the course objectives, an identification of the information to be presented to achieve objectives, and any testing or examination documents. OJT shall be documented on the Training Assignment Form or equivalent, Part D, (Appendix A).

7.3.3 Briefings are used in situations where the Facility Manager or designee determines that the amount of material to be presented does not justify formal training. Briefing sessions shall be documented on the Briefing Documentation Form or equivalent, (Appendix B).

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7.3.4 Required reading assignments designated by the Facility Manager or designee shall identify required reading/study of the applicable codes, standards, and procedures and subsequent revisions. Required reading assignments shall be documented on the Training Assignment Form or equivalent, (Appendix A), Part B, for QA and Administrative Procedures, Part C, for Technical Procedures.

7.4 Determining Training Requirements and Assigning Training

7.4.1 The Facility Manager or designee shall prepare Training Assignment Forms (Appendix A), for individual staff and indicate completion of training as either prior to job performance or during job performance. The QA&RCC will assist in developing and determining training requirements and to provide information on past training history.

7.4.2 A copy of each employee's Training Assignment Form or equivalent (without completion of sign-offs) shall be forwarded to the QA&RCC. The original form shall be given to the trainee to record completed training. Completion of individual training requirements shall be documented by the responsible employee by signing and dating the applicable blank on the individual's Training Assignment Form.

7.4.3 The Facility Manager or designee shall review the Training assignment form with each staff member and signify completion by signing and dating the applicable blank. The original form shall be forwarded to document control for filing in the appropriate project or personnel file.

7.5 Assignment and Qualification of Trainers

7.5.1 The Facility Manager or designee shall assign trainers who are knowledgeable in the content of the training to conduct training.

7.5.2 Qualification of trainers shall be documented on the Personnel Qualification Form or equivalent (Appendix C).

7.6 Trainer's Responsibilities

7.6.1 Trainers shall plan the course material by utilizing lesson plans, etc.

7.6.2 Trainers conducting the training shall use a Training Meeting Record Form or equivalent (Appendix D) to document the completion of the assigned training. Upon completion of the training course, the Trainer shall forward the original form to document control for filing in the appropriate project or personnel file.

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APPENDIX A

TRAINING ASSIGNMENT

FROM_____ DATE_____

TO_____

JOB/POSITION TITLE_____

PROJECT_____ DEPARTMENT_____

PART A (USE BLACK or BLUE INK)

The items listed indicated the formal training in which you are required to participate.

Training Course	Rev. No.	Training Recommendation (√)		Sign and Date when Completed
		Prior to Job Performance	During Job Performance	

Upon completion: This assignment has been reviewed with _____ and to the best of my knowledge s/he has completed the assignment and adequately understands its content.

_____ Signature Date
Prior to Job Performance

_____ Signature Date
During Job Performance

Form QA-2.04 Rev 2 - 3/05

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APPENDIX A

TRAINING ASSIGNMENT

FROM_____ DATE_____

TO_____

JOB/POSITION TITLE_____

PROJECT_____ DEPARTMENT_____

PART B (USE BLACK or BLUE INK)

Required Reading/Administrative Procedures

You are assigned to read and understand the following Administrative Procedures.

Administrative Procedures (by number)	Rev. No.	Training Recommendation (√)		Sign and Date when Completed
		Prior to Job Performance	During Job Performance	
a)				
b)				
c)				
d)				
e)				
f)				
g)				
h)				
i)				

Note: If more Administrative Procedures need to be listed than space allows, use an additional Part B.

Upon completion: This assignment has been reviewed with _____ and to the best of my knowledge s/he has completed the assignment and adequately understands its content.

_____ Signature Date
Prior to Job Performance

_____ Signature Date
During Job Performance

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APPENDIX A

TRAINING ASSIGNMENT

FROM_____DATE_____

TO_____

JOB/POSITION TITLE_____

PROJECT_____DEPARTMENT_____

PART C (USE BLACK or BLUE INK)

Required Reading/Technical Training

You are assigned to read and understand the following documents...

Document Title	Rev. No.	Training Recommendation (√)		Sign and Date when Completed
		Prior to Job Performance	During Job Performance	
a)				
b)				
c)				
d)				
e)				
f)				
g)				
h)				
i)				

Note: If more Administrative Procedures need to be listed than space allows, use an additional Part C.

Upon completion: This assignment has been reviewed with _____ and to the best of my knowledge s/he has completed the assignment and adequately understands its content.

_____ _____

Signature Date Signature Date

Prior to Job Performance During Job Performance

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APPENDIX A

TRAINING ASSIGNMENT

FROM_____DATE_____

TO_____

JOB/POSITION TITLE_____

PROJECT_____DEPARTMENT_____

PART D (USE BLACK or BLUE INK)

The items identified indicate the technical and on–the–job training in which you are required to participate.

Technical Training Description	Rev. No.	Training Recommendation (√)		Sign and Date when Completed
		Prior to Job Performance	During Job Performance	
a)				
b)				
c)				
d)				
e)				
f)				
g)				
h)				
i)				

Upon completion: This assignment has been reviewed with _____ and to the best of my knowledge s/he has completed the assignment and adequately understands its content.

_____ _____

Signature Date Signature Date

Prior to Job Performance During Job Performance

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BRIEFING DOCUMENTATION

PROJECT/DEPARTMENT_____DATE_____

Briefing documentation is optional at the discretion of the project/line manager. The objective of the form is to document attendance at briefing sessions that are significant of quality of work activities.

DESCRIPTION OF BRIEFING

_____

_____

_____

_____

_____

SIGNATURE	PRINTED NAME	PROJECT	DEPARTMENT

CONDUCTED BY _____ _____ _____
(Print) (Signature) (Date)

SUBMITTED BY _____ _____
(Signature) (Date)

US ECOLOGY WASHINGTON
PERSONNEL QUALIFICATION

A. POSITION DESCRIPTION

Scope of Work:_____

_____

_____

Minimum Qualification for Position

Education:_____

_____

Experience:_____

_____

Training;_____

_____

Other (Codes and Standards, if applicable): _____

_____

Approved: _____ _____
Manager Date

B. BASIS FOR SELECTION

Date Assigned Position: _____

Education: _____
See Personal History Record

Experience: _____

_____
See Personnel History Record

Training: _____
See Training Record

Other:_____

Approved: _____ Date _____
Manager

TRAINING RECORD

INSTRUCTOR_____

DATE_____

TRAINING DESCRIPTION_____

_____

_____

_____

_____

ATTENDEES:

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

QAP 2.05 - INSPECTION, EXAMINATION, AND TESTING PERSONNEL QUALIFICATION

1.0 PURPOSE

This procedure establishes the requirements for the qualification of personnel who perform inspection, examination, and testing to verify conformance to specified requirements.

2.0 APPLICABILITY

This procedure applies to US Ecology personnel who perform inspections, examinations, and tests associated with, but not limited to the following activities:

- o Fabrication/assembly
- o Testing
- o Facility construction
- o Facility operation

This procedure does not apply to personnel who only perform inspection, examination, or testing related to nondestructive examination.

3.0 DEFINITIONS

Inspection: A phase of quality control which by means of examination, observation, or measurement determines the conformance of materials, supplies, parts, components, appurtenances, systems, processes, or structures to predetermined quality requirements.

Examination: An element of inspection consisting of investigation of materials, supplies, parts, components, appurtenances, systems, processes, or structures to determine conformance to those specified requirements which can be determined by such investigation. Examination is usually nondestructive and includes simply physical manipulation, gaging, and measurement.

Testing: The determination or verification of the capability of an item to meet specified requirements by subjective, environmental, or operating conditions.

Indoctrination: Consists of instructional sessions, required reading assignments, etc. that provide orientation, motivation, instruction and direction related to fundamental topics, such as QA program requirements, job responsibilities and authority general criteria, applicable codes and standards, and company procedures.

Training: Includes all of the actions necessary (e.g., classroom or on-the-job instructions in specific procedures, special topics or skill areas) where instruction is usually followed by a practical examination or evaluation.

Qualification: The characteristics or abilities to perform a specific function that are gained through education, training, or experience, as measured against established requirements or job descriptions.

4.0 INSTRUCTIONS

4.1 Selection and Training of Personnel

4.1.1 The cognizant department/facility manager shall select personnel to be considered for qualification.

4.1.2 The US Ecology QA Manager or his designee shall provide the required training, testing, and subsequent certification.

4.2 Indoctrination, Training, and Testing of Personnel

The QA Manager or his designee shall:

4.2.1 Provide the candidate(s) with appropriate reading material which shall consist of, but not limited to the following:

- o USE QA Manual
- o USE Procedures Manual
- o Applicable USE facility documents

4.2.2 Determine, evaluate, and document the capabilities of each candidate, such as his/her:

- o Quality related experience
- o Education
- o Previous training or
- o On-the-job training

4.2.3 Provide indoctrination in accordance with QAP 2.04 via a QA training presentation focusing on the US Ecology QA Program and its relationship to other recognized quality standards.

NOTE: This presentation shall include sufficient examples of how the QA program relates to US Ecology projects and or operating facilities, and be in accordance with applicable portions of QAP 2.04.

4.2.4 Administer an examination based on the assigned reading material defined in step 4.2.1. This examination may be waived as determined by the QA Manager.

4.3 Qualification of Personnel

The QA Manager or his designee shall:

4.3.1 Determine the level of qualification utilizing the candidates capabilities as determined in step 4.2.2, results of the written examination required by step 4.2.4, and applicable recommended requirements defined below:

A. Level I Personnel

A Level I person should be capable of performing the inspections, examinations, and tests that are required to be performed in accordance with documented procedures and/or industry practices. The individual should be familiar with the tools and equipment to be employed and should have demonstrated proficiency in their use. The individual should also be capable of determining that the calibration status of inspection and measuring equipment is current, that the measuring and test equipment is in proper condition for use, and that the inspection, examination, and test procedures are approved.

B. Level II Personnel

A level II person should have all of the capabilities of a Level I person for the inspection, examination or test category or class in question. Additionally, a Level II person should have demonstrated capabilities in planning inspections, examinations, and tests; in setting up tests including preparation and set-up of related equipment, as appropriate; in supervising or maintaining surveillance over the inspections, examinations, and tests; in supervising and certifying lower level personnel; in reporting inspection, examination, and testing results; and in evaluating the validity and acceptability of inspection, examination, and test results.

C. Level III Personnel

A Level III person should have all of the capabilities of a Level II person for the inspection, examination or test category or class in question. In addition, the individual should also be capable of evaluating the adequacy of specific programs used to train and test inspection, examination, and test personnel whose qualifications are covered by this standard.

4.3.2 Consider the following recommended personnel education and experience for each level.

NOTE: These recommendations should be treated to recognize that other factors may provide assurance that the candidate can competently perform a particular task.

A. Level I Personnel

Two years related experience in equivalent inspection, examination, or testing activities, or

High School graduation and six months of related experience in equivalent inspection, examination, or testing activities, or

Completion of college level work leading to an Associate Degree in a related discipline plus three months of related experience in equivalent inspection, examination, or testing activities.

B. Level II Personnel

One year of satisfactory performance as Level I in the corresponding inspection, examination or test category or class, or

High school graduation plus three years of related experience in equivalent inspection, examination, or testing activities, or

Completion of college level work leading to an Associate Degree in a related discipline plus one year related experience in equivalent inspection, examination, or testing activities, or

Four-year college graduation plus six months of related experience in equivalent inspection, examination, or testing activities.

C. Level III Personnel

Six years of satisfactory performance as a Level II in the corresponding inspection, examination or test category or class, or

High school graduation plus ten years of related experience in equivalent inspection, examination, or testing activities; or high school graduation plus eight years experience in equivalent inspection, examination, or testing activities, with at least two years as Level II, and with at least two years associated with nuclear facilities-or if not, at least sufficient training to be acquainted with the relevant quality assurance aspects of a nuclear facility, or

Completion of college level work leading to an Associate Degree and seven years of related experience in equivalent inspection, examination, or testing activities, with at least two years of this experience associated with nuclear facilities-or if not, at least sufficient training to be acquainted with the relevant quality assurance aspects of a nuclear facility, or

Four-year college graduation plus five years of related experience in equivalent inspection, examination, or testing activities, with at least two years of this experience associated with nuclear facilities-or if not, at least sufficient training to be acquainted with the relevant quality assurance aspects of a nuclear facility.

4.3.3 Ensure that each candidate has had a vision examination prior to certification and annually thereafter. He shall also determine and identify any other physical characteristics required during the performance of specified activities.

NOTE: The candidate must be capable of reading Jaeger 2 letters or equivalent, at a distance of not less than 12".

4.3.4 Prepare and maintain a qualification record (see Exhibit 1) for each qualified individual.

4.4 Recertification

4.4.1 The QA Manager or his designee shall ensure that certified personnel are reevaluated annually. This reevaluation shall be by evidence of continued satisfactory performance or by redetermining the individuals capability in accordance with this procedure.

5.0 RECORD RETENTION

The QA Manager or his designee shall maintain on file all qualification and certification documentation as lifetime records including but not limited to:

- Current resumes of certified personnel.
- Copy of examination.
- Vision acuity examination records.
- Certification of Qualification forms.

6.0 REFERENCES

QAP 2.04 - Indoctrination, Training, and Qualification.

7.0 EXHIBITS

Exhibit 1 - FORM QA-2.05.1 - Certification of Qualification

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EXHIBIT 1

CERTIFICATION OF QUALIFICATION

Employee Name _____ Employee Number _____

Employer _____ Facility _____

PERSONAL HISTORY

Education: _____

_____

_____

Experience: _____

_____

_____

MFG. _____yrs. QA _____ yrs Nuclear Related _____ yrs

Other: _____

INITIAL VISION TEST DATE _____ PASS _____ FAIL _____

EXAMINATION RESULTS DATE _____ PASS _____ FAIL _____

EXAMINERS EVALUATION

On the basis of the above, this individual is qualified as Level _____ for

_____

(discipline)

Limitations: _____

This certification expires _____ year(s) from date of signature. It is subject to revocation at anytime and automatically expires when the individual leaves the employ of US Ecology.

_____ _____

CERTIFIER DATE

Re-Evaluation By: _____ _____

CERTIFIER DATE

_____ _____

CERTIFIER DATE

_____ _____

CERTIFIER DATE

INTERIM CHANGE NOTICE

PART 1

ICN Number: 03-001 Date: November 26, 2003

Procedure Number: QAP 2.06 Revision Number: 0

Procedure Title: Management Assessment

Expiration Date (If applicable; NA for permanent change): N/A

Description: Obsolete Procedure - Delete

Prepared by: Douglas Greffin 11-26-03
Douglas Greffin Date
Quality Assurance and Regulatory Compliance Coordinator

PART 2

Reviewed By:

2 Dec 03 Facility Manager/Date

Reviewed and Approved By:

Manager of Operations

QAP 5.01/Rev.3

CONTROL COPY # 19

INTERIM CHANGE NOTICE

PART 1

ICN Number: 98-002 Date: 10/9/98

Procedure Number: QAP 3.01 Revision Number: 0

Procedure Title: Project Management

Expiration Date (If applicable; NA for permanent change): N/A

Description: Obsolete Procedure

Prepared by: S. Wallace/CQAM 5/22/98 Date

PART 2

Reviewed By:

Signature on File A. Bilau/CIC LLRW Project

Signature on File J. Shaffner/California LLRW Project

Signature on File T. Hayes/Richland LLRW Facility

Reviewed and Approved By:

9/23/98 Quality Assurance Review/Date

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EXHIBIT 3

US ECOLOGY, INC.
DOCUMENT CHANGE REQUEST (DCR)

DCR NO. 96-01

DOCUMENT NO. QA-MA-2 REVISION NO. 3

DOCUMENT TITLE QAP 3.02 Numbering of Documents

DOCUMENT AUTHOR Paul P. Wachowiak DATE ISSUED 2-12-91

REQUESTED CHANGE: Replace Forms QA-3.02.2, QA-3.02.5, and 3.03.3 in Section QAP 3.02 with the attached forms.

REASON/JUSTIFICATION, AND WHEN CHANGE IS NEEDED: The justification for Revision 4 is clarity of documentation of the vendor, which is the last column of each form. The revision 4 change should be incorporated on or before 2/29/96.

REQUESTED BY [signature] DATE REQUESTED 1/17/96

EVALUATION: REQUESTED CHANGE WILL CLEARLY IDENTIFY VENDORS ASSOCIATED TO A PARTICULAR REQUISITION, SPECIFICATION, AND/OR ENGINEERING REVISION AUTHORIZATION, AS APPLICABLE.

DISPOSITION: CHANGES TO BE PROCESSED VIA THE INTERIM CHANGE NOTICE (ICN) FORM. THIS IS A MINOR CHANGE. NO CHANGES TO OTHER DOCUMENTS ARE EFFECTED.

ASSIGNED TO (AUTHOR): SETH D. WALLACE DATE: 5/7/96

BY (COGNIZANT MANAGER): [signature] SETH D. WALLACE DATE: 5/7/96

FORM QA-6.01.3 PAGE 1 OF 1 1791f

CONTROL COPY # 19

US ECOLOGY, INC.
INTERIM CHANGE NOTICE (ICN)

ICN NUMBER: 96-01

DOCUMENT NUMBER: QAP 3.02 REVISION NUMBER: 3
DOCUMENT TITLE: NUMBERING OF DOCUMENTS
DOCUMENT AUTHOR: PAUL P. WACHOWIAK DATE ISSUE 2/12/91
REQUESTED BY: CONNIE JEWELL DATE REQUESTED 1/17/96

TYPE OF CHANGE AND APPROVALS:
X MINOR CHANGE
____ MAJOR CHANGE

APPROVAL N/A 5/7/96 DATE
REVIEWS N/A 5/7/96 DATE

APPROVALS DATE 5/7/96
QA

REASON FOR CHANGE:
TO CLEARLY IDENTIFY VENDORS ASSOCIATED TO A PARTICULAR REQUISITION, SPECIFICATION, AND/OR ENGINEERING REVISION AUTHORIZATION (ERA), AS APPLICABLE.

DESCRIPTION OF CHANGE (OLD TEXT VERSUS REQUESTED TEXT):
REVISE EXHIBITS 2, 3, AND 5 OF QAP 3.02 TO INCORPORATE A COLUMN TO IDENTIFY RESPONSIBLE VENDORS, AS APPLICABLE.

REVISED EXHIBITS ARE ATTACHED. NO TEXT CHANGES REQUIRED.

PLACE THIS ICN AT THE FRONT OF THE SUBJECT DOCUMENT

FORM QA-6.01.4 1791f

CONTROL COPY # 19

EXHIBIT 3

REQUISITION LIST

PROJECT NAME:_____ PROJECT NUMBER:_____

REQ. NO.	TITLE	REV	DATE	ERA	REV	DATE	ERA	REV	DATE	VENDOR

FORM QA-3.02.3-1/96 2 of 8/3/5.

PAGE_____OF_____

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EXHIBIT 5

ENGINEERING REVISION AUTHORIZATION (ERA) LOG

PROJECT NAME:_____ PROJECT NUMBER:_____

NUMBER	DATE ASSIGNED	DATE APPROVED	REVISION COMPLETE	ORIGINATOR	DESCRIPTION	VENDOR

FORM QA-3.02.5-1/96

PAGE_____OF_____

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EXHIBIT 2

SPECIFICATION LIST

PROJECT NAME:_____ PROJECT NUMBER:_____

SPEC.NO.	TITLE	REV	DATE	ERA	REV	DATE	ERA	REV	DATE	VENDOR

FORM QA-3.02.2-1/96

PAGE_____OF_____

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US ECOLOGY, INC.

DOCUMENT CHANGE REQUEST (DCR)

DCR NO. DCR-89-02

DOCUMENT NO. 4LV QAP 3.05 REVISION NO. P

DOCUMENT TITLE Specification Requirements

DOCUMENT AUTHOR P. F. Jarboe DATE ISSUED 6-21-88

REQUESTED CHANGE:

Add cover sheet to be used on all revisions. Add requirement to file all marked up copies with originals

Copy form from 0147e

REASON/JUSTIFICATION, AND WHEN CHANGE IS NEEDED:

to show persons who have reviewed and their comments. This info is useful for purposes of determining if regulatory requirements will, etc. have been addressed & Record of review

REQUESTED BY Peggy Church DATE REQUESTED 2-28-89

EVALUATION:

The change provides a cover sheet for specifications issued by Engineering. The form QA-3.05 will provide a uniform method of showing approvals, checks, and revision status.

DISPOSITION:

Changes will be incorporated by issuing a Revision Q of the procedure.

ASSIGNED TO (AUTHOR): J. R. Couch DATE: 2/28/89

BY (COGNIZANT MANAGER): N/A DATE:

FORM QA-6.03-9/88

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QAP 3.02 NUMBERING OF DOCUMENTS

1.0 PURPOSE

The purpose of this procedure is to define the methodology for the assignment of numbers and to establish the responsibility for the control of those numbers for the documents listed in this section.

2.0 APPLICABILITY

This procedure applies to all project drawings, sketches, specifications, requisitions, engineering revision authorizations, calculations and other engineering documents generated by US Ecology-Louisville which require control under the quality assurance program.

3.0 DEFINITIONS

Documents - The documents referred to in this section include drawings, specifications, requisitions, engineering revision authorizations, calculations and other engineering documents.

Project File Number - The project file number is a three digit number assigned to the project for which the document is prepared. This number is assigned by the engineering secretary under the authority of the engineering manager. When a document is to be used as a company standard it may be assigned an 'S' instead of a project file number. Typically, only drawings and specifications will be issued as company standards.

Sequence Number - The sequence number reflects the order in which a document within a particular category was identified or generated. No other correlation is intended to exist.

4.0 INSTRUCTIONS

4.1 Drawings

4.1.1 The first two digit group is an alphabetic site location code. The next three digit group is the project file number. After the project file number the three-letter category code is used to indicate the drawing type. The last three digits are sequential within the project file number and category code.

Example: CA-100-CON-001

4.1.2 Each facility location will have a site location code. The code for each facility will be approved by the engineering manager. A current and up-to-date list will be maintained by the drafting department.

4.1.3 The following category codes are used to permit different drawing types to be grouped within the drawing set:

SCH	Engineering Schedule
TOP	Topographical Map and Site Layout
TRE	Trench Design
CON	Concrete
STL	Structural Steel Layout
ARC	Architectural
EQU	Equipment, Drawings, and Layout
MEC	HVAC Layout
PIP	Process Piping
ELE	Electrical
ENG	Engineering
ENV	Environmental

4.1.4 The drafting department will maintain a drawing list (see Exhibit 1) for each project to assure that no duplication of drawing numbers within a project exists. The drafting department will assign the sequential numbers.

4.1.5 Preliminary drawings are issued as Revision A. Subsequent revisions to preliminary drawings shall follow an alphabetical sequence (B, C, D, etc...). Preliminary drawings do not have to be checked before issuing for internal review. Approved drawings are issued as Revision 0. All subsequent revisions will be given a sequential revision number. The revision number must be changed when a revision is made to a drawing. This also includes preliminary drawings that have been issued only for internal review.

4.1.6 Revisions made to drawings are to be noted in the revision box with a letter for draft or number for issue. The description of the change shall be included in the description block. For drawing revisions after issuance, an Engineering Revision Authorization (ERA) form, per QAP 3.06, is required. The ERA number will be noted in the revision description box. When a drawing is issued as a Revision 0, all previous notations in the revision description box shall be removed from the drawing.

4.1.7 Drawings that are generated for proposals and for presentations used in meetings, public relations, and other similar uses also may be issued with a drawing number. All procedures for numbering these drawings will be identical except a two digit numerical category code will be used instead of the three digit letter digest. If these drawings become part of a project at a later date the numerical

category code can be replaced with the appropriate code listed in Section 4.1.3. The two digit category code for proposals will begin with a double zero. If the proposal is complicated, requiring many drawings that are grouped in subsets, the category codes 00 through 09 can be used. The two digit numerical category for presentation drawings will begin with 90. If subsets are required, then the category codes 90 through 99 can be used.

Example: CA-100-00-001

4.2 Specifications

4.2.1 A number is assigned to each specification as it is identified or created. The first three digit group is the project file number. The next single digit is a discipline code to indicate the technical discipline covered by the specification. The last three digits are sequential within that project and discipline.

Example: 100-C-001

NOTE: Four (4) digit project file numbers may also be used to accomodate existing programs.

4.2.2 The following discipline codes are used for specifications:

W Well Construction
C Civil Engineering
A Architectural
D Design Engineering
B Administration and Project Management
M Mechanical Engineering
P Process Piping
E Electrical Engineering
I Instrumentation
Q Quality Assurance

4.2.3 The engineering secretary will maintain a list of all company standard specifications generated within the engineering department. The project manager is responsible for maintaining a list (see Exhibit 2) of specifications generated on his project. This is to ensure that no duplication of sequence numbers occurs.

4.2.4 The initial issue, after required approvals are signed, is given a Revision 0 and subsequent revisions will be given a number designation.

4.2.5 When a specification is revised, the portion of the document revised shall be noted by placing a line in the right hand margin adjacent the revision. Only the most recent revision change is noted. If the document is to be extensively revised, then the revision is considered a "general revision" and the notation is not required.

4.3 Requisitions

4.3.1 A number is assigned to each requisition as it is identified or created. The first three digit group will be the project file number. The next three digits will be REQ to indicate that it is a requisition. The last three digits will be a sequential number.

Example: 100-REQ-001

4.3.2 The project manager will be responsible for maintaining a current list of requisitions (see Exhibit 3) issued on his project.

4.3.3 The revision blank for requisitions circulated for comment prior to issue is left blank. The revision notation is located immediately after the requisition number. The requisition is issued as Rev. 0. Any required changes during the bidding process will be covered by issuing a revised requisition.

4.4 Calculations

4.4.1 A number is assigned to each calculation as it is identified or written. The first three digit group is the project file number. The next three digits will be CAL and the last three digits are sequential for the project.

4.4.2 A list of calculations for each project (see Exhibit 4) will be maintained by the project manager to assure that there is no duplication of numbers.

4.4.3 Calculations are issued for internal review and checking with preliminary revision letters. A calculation is changed from preliminary to final revision when the calculation is verified and approved by the originator. All final calculations will be issued initially as revision zero. If calculations are revised, the revision letter or number must be changed.

4.5 Engineering Revision Authorization - (ERA)

4.5.1 The first three digit group is the project file number. The next three digits will be ERA. The last three digits are sequential for that project.

Example: 100-ERA-001

4.5.2 A list of ERA numbers (see Exhibit 5) is maintained by the project manager to assure that there are no duplicate numbers.

4.5.3 ERA's shall not be revised after approval.

4.6 Documents

4.6.1 A number is assigned to each document as it is identified or generated. The first three digit group is the project file number. The next three digits will be DOC to indicate it is a document. The last three digits will be a sequential number.

Example: 100-DOC-001

4.6.2 The project manager will be responsible for maintaining a current list of documents (see Exhibit 6) issued on his project.

4.6.3 Documents circulated for comments prior to issue are given a preliminary revision letter. Documents will be issued as Revision 0 and subsequent revisions will be given sequential numbers.

4.7 Project File

The project file number is a three digit number assigned to the project by the engineering secretary and recorded on Exhibit 7. This number is for tracking purposes by the engineering department and not to be confused with the five digit code assigned by the accounting department.

4.8 Document Numbering Logs

Document Numbering Logs shall be maintained by the following persons:

Drawings	Drafting Department	Exhibit 1
Specifications	Engineering Secretary	Exhibit 2
Requisitions	Project Manager	Exhibit 3
Calculations	Project Manager	Exhibit 4
ERA's	Project Manager	Exhibit 5
Documents	Project Manager	Exhibit 6
Project File	Engineering Secretary	Exhibit 7

5.0 RECORD RETENTION

Lists of the numbers assigned to these documents are maintained and controlled by the engineering department or project managers. These lists will be processed as lifetime QA records.

6.0 REFERENCES

QAP 3.04, Calculations
QAP 3.05, Specification Requirements
QAP 3.06, Engineering Revision Authorization
QAP 4.01, Requisitions

7.0 EXHIBITS

Exhibit 1, Form QA-3.02.1-Drawings
Exhibit 2, Form QA-3.02.2-Specifications
Exhibit 3, Form QA-3.02.3-Requisitions
Exhibit 4, Form QA-3.02.4-Calculations
Exhibit 5, Form QA-3.02.5-ERA's
Exhibit 6, Form QA-3.02.6-Documents
Exhibit 7, Form QA-3.02.7-Project File Numbers

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EXHIBIT 1

DRAWING LIST

PROJECT NAME: _____ PROJECT NUMBER: _____

DRAWING NO.	TITLE	REV	DATE	ERA	REV	DATE	ERA	REV	DATE	ERA	REV	DATE

FORM QA-3.02.1-9/88

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EXHIBIT 2

SPECIFICATION LIST

PROJECT NAME: _____ PROJECT NUMBER: _____

SPEC. NO.	TITLE	REV	DATE	ERA	REV	DATE	ERA	REV	DATE	ERA	REV	DATE

FORM QA-3.02.2-9/88

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EXHIBIT 3

REQUISITION LIST

PROJECT NAME: _____ PROJECT NUMBER: _____

REQ. NO.	TITLE	REV	DATE	ERA	REV	DATE	ERA	REV	DATE	ERA	REV	DATE

FORM QA-3.02.3-9/88

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EXHIBIT 4

CALCULATIONS LOG

PROJECT NAME: _____

PROJECT NUMBER: _____

CALCULATION NO	TITLE	REV	DATE	ERA	REV	DATE	ERA	REV	DATE	ERA	REV	DATE

FORM QA-3.02.4 -9/88

PAGE ___ OF ___

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EXHIBIT 5

PAGE ____ OF ____

ROJECT NAME: _____ PROJECT NUMBER: _____

ENGINEERING REVISION AUTHORIZATION (ERA) LOG

NUMBER	DATE ASSIGNED	DATE APPROVED	REVISION COMPLETE	ORIGINATOR	DESCRIPTION

RM QA-3.02.5-2/91

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EXHIBIT 6

DOCUMENTS LOG

PROJECT NAME: _____

PROJECT NUMBER: _____

DOCUMENT NO.	TITLE	REV	DATE	ERA	REV	DATE	ERA	REV	DATE	ERA	REV	DATE

FORM QA-3.02.6-9/88

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EXHIBIT 7

PROJECT FILE NUMBER LOG

PROJECT FILE NUMBER	COST CODE	PROJECT NAME	PROJECT MANAGER	DATE

QA-3.02.7 - 2/91

CONTROL COPY # 1589f 19

INTERIM CHANGE NOTICE

PART 1

ICN Number: 98-003 Date: 10/9/98

Procedure Number: QAP 3.03 Revision Number: 0

Procedure Title: Design Verification

Expiration Date (If applicable; NA for permanent change): N/A

Description: Obsolete Procedure

Prepared by: S. Wallace/CQAM 5/22/98 Date

PART 2

Reviewed By:

Signature on File A. Bilau/CIC LLRW Project

Signature on File J. Shaffner/California LLRW Project

Signature on File T. Hayes/Richland LLRW Facility

Reviewed and Approved By:

9/23/98 Quality Assurance Review/Date

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QUALITY ASSURANCE PROCEDURES

QAP 3.04 - CALCULATIONS

1.0 PURPOSE

The purpose of this procedure is to provide the method for performing, approving and revising calculations.

2.0 APPLICABILITY

This procedure applies to all quality-related manual, computer and manual/computer calculations.

3.0 DEFINITIONS

Calculations — Calculations include all data manipulations which can be checked, and which are made in conjunction with the analysis or interpretation of data, engineering design, or any other job-related activity. Calculations include the solution of mathematical equations, the preparation of input for computer models, the output of computer models, and engineering interpretations. Calculations also include any process or reasoning used to develop a conclusion used or expressed in a report.

Calculation Sheet — Normally an 8 1/2" x 11" sheet of paper upon which the calculations are written. The heading of each sheet must contain the calculation number, page __ of __, originator's initials and date and checker's initials and date.

Preliminary Calculations — Calculations based upon preliminary or conceptual design information. Preliminary calculations may be upgraded to final calculations by verifying and checking the calculations.

TITLE		APPROVED	DATE
CALCULATIONS		S. L. Smith	7.6.90
PREPARED BY	DATE	QUALITY ASSURANCE MANAGER	DATE
PAUL WACHOWIAK	JULY 09, 1990	John R. Eck	7-9-90

PROCEDURE NO.	REVISION NO.	EFFECTIVE DATE	PAGE	OF
QAP 3.04	0	JULY 09, 1990	1	5

Final Calculations Calculations that have been verified and checked. The calculation cover sheet must be signed by the checker and originator.

4.0 INSTRUCTIONS

4.1 Performance of Calculation

The originator of the calculation proceeds as follows:

4.1.1 Obtain the calculation number from the project calculation log maintained by the Engineering Secretary/Project Clerk. (see QAP 3.02).

4.1.2 Prepare a Calculation Cover Sheet (see Exhibit 1) which shall include:

- o Calculation Number
- o Revision Number
- o Title
- o Purpose
- o Number of Pages
- o Conclusion

4.1.3 Perform calculations on the calculation sheets by using methods consistent with accepted practice, applicable codes and criteria. The source for the calculation method is shown on the calculation sheet. The source for all numbers is indicated and justification is given for all assumptions.

4.1.4 Attach clear and reproducible copies of graphs, charts, sketches, data sheets or other reference or documentary sources. These are to be numbered and identified as part of the calculation. Graphs and charts should note where the numbers used to generate these documents originated.

4.1.5 Note the calculation number, revision number and page number on each calculation sheet.

4.1.6 Sign and date the calculation cover sheet initial and date each calculation sheet, and issue.

NOTE: Attachments to calculations may have a cover sheet which identifies the attachment, the number of pages contained and the calculation number and revision. This cover sheet shall be treated as a calculation sheet. In this case, each page of the attachment need not be treated as a calculation sheet.

4.2 Checking Calculations

4.2.1 Upon completion of the calculations, the originator shall retain the originals and shall send a copy to the individual assigned to check the calculations.

NOTE: The checker must be an individual other than the originator of the calculation and must be competent in the technical disciplines involved in the design functions.

4.2.2 The checker shall thoroughly check the calculation and resolve all differences with the originator. Upon resolution of any differences and inclusion of corrections and comments, the checker signs and dates the original cover sheet and initial and date each calculation sheet.

4.2.3 If there is a disagreement between the originator and the checker, the department manager of the originator will assign a third party to resolve the differences.

4.3 Approving Calculation

4.3.1 The project engineer or the engineering manager approves the calculation by signing and dating the cover sheet. Only calculations that have been verified and signed by the checker can be approved. Before signing the cover sheet the project engineer/engineering manager shall verify that all information on the cover sheet has been completed and all applicable quality assurance procedures have been followed.

4.3.2 The revision status of the calculation shall be changed from preliminary to final once it has been verified and approved. All calculations will be issued initially as a revision zero.

4.4 Revising Calculations

4.4.1 Preliminary calculations may be revised without regard to the magnitude of the revisions required. The preliminary revision number shall be changed for each revision made.

4.4.2 Once a calculation is approved, any subsequent revisions must be verified, checked and approved. A new calculation cover sheet is added to the calculation with the new revision number. This must be signed by the checker and the originator of the revisions. The original cover sheet is retained. The entire calculation shall be reverified.

4.4.3 When a calculation is revised, the originator shall void the calculation by writing the word "SUPERSEDED" across the cover sheet and identifying the superseding calculation on the cover sheet. The new calculation shall likewise identify the calculation it superseded and be listed on the cover sheet.

4.5 Computer Codes

Computer codes shall be verified, checked and approved in accordance with this procedure prior to use. Once approved, computer codes need not be reverified for each use. Quality Assurance shall be responsible for determining the approval status of computer codes.

5.0 RECORD RETENTION

The calculation package shall be maintained in the project file. Upon completion of the project, the package shall be submitted to Quality Assurance for processing as lifetime QA records.

6.0 REFERENCE

QAP 3.02, Document Numbering

7.0 EXHIBITS

Form QA 3.04.1

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EXHIBIT 1

CALCULATION COVER SHEET

CALCULATION NUMBER _____ -CAL- _____ REV. _____

TITLE: _____ PAGE 1 OF _____

PURPOSE: _____

CONCLUSION: _____

ORIGINATOR: _____ DATE: _____

CHECKED BY: _____ DATE: _____

APPROVED BY: _____ DATE: _____

SUPERSEDES, CALCULATION NO. _____ SUPERSEDED BY, CALCULATION NO. _____

PRELIMINARY _____ FINAL _____

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US ECOLOGY, INC. PROCEDURE	NUMBER: QAP-3.05
	REVISION NUMBER: 1
TITLE: PROCUREMENT SPECIFICATION	EFFECTIVE DATE: 7/26/99
	SITES: ALL
	PAGE 1 OF 8

Prepared By:

Seth A. Wallace
Corporate Quality Assurance Manager

Reviewed By:

Steve Romano, Manager, Southwestern Compact Region
Needles, California, LLRW Disposal Project

Mike Ault, Facility Manager
Richland, Washington, LLRW Disposal Facility

John DeOld, General Manager
Oak Ridge Division

Approved By:

Date: 7/13/99

Seth A. Wallace
Corporate Quality Assurance Manager

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US ECOLOGY, INC.
PROCEDURE CHANGE RECORD

TITLE: PROCUREMENT SPECIFICATION

PROCEDURE NUMBER: QAP 3.05

REVISION NUMBER: 1

PAGE/PARAGRAPH AFFECTED: All

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APPENDICES

A SPECIFICATION COVER SHEET
B SPECIFICATION LOG

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1.0 PURPOSE

The purpose of this procedure is to define requirements for preparation, review, approval, revision, and distribution of a Procurement Specification.

2.0 SCOPE

This procedure applies to the procurement of material, equipment, or services that support US Ecology's nuclear operations and are classified quality-related, important-to-safety, safety-related or other appropriate quality classifications.

Procurement specifications are not required for standard catalog or off-the-shelf materials or equipment procured from approved suppliers.

3.0 REFERENCES

3.1 10CFR50, Appendix B, Quality Assurance Criteria for Nuclear Power Plants and Fuel Reprocessing Plant

3.2 10CFR21, Reporting of Defects and Noncompliance

3.3 NQA-1, 1994, Quality Assurance Requirements for Nuclear Facility Applications

3.4 NUREG-1293, Revision 1, Quality Assurance Guidance for A Low-Level Radioactive Waste Disposal Facility

3.5 QAP 3.02, Numbering Documents

3.6 QAP 3.06, Engineering Revision Authorization

3.7 QAP 6.01, Document Control

3.8 QAP 17.01, Quality Assurance Records

4.0 DEFINITIONS

4.1 Quality Assurance (QA) Records – Are those records that furnish documentary evidence of the quality of items or activities affecting quality. A document is considered a QA record when the document has been completed.

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4.2 Right of Access - The right of a Purchaser or designated representative to enter the premises of a Supplier for the purpose of inspection, surveillance, or quality assurance audit.

4.3 Specification - A QA record used to define regulatory, design bases, technical, and/or quality assurance requirements, which ensure that adequate quality is achieved for the procurement of material, equipment, or services.

4.4 Supplier – Any individual or organization who furnishes items or services in accordance with a procurement document. An all-inclusive term used in place of any of the following: vendor, seller, contractor, subcontractor, consultant, and their subtier suppliers.

5.0 RESPONSIBILITIES

NOTE
Individual responsibilities within this procedure may be delegated to others, verbally or in writing, but responsibility is retained therefor.

5.1 Checker – The Checker is responsible for technical review and approval of the Specification. This individual must have a strong technical background including sufficient experience in the area being evaluated. The Checker may be requested to assume a review role that supplements the quality reviewer in technical areas that are not within the reviewer's area of expertise.

5.2 Corporate Quality Assurance Manager (CQAM) – The CQAM assists with defining quality and/or technical requirements and approves specification.

5.3 Facility Manager – The Facility Manager may assist with the development of the specification and has final approval of the Specification.

5.4 Preparer – The Preparer is responsible for coordinating the development and approval of the Specification. The Preparer may be required to assist with the distribution of Specifications to third parties, if a Document Control Unit is not available. The Preparer is typically the Project Manager that initiates the request for services.

5.5 Quality Assurance Department – The QA Department maintains responsibility for defining quality assurance requirements, may assist with the defining of technical requirements, and maintains the Specification Log.

6.0 RECORDS

6.1 The following are lifetime QA records and shall be maintained in accordance with QAP 17.01, QA Records.

6.1.1 Appendix A: Specification Cover Sheet, including supplemental sheets.

6.1.2 Appendix B: Specification Log

7.0 PROCEDURE/REQUIREMENTS

7.1 Specification Preparation

7.1.1 The Preparer shall obtain a specification number from the Specification Log maintained by the QA Department. Numbering of specification shall be in accordance with QAP 3.02.

7.1.2 Each specification shall have a cover sheet (Appendix A) that provides a record of approval and revision. In addition to the cover sheet, each specification shall contain the following sections and subsections as appropriate to the scope of work.

7.1.2.1 Scope of Work

7.1.2.1.1 Provide a summary of the services to be performed, including equipment or materials that are to be provided.

7.1.2.1.2 Provide a specific listing of services, equipment or materials that will be provided by others to give the supplier a clear understanding of any limitations that apply to the scope of work.

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7.1.2.2 Technical Requirements

7.1.2.2.1 Technical requirements shall be specified by reference to specific:

7.1.2.2.1.1 Drawings,
7.1.2.2.1.2 Codes,
7.1.2.2.1.3 Standards,
7.1.2.2.1.4 Regulations,
7.1.2.2.1.5 Procedures,
7.1.2.2.1.6 Personnel qualifications, and
7.1.2.2.1.7 Chemical or physical test results (e.g., CMTRs').

7.1.2.2.2 The Specification shall include the identification of test, inspection, and/or acceptance criteria required of the Purchaser for monitoring and evaluating the Supplier's performance.

7.1.2.2.3 The Specification shall identify special tools, accessories, and spare parts required for the equipment and/or services.

7.1.2.2.4 The specification should include, as necessary, the following ancillaries:

7.1.2.2.4.1 Manuals
7.1.2.2.4.2 Software
7.1.2.2.4.3 Calibrations
7.1.2.2.4.4 Preventative Maintenance
7.1.2.2.4.5 Training
7.1.2.2.4.6 Warrantees
7.1.2.2.4.7 Technical Support
7.1.2.2.4.8 Health & Safety Plans, or
7.1.2.2.4.9 Insurance

7.1.2.2.5 Specific design considerations and parameters for the equipment and/or service being specified shall be provided.

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7.1.2.3 Quality Assurance Requirements

7.1.2.3.1 The Specification shall require the Supplier, including Subtier's, to have a documented quality assurance program that implements a portion or all of the requirements referenced in this procedure depending upon the type and use of the item or service being procured.

7.1.2.3.2 The Specification shall contain a statement that provides for right-to-access of the Supplier, including the Subtier's facility and records for the purpose of inspection or audit.

7.1.2.3.3 The Specification shall include requirements for reporting and approving disposition of nonconformances.

7.1.2.3.4 The Specification shall identify the need for 10CFR21 reporting requirements.

7.1.2.3.5 The Specification shall identify documentation requirements, including media type, to be provided (i.e., Certificate of Calibrations or Certification of Analyses, on CD Rom or micro-film).

7.1.2.3.6 The Specification shall contain qualitative and quantitative acceptance criteria, as appropriate to the scope of service.

7.1.2.4 Administrative Requirements

7.1.2.4.1 The Specification shall identify administrative requirements associated to the procurement. Administrative requirements may include billing and payment schedules, pricing and labor cost, shipping requirements and schedules, etc.

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7.2 Specification Review

7.2.1 The Preparer shall route a draft copy of the Specification, including cover sheet and a description of the scope of work to the following reviewers, as a minimum:

7.2.1.1 Checker,
7.2.1.2 Quality Assurance Department, and
7.2.1.3 Facility Manager.

7.2.2 The reviewers shall document the technical, quality, and/or other administrative requirements defined in Section 7.1 of this procedure and forward the information to the Preparer.

7.2.3 The Prepare shall review the comments received and organize the information into a preliminary Specification. A copy of the Specification should be returned to the reviewers for final review. Additional comments or concerns, if any, should be incorporated and/or resolved at this time.

7.3 Specification Approval

7.3.1 The Preparer, Checker, CQAM, and Facility Manager shall document approval of the Specification by initialing and dating the cover sheet.

7.3.2 The Preparer shall enter the issue date on the cover sheet and distribute the document in accordance with Section 7.5 of this procedure.

7.4 Specification Revision

7.4.1 Specification revision shall be made in accordance with QAP 3.06, Engineering Revision Authorization.

7.5 Specification Distribution

7.5.1 The Specification shall be controlled and distributed in accordance with QAP 6.01, Document Control. Note: All current specifications shall reflect the requirements of this revision with-in six months of the effective date.

7.5.2 Controlled copies of the specification shall be submitted to the affected Supplier, Project Manager, and QA Department, as a minimum.

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APPENDIX A
Page 1 of 1
SPECIFICATION COVER SHEET

US ECOLOGY, INC.

(Enter Facility Name & Address)

PROCUREMENT SPECIFICATION
FOR

(Enter Type of Material/Equipment/Service)

REV. NO	PREPARER	CHECKER	CQAM	FACILITY MANAGER	ISSUE DATE	REVISION AUTHORIZATION

PROJECT NO.	US ECOLOGY, INC.
SPECIFICATION NUMBER	
PAGE 1 OF	

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APPENDIX B
PAGE 1 OF 1
SPECIFICATION LOG

Specification No.	Topic	Revision/Date

QAP 3.05/Rev. 1

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QAP 3.06 - ENGINEERING REVISION AUTHORIZATION

1.0 PURPOSE

The purpose of this QAP is to establish a method to control and document the revision of quality assurance design documents.

2.0 APPLICABILITY

This procedure shall apply to US Ecology generated drawings, specifications, requisitions, and other design documents which fall within the scope and requirements of the Quality Assurance Program.

3.0 DEFINITIONS

None

4.0 INSTRUCTIONS

4.1 Document Use

No revisions shall be made to any numerically issued design document or quality assurance classified requisition without a properly approved Engineering Revision Authorization (ERA). The ERA is utilized to document and approve revisions to design and procurement documents.

4.2 ERA Form

4.2.1 The ERA form shall be completed by the responsible individual initiating the revision to the documents. The ERA sequential number is assigned by the Project Manager and/or Project Engineer to avoid duplication of numbers.

4.2.2 The document shall provide as complete a description as necessary to identify the proposed changes to the documents. No revision can be made to the documents that are not listed on the ERA. For clarity or as requested by the Project Manager/and or Project Engineer, mark-ups of the proposed revision are circulated with the ERA.

4.2.3 There shall be sufficient justification of the change so that the reviewers can understand the reason for the ERA without having to ask additional questions.

4.2.4 The individual preparing the form shall enter all document numbers and the current revision of those documents affected by the ERA.

4.2.5 All documents previously issued that are referenced on the document being revised, shall be evaluated for impact. Any required revisions shall be noted in the marks column. Additional sheets may be added if required. If the revision does not affect the documents previously issued, then a revision of these documents is not required. These listed documents shall have "Revision Not Required" placed in the remarks column.

4.3 Review and Approval

4.3.1 The completed ERA is circulated for internal review along with the optional mark-ups./ The ERA will be reviewed by the same persons reviewing the original documents. The Project Manager is the only person authorized to mark a department off circulation. Any department marked off must be initialed by the Project Manger/and or Project Engineer.

4.3.2 The last person to review the ERA is the Project Manger who resolves any comments and approves the ERA.

4.4 Revisions to Listed Documents

After the ERA is approved, the originals of the documents are to be revised. The revision block of the affected document is to read "Revised per ERA ____", with the ERA sequential number inserted in the blank. A copy of the ERA is to accompany each revised document as it is forwarded for approval and issuance.

4.5 As Built Drawings

4.5.1 To identify and draw attention to the fact that a drawing has been revised to the "as-built" status, the title block description is to read: As-built, per ERA _____".

4.5.2 The ERA is to clearly state that the reason for change is to incorporate as-built mark-ups. The source of the as-built mark-ups or information is to be noted on the ERA, including when it was compiled and by whom.

4.6 ERA Log

The ERA log will be maintained by the Project Manager and /or Project Engineer. Anyone wishing to request a change to an Engineering or Procurement document shall complete the ERA Form and give a copy to the individual designated to maintain the log, who will write a number on the original and the copy and hold the copy until the signed ERA is returned for file.

5.0 RECORD RETENTION

The ERA document is a quality controlled document and shall be maintained as part of the permanent project file for subsequent processing as QA Records.

6.0 REFERENCES

None

7.0 EXHIBITS

Exhibit 1 - Form QA-3.06.1, Engineering Revision Authorization

Exhibit 2 - Form QA-3.06.2, Engineering Revision Authorization Log

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ENGINEERING REVISION AUTHORIZATION

[illegible]: _____ NUMBER: _____

TITLE: _____

REQUESTED BY: _____ CHECKED BY: _____

REVIEW	DATE	BY	REVIEW	DATE	BY
Industrial Safety			Engineer Manager		
Reg. Compliance			Operations		
Health Physics			QA Manager		
Project Engineer			Project Manager		
			Purchasing Agent		

DESCRIPTION OF CHANGE

REASON FOR CHANGE

FIELD CHANGE ISSUED ___-YES ___-NO

ISSUED TO: _____

AFFECTED DOCUMENT NUMBERS	CURRENT REVISION	DOCUMENT ISSUED		REMARKS
		DATE	REVISION	

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ENGINEERING REVISION AUTHORIZATION

DATE: _____ NUMBER: _____

DESCRIPTION OF CHANGE	REASON FOR CHANGE

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EXHIBIT 2

PAGE ____ OF ____

ROJECT NAME: _____ PROJECT NUMBER: _____

ENGINEERING REVISION AUTHORIZATION (ERA) LOG

NUMBER	DATE ASSIGNED	DATE APPROVED	REVISION COMPLETE	ORIGINATOR	DESCRIPTION

RM QA-3.06.2-9/90

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QAP 4.01 - PROCUREMENT DOCUMENT CONTROL

1.0 PURPOSE

This Quality Assurance Procedure (QAP) defines the method utilized by both corporate and facilities for purchasing items and services. It defines the procurement document review process, required approvals, and the documents required by the Purchasing Department prior to issuing a purchase order/contract.

2.0 APPLICABILITY

This QAP applies to all US Ecology purchases for services, equipment and parts which are quality related for US Ecology procurement.

3.0 DEFINITIONS

Drawing and Data Transmittal Schedule (DDTS) - A list of vendor documents required to meet project and quality assurance requirements.

Requisition - A written request utilized by purchasing to issue a purchase order or contract.

Bid Evaluation - Determines the extent of conformance to procurement documents. It covers technical considerations, quality assurance requirements, supplier's personnel, supplier's production capability, supplier's past performance, alternates, exceptions, etc.

Requisition Package - Includes the requisition, DDTS, plus any additional documents required to issue a request for quotation.

Request for Quotation (RFQ) - A written request to one or more prospective suppliers/contractors soliciting the submission of a bid.

Project Manager - A person responsible for their project. If a project is not assigned, the project manager will be the applicable department manager or facility manager.

4.0 INSTRUCTIONS

4.1 Requisition Package Preparation

4.1.1 The requisitioner shall prepare a requisition (Exhibit 1 or 2) in accordance with the instructions provided in Exhibit 3.

4.1.2 The requisitioner shall complete a DDTS (Exhibit 4) in accordance with the instructions provided in Exhibit 5 for inclusion in the requisition package.

4.1.3 The requisitioner shall ensure that the requisition package includes the requisition and all other references contained on the requisition sheets for the RFQ except the legal contract.

4.1.4 The requisitioner shall forward the requisition package to the project manager.

4.2 Requisition Review

4.2.1 The project manager shall route the requisition package to the following organizations for review and/or comment.

- o Regulatory Compliance (Environmental Activities)
- o Health Physics (Radwaste Activities)
- o Industrial Safety
- o Quality Assurance
- o Operations or Facility Manager.

4.2.2 The reviewers shall indicate their review by signing the requisition and initialing any comments made to the requisition package. The last reviewing organization, quality assurance, shall forward the requisition package to the project manager.

4.2.3 The project manager together with the originator and applicable reviewers shall resolve requisition package comments and if required revise the requisition package.

4.2.4 After the requisition package has been revised, and when required, the project manager shall forward a copy of the requisition package to the legal department for appropriate contract document preparation.

4.2.5 The requisition package shall be returned to the project manager at which time the project manager shall assign a revision 0 and sign the requisition as approved.

4.2.6 The project manager shall forward the requisition package to purchasing.

4.3 RFQ Preparation

4.3.1 Purchasing will process and mail RFQs utilizing the requisition package to the vendors suggested by the project manager.

4.3.2 During the bid process, any changes to the scope of work schedule, etc., will be reflected in a revised requisition reviewed by quality assurance and approved by the project manager. The changes must be indicated on the revised requisition and so designated by assigning a revision number (i.e., Rev. 1, 2, 3, etc.).

4.3.3 The revised requisition shall be forwarded to the bidders.

4.3.4 Purchasing, shall review, date stamp, log in, and forward bids to the project manager with a blank Bid Evaluation form.

4.4 Vendor Selection

4.4.1 The project manager shall evaluate the bids in accordance with QAP 7.02, select the vendor, and complete a vendor qualification form in accordance with QAP 7.01.

4.4.2 The project manager shall prepare a procurement package for purchasing which shall include:

- The approved requisition package, latest revision
- The approved bid evaluation form
- The approved vendor qualification form
- Pre-bid and pre-award meeting minutes.
- Any other documentation relating to the procurement
- A copy of the contract document.

4.5 Purchase Order Changes

4.5.1 Purchasing shall issue a purchase order and coordinate acknowledgment signatures.

4.5.2 Changes to purchase orders which affect quality requirements or the scope of work shall be requested by the project manager utilizing an Engineering Revision Authorization (ERA) form. Other changes may be initiated by a memo/letter from the project manager. Purchasing shall then issue a change order to the vendor.

5.0 RECORD RETENTION

The procurement package shall be maintained by purchasing for subsequent processing as lifetime QA records in accordance with QAP 17.01.

6.0 REFERENCES

QAP 7.01, Vendor Qualification

QAP 7.02, Bid Evaluation

QAP 17.01, QA Records

7.0 EXHIBITS

Exhibit 1 - Form QA-4.01.1, Requisition for Services

Exhibit 2 - Form QA-4.01.2, Requisition for Parts or Equipment

Exhibit 3 - Instructions for completing requisition

Exhibit 4 - Form QA-4.01.3, Drawing and Data Transmittal Schedule

Exhibit 5 - Instructions for completing DDTS

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REQUISITION FOR SERVICES

Project Number and Name: _____

Requisition Title: _____

Requisition No.: _____ Rev.:___ Requisition Date: _____

Capital Project No.: _____ Prepared By: _____ Accounting Code: _____

DESCRIPTION

INDUSTRIAL SAFETY/REVIEW DATE: _____

QUALITY ASSURANCE/REVIEW DATE: _____

REGULATORY COMPLIANCE HEALTH PHYSICS/REVIEW DATE: _____

OPERATIONS/FACILITY-MANAGER/REVIEW DATE: _____

PROJECT MANAGER/APPROVAL DATE: _____

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Requisition No. _____ Rev. _____ Page ____ of ____

DESCRIPTION

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REQUISITION FOR PARTS AND/OR EQUIPMENT

Project Number and Name: _____

Requisition Title: _____

Requisition No.: _____ Rev.:___ Requisition Date: _____

Capital Project No.: _____ Prepared By: _____

ITEM NO.	QTY.	ACCOUNTING CODES	DESCRIPTION

INDUSTRIAL SAFETY/REVIEW DATE: _____

QUALITY ASSURANCE/REVIEW DATE: _____

REGULATORY COMPLIANCE HEALTH PHYSICS/REVIEW DATE: _____

OPERATIONS/FACILITY-MANAGER/REVIEW DATE: _____

PROJECT MANAGER/APPROVAL DATE: _____

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Requisition No. _____ Rev. _____ Page ____ of ____

ITEM NO.	QTY.	ACCOUNTING CODES	DESCRIPTION

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INSTRUCTIONS FOR COMPLETING REQUISITION

(1) Enter project number and name.

(2) Enter description of item or service.

(3) Requisition Number (See QAP 3.02).

(4) Only after the project manager approval enter 0, if original . If revision, enter 1, 2, 3, etc. (see procedure step 4.5).

(5) Date requisition is typed.

(6) Enter capital project number if applicable.

(7) Name of requisitioner.

(8) Numbered sequentially beginning with 1.

(9) Self explanatory.

(10) Obtain from Project Management.

(11) Describe all technical and quality assurance requirements and list all specifications, drawings, sketches, etc., as attachments.

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DRAWING AND DATA TRANSMITTAL SCHEDULE

SUBJECT: _____ REQUISITION NO: _____

_____ DATE: _____ REV. _____

DOCUMENT DESCRIPTION	SPEC. REFERENCE	PROJ MGMT FOR APVL	PROJ MGMT FOR INFO	QA REV YES	QA REV NO	SUBMITTAL SCHEDULE

D ing Codes
R = Reproducibles
P = Prints
O = Originals
C = Certified

SUBMIT ALL DOCUMENTS TO:
PURCHASING DEPARTMENT
US ECOLOGY, INC.
9200 SHELBYVILLE ROAD, SUITE 300
LOUISVILLE, KY 40222

FORM QA-4.01.3-1/91

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INSTRUCTIONS FOR COMPLETING THE DDTS

(1) Enter the project number and name.

(2) Enter the requisition number.

(3) Name of requisitioner.

(4) Date.

(5) Requisition revision number.

(6) Enter vendor document number 1, 2, 3, etc.

(7) Enter document description.

(8) Enter specification reference, (if any)

(9) Indicate quantity code (for drawings only) and indicate weather the document is for US Ecology approval <u>or</u> for information.

(10) This section will be completed by QA when reviewing the bid package.

(11) Enter the time frame for document receipt.

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US ECOLOGY, INC. PROCEDURE	NUMBER: QAP-5.01
	REVISION NUMBER: 3
TITLE: PROCEDURE PREPARATION, REVIEW AND CONTROL	EFFECTIVE DATE:
	SITES: ALL
	PAGE 1 OF 10

Prepared By:

Seth A. Wallace
Corporate Quality Assurance Manager

Reviewed By:

James A. Shaffner, Manager, Southwestern Compact Region
Needles, California, LLRW Disposal Project

Tom R. Hayes, Facility Manager
Richland, Washington, LLRW Disposal Facility

Al Bilau, Assistant Project Manager
Central Interstate Compact, LLRW Disposal Project

Reviewed And Approved By:

Date: 7/10/98

Seth A. Wallace
Corporate Quality Assurance Manager

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US ECOLOGY, INC.
PROCEDURE CHANGE RECORD

TITLE: **PROCEDURE PREPARATION, REVIEW AND CONTROL**

PROCEDURE NUMBER: QAP 5.01

REVISION NUMBER: 3

PAGE/PARAGRAPH AFFECTED:

Changes are denoted with a revision bar, except minor editorial changes.

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APPENDICES

A PROCEDURE REVIEW RECORD
B INTERIM CHANGE NOTICE
C PROCEDURE FORMAT GUIDE

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1.0 PURPOSE

This procedure defines the methods and controls to be used in the preparation, review and control of US Ecology Inc. (USE) procedures.

2.0 SCOPE

This procedure applies to procedures issued and controlled by USE with the following exceptions 1) USE Sheffield low-level radioactive waste (LLRW) facility, 2) USE projects having a specific procedure governing procedure preparation, review and control.

3.0 REFERENCES

3.1 QAP 1.02, Delegation of Authority (DOA)

3.2 QAP 6.01, Document Control

3.3 QAP 2.04, Indoctrination, Training and Qualification

4.0 DEFINITIONS

4.1 Designee(s) - Individual(s) having been delegated temporary or permanent authority for an indicated position.

4.2 Document Control (DC) - A department that maintains responsibility for the issue, control, and maintenance of quality-related procedures.

4.3 Interim Change Notice (ICN) - Temporary or permanent amendment to an existing procedure.

5.0 RESPONSIBILITIES

5.1 Chief Radiological Controls and Safety Officer (CRC&SO) or Designee(s)

5.1.1 Reviews and concurs with quality-related procedures and associated changes (i.e., ICNs) to ensure that radiological safety and health physics requirements are defined and adequate.

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5.1.2 CRC&SO review, concurrence, or approval is not required on procedures that do not contain radiological safety or health physics requirements (i.e., QAPs). Although the Facility/Project Manager may request CRC&SO review.

5.1.3 Interface with regulatory agencies for approval of procedures within the scope of a license.

5.2 Corporate Quality Assurance Manager (CQAM) or Designee

5.2.1 Reviews and approves quality-related procedures and associated changes (i.e., ICNs) to ensure that quality assurance program objectives and criteria are defined and adequate.

5.2.2 Controls and issues corporate quality assurance procedures (QAP's) in accordance with QAP 6.01.

5.3 Document Control Clerk or Designee

5.3.1 Controls, issues, and maintains quality-related procedures in accordance with QAP 6.01, or other approved site procedure.

5.4 Facility/Project Managers or Designee

5.4.1 Reviews and approves site specific quality-related procedures and associated changes (i.e., ICNs).

5.4.2 Reviews and concurs with quality-related corporate procedures and associated changes (i.e., ICNs) that directly affect operations within their realm of responsibility.

5.4.3 Obtaining review and concurrence from Line Managers having responsibilities within a procedure under review.

5.5 Line Managers

5.5.1 Prepare, review, and concurrence of quality-related procedures which are required for programs and processes within their realm of responsibilities.

5.5.2 Ensure that all personnel reporting to them are briefed on procedures, revisions, and ICNs applying to their work activities.

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6.0 RECORDS

6.1 The following records when complete, (i.e., authenticated or approved) shall be maintained as indicated in the appropriate DC unit in accordance with QAP 6.01, or other approved site procedure.

6.1.1 Appendix A, Procedure Review Record - Life of Facility (LF)

6.1.2 Appendix B, Interim Change Notice - LF

6.2 The electronic and original hard copy of the approved procedure or ICN shall be submitted to, and maintained by, the appropriate DC unit.

7.0 PROCEDURE/REQUIREMENTS

7.1 Procedure Writing

7.1.1 New Procedures

7.1.1.1 The initiating Line Manager or preparer should contact DC for assignment of a unique procedure or ICN number.

7.1.1.2 DC shall assign a unique procedure number formatted in accordance with section 7.1.3.

7.1.1.3 New procedures should be noted on the cover sheet and footer as Revision Number 0, or Rev. 0.

7.1.1.4 Appendix C, Procedure Format Guide, should be referenced during the development of new procedures.

7.1.2 Existing Procedures

7.1.2.1 Reformatting of existing USE procedures should be accomplished as revision becomes necessary.

7.1.2.2 Except in exigency situations, the ICN should not be issued to a procedure formatted to previous revisions of this procedure (i.e., rev. 1). The effected procedure should be updated in its entirety.

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7.1.2.3 A facility specific procedure having a similar purpose or scope to a corporate procedure takes precedence over the corporate procedure at the designated facility/project.

7.1.3 Numbering

7.1.3.1 Each procedure should be assigned a unique number that is developed by Document Control.

7.1.3.2 Document Control will maintain a comprehensive list of assigned procedure numbers to eliminate duplication and maintain consistency.

7.1.3.3 Procedure numbers should be developed with the following guidelines.

7.1.3.3.1 Procedure numbers should be comprised of a combination and sequence of alphabetical (e.g., acronyms) and numerical identifiers.

7.1.3.3.2 Procedure numbers should be easily recognizable to a specific facility (e.g., ROPs represent Richland Operating Procedures, or NQAPs represent Nebraska Quality Assurance Procedures).

7.1.4 Revisions

7.1.4.1 When revising an existing procedure, the procedure writer shall verify the correct revision number with Document Control.

7.1.4.2 The Procedure Change Record (i.e., page two of the procedure) should include a statement addressing the purpose for the revision and sections effected. Examples of revision descriptions are:

- Revised sections 1.2.2 and 1.2.3, or deleted sections 1.2.2 or 1.2.3);
- "Initial Issue;" and
- "Initial issue, procedure supersedes procedure no. (enter superseded procedure no.).

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7.1.4.3 Each section or subsection which has been changed from the previous revision should have a one (1) point revision bar located approximately 1/2 inch from the right margin adjacent to the revised text.

7.1.4.3.1 Revision bars on cover sheets (i.e., pages 1 and 2), and appendices are optional.

7.2 Procedure and ICN Review/Approval

7.2.1 The preparer shall review the draft document for technical content, applicability to process or activity, format and style prior to submission for initial review and comment.

7.2.2 The preparer of the procedure shall prepare and submit Appendix A to the applicable Facility Manager(s), regulatory compliance, radiological safety, health physics, and/or quality assurance departments.

7.2.2.1 The preparer shall enter on the Procedure Review Record the appropriate procedure title, number, revision, date, type of review(s) requested, and the name of the responsible manager.

7.2.2.2 The preparer shall also enter the name of the individual responsible for receipt of the Procedure Review Record, and the due date for completion of the review. Additional instructions may also be conveyed at this time. The Procedure Review Record shall then be submitted with a copy of the procedure to the responsible manager(s).

7.2.2.3 The responsible manager(s) shall examine the procedure, taking into consideration the type of review(s) requested on the Procedure Review Record.

NOTE:

The responsible manager may delegate review to an individual(s) possessing technical expertise with the type of review requested. This manager maintains ultimate responsibility for completion of the review(s). Delegation of Authority instructions and requirements are contained in QAP 1.02.

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7.2.2.4 The reviewer shall document comments on the Procedure Review Record and indicate their disposition of the procedure (i.e., "Concur," "Concur with Comments" or " Do not Concur").

7.2.2.5 Upon completion of the review, the reviewer shall sign and date the Procedure Review Record and return it to the preparer.

7.2.2.6 The preparer shall provide a resolution statement for each comment, then sign and date the preparer section.

7.2.2.7 Reviews indicated as "Do not Concur" shall be resolved prior to procedure approval and issue. Upon resolution, the preparer shall initial and date the "Do not concur" comments resolved block.

7.2.2.8 The preparer should transmit a completed copy of the Procedure Review Record to the reviewer and the original shall be returned to Document Control.

7.2.3 In cases that the review, concurrence or approval of a procedure is dependent on a temporarily or permanently vacant position, responsibility for review, concurrence or approval remains with the individual delegated for those responsibilities.

7.2.4 Facility/Project Managers shall review and concur with corporate procedures that effect their operations and review, concur, and approve project specific procedures, unless noted otherwise in a project specific procedure.

7.2.5 The CQAM, or designee shall review, concur and approve all quality-related procedures.

7.2.6 The Facility Manager or CRC&SO is responsible for performing safety evaluations, as required by facility procedures or licenses, and submit draft procedures to external organizations that require review of USE procedures prior to issuance [e.g., Washington Department of Health, (WDOH), or Nuclear Regulatory Commission, (NRC).

7.2.7 The preparer shall coordinate receipt of approval signatures and then submit the approved procedure including the electronic copy to Document Control for storage and distribution.

7.3 Procedure Issuance (New, Revision or ICN)

7.3.1 Upon receipt of the approved procedure or ICN, Document Control shall verify completion of approval signatures and enter the effective date on the procedure cover page.

7.3.2 New or revised procedures, or ICNs, shall become effective (Effective Date) within 21 days of the last approval signature or external review (i.e., NRC, WDOH), as applicable.

7.3.3 Procedures or ICNs are distributed in accordance with QAP 6.01. Distribution by Document Control should be within five days of final approval.

7.4 Procedure Training/Implementation

7.4.1 After procedure or ICN issuance and prior to the effective date, procedure training shall be conducted.

7.4.1.1 Personnel with approval signatures on the procedure cover page or ICN are exempt from the following training requirements.

7.4.1.2 Only personnel who will use or be directly effected by a procedure shall be considered applicable.

7.4.1.3 Line Managers shall ensure that applicable personnel are trained.

7.4.1.4 Training of personnel shall be conducted and documented in accordance with QAP-2.04, Indoctrination, Training and Qualification, or other approved document.

7.5 Interim Change Notice (ICN)

7.5.1 The following requirements apply to an ICN being incorporated into an existing document.

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7.5.1.1 The preparer shall complete Part One (1) of Appendix B.

7.5.1.2 The review/approval process of section 7.2 shall be followed for ICNs.

7.5.1.3 Document Control shall assign a unique ICN number and distribute controlled copies of the ICN to all controlled copy holders.

7.5.1.4 Numbers should be assigned using sequential alpha/numeric codes (e.g., ICN 98-001 represents the first ICN issued in 1998).

7.5.1.5 Permanent ICNs shall be incorporated into revisions of the existing documents within two years of issue or when a major revision to the document is initiated, whichever is first.

7.5.1.6 Approved ICNs should be placed in front of the effected procedure.

7.5.2 Temporary ICNs

7.5.2.1 Temporary ICNs shall expire at the completion of the activity(ies) or in 12 months, whichever is first.

7.5.2.2 Temporary ICNs shall not be incorporated into procedure revisions.

7.5.3 Procedure Cancellation

7.5.3.1 Procedures no longer applicable to operations shall be deleted.

7.5.3.2 Procedures shall be deleted via the ICN which states the reason for deletion.

7.5.3.3 DC shall route the approved ICN to all controlled copy holders. Controlled copy holders should replace the deleted procedure with the ICN. The ICN should remain in place for a period of one year.

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APPENDIX A
Page 1 of 2
PROCEDURE REVIEW RECORD

PROCEDURE REVIEW RECORD	PAGE __ OF __

Procedure Title:

Procedure/Revision Number:

Check the type of review(s) required and enter the name of the individual responsible for that review.

- ☐ Fire & Safety
- ☐ Health & Safety
- ☐ Industrial Health
- ☐ Medical
- ☐ Operation
- ☐ Procurement
- ☐ Quality Assurance
- ☐ Reg. Compliance
- ☐ Transportation
- ☐ Other:_____
- ☐ Other:_____

Responsible Manager: _____

Note: The responsible manager may delegate review to an individual(s) possessing technical expertise pertaining to the type of review requested. The responsible manager maintains ultimate responsibility for the review(s).

Return the completed procedure review record and any related documentation to the following individual by the indicated due date:

To:_____ Due Date:_____

Additional Instructions:

This document is being submitted for your review, concurrence or comments. Since the review is controlled, a response is required.

Concur ( ) Concur with comments ( ) Do Not Concur ( )

#	Ref.	Comments	Resolution

*Reviewer: _____ Date: _____ Preparer: _____ Date: _____

"Do Not Concur" Comments Resolved, Reviewer: _____ Date: _____

APPENDIX A
Page 2 of 2
PROCEDURE REVIEW RECORD

PROCEDURE REVIEW RECORD			PAGE __ OF __
Procedure Title:			
Procedure Number:		Revision Number:	Draft Date:
#	Ref.	Comments	Resolution

Reviewer: _____ Date: _____ Preparer: _____ Date: _____

"DO NOT CONCUR" Comments Resolved, Reviewer: _____ Date: _____

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APPENDIX B

INTERIM CHANGE NOTICE

INTERIM CHANGE NOTICE

PART 1

ICN Number: _____ Date: _____

Procedure Number: _____ Revision Number: _____

Procedure Title: _____

Expiration Date (If applicable; NA for permanent change): _____

Description: _____

_____

_____

(Attach continuation pages as necessary)

Prepared by: _____ _____

Name/Signature/Title Date

PART 2

Reviewed By:

_____ _____

Name/Signature/Title Date

_____ _____

Name/Signature/Title Date

_____ _____

Name/Signature/Title Date

Approved By:

_____ _____

Name/Signature/Title Date

_____ _____

Name/Signature/Title Date

_____ _____

Name/Signature/Title Date

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Procedure Format Guide

Fonts

Font type for all procedures should be aesthetically appropriate for a technical document.

Bold text should be used:

- on the cover page borders, company name, title, revision, effective date, site(s), and page number blocks; and
- the "Prepared By, Reviewed By, and Reviewed and Approved By" statements as exemplified in this procedure;
- on the Procedure Change Record (page 2);
- the word "**Note:**" in note boxes; and
- as applicable on appendices.

Italics and underline should not be used within the body of USE procedures, but may be used in appendices.

With the following exceptions, all characters in USE procedures should be a 12-point font:

- names and titles of approval authorities on the cover page should be a 9-point font;
- "**US ECOLOGY INC., PROCEDURE**" on the cover page should be a 24-point font; and
- the procedure number listed on the cover page should be a 20-point font; and
- other size fonts may be used as needed on appendices.

Borders

The text box on the cover page and change record should be double and single lined with 3/4-point borders as exemplified in this procedure.

Note boxes should be bordered by 1-1/2-point lines, with a 5% shade.

Procedure Format Guide

Spacing

Sections should be preceded by two blank lines.

Subsections should be single spaced, with one blank line between numbered subsections.

Bullet items should be separated from each other and associated numbered subsections by a six point separation (i.e., one half line).

Spacing requirements may be increased when a section or subsection text will be broken due to a page break.

Tabs, Indentations and Margins

Tabs and Indention

Except for the following case, tabs should be set at 0.5" increments.

Bullet items should have a 0.25" overhang.

Sections with one or two periods (e.g., 7.2 or 7.2.3, respectively) should have a .5" tab with a .5" hanging indention.

Subsections with three or four periods (e.g., 7.2.3.4 or 7.2.3.4.5, respectively) should have a .75" tab with a .75" hanging indention.

Margins

Margins for the body of the text should be:

- 1" for the top, bottom, left and right;
- 0.7" for the footer; and
- 0.5" for the gutter.

Margins for the cover page and procedure change record should be approximately as exemplified in this procedure with the bottom of the border at least one full 12 point line below the last line of text.

Procedure Format Guide

Cover Page and Procedure Change Record

The cover page and procedure change record should be formatted as exemplified in this procedure.

The facility(s) applicable to the procedure shall be listed in the upper right SITES block (e.g., NEBRASKA, CALIFORNIA, RICHLAND, or ALL, or singularly, such as CALIFORNIA).

Facility Manager(s) associated with the procedure scope shall be listed in the Review By section as exemplified in this procedure.

The procedure cover page shall include all required review and/or approval signatures.

Sections and Subsections

Procedure section format, numbering, and titles should be as outlined in this procedure.

Each numbered subsection should be limited to one significant idea, and should be limited to one sentence.

The purpose of the procedure shall contain a clear and concise statement of what the procedure is to accomplish.

The scope of the procedure shall contain a clear and concise statement of what activities or functions the procedure is to control, such as the applicability.

Text should be organized and specific; redundancy between the responsibilities section and the procedure/requirements section should be avoided.

The use of abbreviations or acronyms are permissible with the following condition. The complete abbreviation or acronym must be defined at least once within the text or body of the procedure and preferably at first usage.

Significant steps and requirements should be listed as numbered subsections with a limit of four subdividing periods (e.g., 7.4.5.6.7).

Lists, and listed information, should be bulleted (i.e., Section 7.1.9.2.1).

The body of the text should be aligned to the left.

Footers

Each procedure page (except the cover page and appendices) must indicate procedure number, revision, page number and number of total pages (not including appendices).

Page number and total number of pages shall be located in bottom center of the page as "Page # of #."

Procedure number and revision shall be located in the bottom right corner of each page as exemplified in this procedure.

Appendices

Appendices should have the appendix letter, name of the appendix, page number and total number of pages for that appendix centered at the top of each page.

Appendices should have the procedure number and revision number in the lower right corner of the footer, as exemplified in this procedure.

The first time an appendix is referred to in a procedure, it should be referred to as the appendix letter and title (e.g., Appendix A, Request for Quotation Form), with subsequent references only using the appendix letter or title, as appropriate.

Notes

The usage of notes should be limited to items which may have an adverse affect on any of the following:

- personnel safety;
- protection of the public;
- quality-related items and/or services.

Notes should be displayed in the procedure body using a shaded text box to emphasize their significance.

Note boxes should be formatted with:

- a full line before the word "**Note:**" and after the note text;
- the word "**Note:**" centered above the text; and
- the text aligned to the left.

References and Definitions

References and definitions should be formatted as exemplified in this procedure.

Definitions should be presented in alphabetical order.

References should be listed in the following order:

- first, legal requirements, listed global to local (e.g., 10CFR20, state issued radioactive materials license, city liquid effluent permit, etc.);
- second, government issued standards, listed global to local (e.g., U.S. NRC Regulatory Guides);
- third, industry standards (e.g., ANSI N323-1978);
- fourth, general publications, listed alphabetically by author;
- fifth, corporate references, listed alphabetically by title;
- sixth, site references, listed alphabetically by title; and
- seventh, procedures listed alphabetically by type (e.g., AD, then FS, then HS, etc.) and numerically within a type (e.g., HS-01, HS-02, etc.).

Reference Format

Legal requirements, government issued standards, and industry standards should be listed as "Issuing Agency, Number, 'Title'." (e.g., U.S. NRC, Reg. Guide 8.11, "Applications of Bioassay for Uranium").

General, corporate, and site publications should be listed as "Author (or Organization, as applicable), Number (if applicable), 'Title'."

Procedures should be listed as "Number, 'Title'."

QAP 6.01 - DOCUMENT CONTROL

1.0 PURPOSE

This Quality Assurance Procedure (QAP) provides the responsibilities and requirements for the establishment of a document control program for quality-related activities performed by or for US Ecology and provides the instructions for changing documents.

2.0 APPLICABILITY

This QAP applies to the distribution control and change control of Quality Assurance Procedures, the QA Manual, and other procedures and manuals requiring document control in order to ensure that correct documents are being employed. Controls over other documents that may prescribe activities affecting quality, such as Quality Assurance program plans, specifications, procurement documents, project plans, and drawings, are described in the procedures that are applicable to these documents. All US Ecology organizations shall utilize this QAP for implementing document control requirements unless approval is obtained from the QA Manager for substitute document control procedures.

3.0 DEFINITIONS

Document - is any written or pictorial information describing, defining, specifying, reporting or certifying activities, requirements, procedures, or results.

Controlled Document - is a document whose change, revision, and distribution are done according to specified requirements so that correct and applicable documents are available where and when needed.

Release - is the process of issuing (distributing) controlled documents for use.

Superseded Document - is a previously released document that has been replaced in its entirety by another document.

Superseded Revision - is a document that has been replaced by a subsequent revision of the same document.

Void Document - is a document that is no longer valid and will not be replaced by another document.

Copyholder - is the individual assigned a controlled document and is responsible for maintenance and update of the document and for the destruction of superseded or void documents.

Controlled Copy Number - is a unique number which identifies the assignment of the document.

Design Document - are engineering drawings, calculations, specifications, analyses, and other quality affecting design documents. Design document change control requirements are implemented by QAP 3.06, "Engineering Revision Authorization".

Minor Change - a change to a document that is inconsequential such as an editorial correction.

Major Change - a change to a document that is a revision involving a significant part of the document or an alteration based on an accumulation of several changes.

4.0 INSTRUCTIONS

4.1 Distribution of Controlled Documents

4.1.1 The cognizant manager (facility, department, or project) shall maintain a distribution list for technical procedures, operating procedures, or other controlled documents. These lists shall include individuals who are responsible to maintain copies of these documents at the location(s) where the work is to be performed.

4.1.2 A log system shall be used that provides a unique identity (copyholder number) for each copy, assigns a specific copy to each person on the distribution list, and provides an up-to-date record of each copy and its holder. The distribution of procedures may be controlled through controlled manuals.

4.1.3 The QA Manager shall maintain the distribution of QAPs, QA Program Plans, and other controlled QA documents.

4.1.4 Cognizant managers shall verify that controlled documents have a descriptive title, pagination (page __ of ___), document number on each page, revision number is applicable on each page, and the effective date on each page.

4.1.5 Cognizant managers shall ensure that the transmittal package contains the correct documents with the appropriate approvals and two complete copies of "Letter of Transmittal Form" (Exhibit 1) or an equivalent transmittal letter providing the copyholder instructions.

4.1.6 Discrepancies discovered in verifying the transmittal shall be corrected prior to the transmittal of the document(s).

4.1.7 The cognizant manager shall be responsible for placing a copy of the transmittal in a "tickler file" or provide an alternative "tickler" system.

4.1.8 Transmittal packages are distributed according to the instruction provided in the letter of transmittal.

4.2 Tracking of Receipt Acknowledgment

4.2.1 Upon receipt of a controlled document transmittal the copyholder is required to update the document(s) being transmitted, a sign the "Acknowledgment of Receipt" section on a copy of the transmittal and indicate the applicable disposition "destroy" or "void", and return this copy to the originator.

4.2.2 Receipt acknowledgement to the originator is required within twenty working days of the issue date of the transmittal.

4.2.3 As signed transmittals (Receipt Acknowledgments) are received they are placed in the file with the master distribution list and the copy retained in the "tickler file" is removed and discarded.

4.2.4 After twenty working days of the issue date of a transmittal the originator shall determine if there are any outstanding receipt acknowledgements. If all receipt acknowledgements for a transmittal have been received the originator shall file the completed transmittal receipt acknowledgements in the master file for the document. If all receipt acknowledgements have not been returned, proceed to the next step, below.

4.2.5 The originator of the transmittal will send to each delinquent copyholder a "Verification of Transmittal Receipt" (Exhibit 2). A copy of this form will be placed in the "tickler file" with the copy of the original transmittal.

4.2.6 This Verification of Transmittal Receipt form must be returned by the copyholder within ten (10) working days of the date issued. The originator will place the returned forms in the master file and close out the file as prescribed in Step 4.2.4.

4.2.7 If the copyholder returns the receipt verification and indicates that the transmittal was not received, the originator will transmit another package.

4.2.8 In the event the copyholder fails to return either the initial receipt acknowledgement or the receipt verification, the originator will bring the matter to the attention of the cognizant manager of the document for resolution.

4.2.9 The cognizant manager will contact the individual copyholder or the manager of the copyholder to determine why the receipt acknowledgements have not been returned. The cognizant manager will decide if the copyholder will be allowed to retain the documents that have been issued.

4.3 Change Control of Quality Affecting Documents

4.3.1 Personnel desiring document changes shall make their requests to the organization that issued the document using the Document Change Request (DCR) form (Exhibit 3) or another appropriate method of documenting a request for change.

4.3.2 The organization receiving a DCR shall log each request and review it to determine if it is consistent with applicable requirements and potentially beneficial. The request shall be discussed between the Author and the requestor as necessary.

4.3.3 If the requested change is potentially beneficial, the Author shall determine whether the change is major or minor. Minor changes are those that do not affect the scope or methodology of the procedure. Examples include:

- o Correction of typographical or grammatical errors;
- o Wording changes to improve understanding;
- o Addition of missing information to assure that the document is interpreted correctly;
- o Correction of obviously incorrect information;

All other changes are major.

4.3.4 The Author shall determine whether the change is to be processed as an Interim Change Notice (ICN, Exhibit 4) including attachments, printed on blue paper, or as a revision. All changes to US Ecology QA Manual shall be by revision. Revisions to other documents are required when the proposed changes are extensive, when five ICNs have been approved and issued since the last revision, or when it is considered that a revision is needed in order to avoid confusion in the use of the document. The Author shall also determine whether the change(s) will necessitate changes to other documents.

4.3.5 When an ICN is required, the Author shall complete the entire form, assign a unique ICN number obtained from the QA Manager, and obtain the necessary approval signatures. The description of the change(s) shall reference the part(s) of the document to be changed and shall state the actual wording of the change(s).

4.3.6 The Author shall obtain approval of ICNs for minor changes from the QA Manager or designee. Documents that are controlled according to a license or permit may require approval of minor changes according to regulatory procedures.

4.3.7 The Author shall obtain review, comment resolution, and approval of ICNs and revisions from the organizations or personnel who performed the original review and approval. The reviewing organizations shall have access to pertinent background data or information upon which to base their review.

4.3.8 After approval of the ICN or revision, the Author shall assign an effective date and distribute the change documentation according to Section 4.1. Instructions for incorporation of the ICN into the affected document shall be included.

5.0 RECORD RETENTION

Copies of completed document control forms (Exhibits 1-4) shall be maintained for the lifetime of the document by the issuing organization.

6.0 REFERENCES

QAP 5.01, "Preparation, Review and Approval of Procedures"
QAP 6.02, "Independent Technical Review"
QAP 6.03, "Peer Review"

7.0 EXHIBITS

Exhibit 1 - Form QA-6.01.1 - Letter of Transmittal
Exhibit 2 - Form QA-6.01.2 - Verification of Transmittal Receipt
Exhibit 3 - Form QA-6.01.3 - Document Change Request
Exhibit 4 - Form QA-6.01.4 - Interim Change Notice

1115f

US ECOLOGY, INC.
9200 SHELBYVILLE ROAD, SUITE 300
LOUISVILLE, KY 40257-0246
502-426-7160

LETTER OF TRANSMITTAL

DATE: _____ TRANSMITTAL NUMBER: _____

FIRST CLASS MAIL ____ EXPRESS - OVERNIGHT ____ INTERNAL ____

TO: _____

OTHER DISTRIBUTION:

NAME	TRANSMITTAL	ATTACHMENTS

WE ARE SENDING: _____

QUANTITY	DOCUMENT NUMBER	REVISION	DESCRIPTION

THESE DOCUMENTS ARE TRANSMITTED AS CHECKED BELOW:

FOR APPROVAL ___ APPROVED AS SUBMITTED ___ APPROVED AS NOTED ___
DISAPPROVED ___ AS REQUESTED ___ FOR YOUR USE ___ FOR REVIEW ___

REMARKS: _____

SIGNATURE: _____

ACKNOWLEDGMENT OF RECEIPT PLEASE RETURN ONE SIGNED COPY TO SENDER

I HAVE RECEIVED THE DOCUMENTS IDENTIFIED ABOVE AND THE PRIOR REVISIONS OF THESE DOCUMENTS HAVE BEEN DESTROYED ____ VOIDED ____

PRINTED NAME OF RECIPIENT: _____

SIGNATURE OF RECIPIENT: _____

DATE RECEIVED: _____

FORM QA-6.01.1-10/90 1791f

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US ECOLOGY, INC.

VERIFICATION OF TRANSMITTAL RECEIPT

COPYHOLDER: _____ COPYHOLDER NUMBER: _____

ADDRESS: _____ REQUEST DATE: _____

_____ REPLY REQUIRED: _____

_____

THE TRANSMITTAL NUMBER(S) LISTED BELOW WAS/WERE TRANSMITTED TO YOU ON THE DATE INDICATED. AN ACKNOWLEDGMENT OF RECEIPT HAS NOT BEEN RECEIVED TO DATE. PLEASE VERIFY RECEIPT OF THE LISTED TRANSMITTAL(S), CHECK THE APPROPRIATE BOX, SIGN AND DATE THIS FORM AND RETURN IT WITHIN TEN (10) WORKING DATES OF THE REQUEST DATE. THIS IS THE ONLY RECEIPT VERIFICATION THAT WILL BE SENT. FAILURE TO RESPOND WILL RESULT IN THE MATTER BEING ELEVATED TO YOUR MANAGEMENT.

ORIGINATOR'S SECTION		COPYHOLDER'S SECTION		
TRANSMITTAL NUMBER	ISSUE DATE	TRANSMITTAL RECEIVED	TRANSMITTAL NOT RECEIVED	REMARKS

_____ _____ _____

PREPARED BY COPYHOLDER SIGNATURE DATE

FORM QA-6.01.2

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US ECOLOGY, INC.

DOCUMENT CHANGE REQUEST (DCR)

DCR NO. _____

DOCUMENT NO. _____ REVISION NO. _____

DOCUMENT TITLE _____

DOCUMENT AUTHOR _____ DATE ISSUED _____

REQUESTED CHANGE: _____

REASON/JUSTIFICATION, AND WHEN CHANGE IS NEEDED: _____

REQUESTED BY _____ DATE REQUESTED _____

EVALUATION: _____

DISPOSITION: _____

ASSIGNED TO (AUTHOR): _____ DATE: _____

BY (COGNIZANT MANAGER): _____ DATE: _____

FORM QA-6.01.3

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INTERIM CHANGE NOTICE (ICN)

ICN NUMBER: _____

DOCUMENT NUMBER: _____ REVISION NUMBER: _____

DOCUMENT TITLE: _____

DOCUMENT AUTHOR: _____ DATE ISSUED _____

REQUESTED BY: _____ DATE REQUESTED _____

TYPE OF CHANGE AND APPROVALS:

_____ MINOR CHANGE APPROVAL _____ DATE _____

_____ MAJOR CHANGE REVIEWS _____ DATE _____

_____ _____

_____ _____

_____ _____

_____ _____

APPROVALS _____ DATE _____

QA _____ _____

_____ _____

REASON FOR CHANGE:

_____

_____

_____

_____

_____

_____

_____

DESCRIPTION OF CHANGE (OLD TEXT VERSUS REQUESTED TEXT):

_____

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** PLACE THIS ICN AT THE FRONT OF THE SUBJECT DOCUMENT**

FORM QA-6.01.4

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QAP 6.02 - INDEPENDENT TECHNICAL REVIEW

1.0 PURPOSE

The purpose of this Quality Assurance Procedure (QAP) is to establish the methodology and responsibilities for performing an Independent Technical Review (ITR).

2.0 APPLICABILITY

This QAP is applicable when a documented critical review by independent, qualified personnel is required to assure technical adequacy, completeness and correctness of technical documents. ITRs are performed on quality-related deliverables or technical information such as letter and topical reports, and final reports when specified by procedures, QA program plans, QA plans, the client, or by the Project Manager responsible for approving the technical document prior to its use or delivery.

Technical documents prepared and clearly identified as "preliminary drafts" or other designation that indicate the document is only a working document for information only do not require an ITR unless specified by the Project Manager or another approval authority.

The design and peer review processes are also independent technical reviews of a different type and are described in procedures for these activities.

3.0 DEFINITIONS

Approval Authority - the Cognizant Manager is responsible for US Ecology approval of the technical document who assures that required ITRs are conducted in accordance with this procedure prior to document approval for release/issue.

Independent Technical Reviewers - hereafter referred to as Reviewers, who will be able to assure that the document is technically adequate, complete, and correct.

4.0 INSTRUCTIONS

4.1 Selection of Reviewers

4.1.1 The Approval Authority shall select Reviewer(s) based on the following criteria:

- Technologies and disciplines represented in the document;
- Qualifications of the reviewer (resume on file). Those selected shall have proven competence in the subject matter of the document, and shall have been given an adequate understanding of the requirements for and objectives of the technical document;
- Reviewer independence. Those selected shall be any individual(s) other than those who originated the document, but who may be from the same organization. The review may be performed by the originator's manager provided the manager is qualified to perform a credible, objective appraisal and is the only individual in the organization competent to perform the review.

- o Specialists, as applicable, in such functions as health, safety, licensing, and environmental safeguards;

4.1.2 The QA Manager or designee shall participate in ITRs of technical procedures.

4.1.3 Personnel outside the Approval Authority's organization may be appointed as Reviewers with the concurrence of their Manager.

4.2 Preparation of Document Review Record

4.2.1 The Approval Authority shall complete the top portion of the Document Review Record (DRR), Exhibit 1, and include the following additional information as appropriate and relevant to the ITR:

- o Project name and number;
- o Intended use of the document;
- o Applicable requirements and references to be considered in the evaluation of technical quality;

  Example: customer requirements, research data, design inputs, drawings and specifications, procedures, calculations, codes and standards, etc.

- o Special instructions needed by reviewer(s) such as, information indicating importance of the document, specific criteria, and potential problems requiring consideration;

- o Identification of the scope of each reviewer's review (i.e., limited to a section, topic, etc., or unlimited).

4.2.2 The Approval Authority shall clearly identify the DRR as an "ITR" and forward a copy of the DRR, with a copy of the document to be reviewed and associated information, to each reviewer and the person designated (usually the author) to resolve ITR comments and correct the document.

4.3 Performance of Review

4.3.1 Reviewers shall review documents within their scope of review responsibility in accordance with DRR instructions. They shall either verify that the documents are adequate, complete and correct, or shall identify and document any deficiency that requires a change to the technical document.

4.3.2 Reviewers shall verify that scientific reports or other deliverables meet the following criteria, as applicable:

- o Reported results are traceable to and consistent with recorded data;
- o Data reduction has been accomplished correctly;
- o Data are traceable to their origin and to reported analytical results;
- o The deliverable is consistent internally and with other reports;
- o Inferences and conclusions are soundly based;
- o The deliverables satisfies program objectives.

4.3.3 Reviewers shall record the comments on the DRR, label each comment with the letter "C", if the reviewer is just raising an issue for the author to consider, with the letter "S", if the reviewer believes the modification would improve the document, or the letter "R", if the change is required, and mark the DRR in the appropriate box as indicated below:

A. "Concurs" indicates concurrence with the document as written. Typographic and grammatical errors may be noted.

B. "Concurs, but with comments" indicates concurrence with the document, subject to resolution of comments.

NOTE: The Author or designee shall consider these comments, and either assure that they are incorporated into the document or record the reason for not doing so, document the resolution comments on the DRR, and provide an information copy of the closed-out DRR to the reviewer prior to document approval.

C. "Do Not Concur" indicates that the reviewer has identified problems regarding concept, practice, implementation or responsibilities that render the document unacceptable.

Note: Resolution of these comments is mandatory, and the reviewers written concurrence with the resolution is required. If the comments cannot be resolved, the disagreement shall be referred to the Approval Authority for final disposition and documentation on the DRR.

4.3.4 When other data or information outside the furnished review material is used to substantiate a comment, the reference material shall be documented and/or attached to the DRR.

4.3.5 On completion of the review, the Reviewer shall sign the DRR and forward it to the Author or designee.

4.4 Comment Resolution

4.4.1 The Author or designee shall upon receipt of reviewer's comments, review and resolve comments. The resolutions and Reviewer's acceptance of the resolutions shall be recorded on the DRR.

4.4.2 When all DRR comments are resolved and required corrections to the document have been incorporated, the Author or designee shall prepare an ITR report containing:

- A statement that all required reviews have been received and that comments have been satisfactorily resolved. Further, that it is the Author's opinion that the document fulfills its requirements and objectives;

- A statement summarizing details of any controversial resolutions or minority opinions of which the Approval Authority should be cognizant;

- A list of reviewers with attached, closed out DRRs, all signed by the Author or designee, and by the reviewers when required;

- A copy of the document prior to review and a copy of the document resulting from the ITR resolutions.

4.4.3 The Author or designee shall sign and date the ITR report and shall obtain the concurrence of the QA Manager or designee that all comments are resolved and document corrections incorporated.

4.4.4 The Author or designee shall route the ITR report and attachments to the Approval Authority.

4.4.5 The Approval Authority shall indicate acceptance of the report by signature and date.

4.4.6 The Project Manager shall assure that a copy of the ITR report is included in the QA records part of the project files.

5.0 RECORD RETENTION

The ITR report and supporting documentation shall be maintained in the project file for subsequent processing as lifetime QA records.

6.0 REFERENCES

QAP 6.03, Peer Review

7.0 EXHIBITS

Exhibit 1 - Form QA-6.02.1, Document Review Record

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CONTROL COPY # 19

DOCUMENT REVIEW RECORD	DOCUMENT TYPE:	PAGE 1 OF ___

DOCUMENT TITLE:

DOCUMENT NUMBER: REVISION NUMBER: DRAFT DATE:

This document is being submitted for your review, comment and concurrence. Conduct this review in accordance with the instructions specified in (QAP 6.02, Independent Technical Review. Since the review is controlled, a response is required from all reviewers. Please return the DRR and all related documentation by _____ to:

Name: _____ Organization: _____

Additional Information: (See para 4.2.1)

REVIEWER(S)	ORGANIZATION	SIGNATURE/DATE

Concur ( ) Concur with Comments ( ) Do Not Concur ( )

#	REF.	COMMENTS	C	S	R	RESOLUTIONS/NAME/DATE

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DOCUMENT REVIEW RECORD	DOCUMENT TYPE:	PAGE __ OF __

DOCUMENT TITLE:

DOCUMENT NUMBER: REVISION NUMBER: DRAFT DATE:

#	REF.	COMMENTS	C	S	R	RESOLUTIONS/NAME/DATE

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INTERIM CHANGE NOTICE

PART 1

ICN Number: 98-004 Date: 10/9/98

Procedure Number: QAP 6.03 Revision Number: 1

Procedure Title: Peer Review

Expiration Date (If applicable; NA for permanent change): N/A

Description: Obsolete Procedure

Prepared by: S. Wallace/CQAM 5/22/98 Date

PART 2

Reviewed By:

Signature on File A. Bilau/CIC LLRW Project

Signature on File J. Shaffner/California LLRW Project

Signature on File T. Hayes/Richland LLRW Facility

Reviewed and Approved By:

9/23/98 Quality Assurance Review/Date

QAP 5.01/Rev.3

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US ECOLOGY, INC. PROCEDURE	NUMBER: QAP-7.01
	REVISION NUMBER: 3
TITLE: SUPPLIER QUALIFICATION	EFFECTIVE DATE: 1/23/04
	Page 1 of 7

Prepared By:

Douglas Greffin Date: 1-20-04
Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Reviewed and Approved By:

Date: 20 Jan 04
Michael R. Ault
Facility Manager

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US ECOLOGY, INC.
PROCEDURE CHANGE RECORD

TITLE: **SUPPLIER QUALIFICATION**

PROCEDURE NUMBER: QAP 7.01

REVISION NUMBER: 3

PAGE/PARAGRAPH AFFECTED: ALL

TABLE OF CONTENTS

PARAGRAPH ITEM		PAGE NO.
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4.0	DEFINITIONS	3
5.0	RESPONSIBILITIES	3
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APPENDIX

A INITIAL SUPPLIER QUALIFICATION FORM
B SUPPLIER RE-QUALIFICATION FORM

1.0 PURPOSE

The purpose of this quality assurance procedure (QAP) is to establish guidelines and instructions for the qualification of suppliers that provide material, equipment or services to US Ecology.

2.0 SCOPE

This QAP is applicable to suppliers providing material, equipment, or services that are classified by US Ecology as quality-related or other classifications as required.

3.0 REFERENCES

3.1 NUREG 1293, Rev. 1, Quality Assurance Guidance for a Low-Level Radioactive Waste Disposal Facility

3.2 QAP 4.01, Procurement Document Control

3.3 QAP 7.04, External QA Audit

3.4 QAP 10.02, QA Surveillance

3.5 QAP 17.01, QA Records

4.0 DEFINITIONS

4.1 Quality-Related - A classification for activities, items, or services that are determined to be important to public safety, environmental protection, licensing, and/or regulatory compliance.

4.2 Quality Assurance Records - are those records that furnish documentary evidence of the quality of items or activities affecting quality. A document is considered a quality assurance record when the document has been completed.

4.3 Supplier - refers to vendor, consultant, contractor, and their subtier suppliers.

5.0 RESPONSIBILITIES

5.1 The individual requesting an item or service from a specific supplier is responsible for the completing Part I of the Supplier Qualification Form (SQF), Appendix A for initial qualification and Appendix B for re-qualification.

5.2 The Quality Assurance and Regulatory Compliance Coordinator (QA&RCC) is responsible for review and approval of the SQF, Part II.

5.3 The Facility Managers responsible for approval of the SQF, Part III.

5.4 Document Control is responsible for completing Part IV of the SQF.

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6.0 RECORDS

Appendix A and B, (i.e., SQF), including any attachment(s), are quality assurance records and shall be maintained as "Lifetime Records" in accordance with procedure QAP 17.01, QA Record.

7.0 PROCEDURE/REQUIREMENTS

7.1 General Instructions

7.1.1 The SQF is utilized to document the evaluation and qualification of a supplier intending to provide items or services governed by a US Ecology Quality Assurance Program.

7.1.2 This procedure focuses on the evaluation and qualification of suppliers providing items or services determined to be quality related.

Note: On a cases-by-case basis, this procedure may be utilized to document the evaluation and qualification of supplier's providing items or services that may be assigned a quality classification other than quality related.

7.1.3 A SQF shall be generated for the following conditions, as a minimum:

7.1.3.1 Supplier's initial qualification (Appendix A),

7.1.3.2 Supplier's re-qualification (Appendix B), and

7.1.3.3 Change of work scope Appendix B.

7.1.4 Project personnel should consider lead times associated to qualifying a supplier. Advanced planning and anticipating the need of a supplier will facilitate the supplier qualification and procurement process.

7.2 SQF, Part I, Preparation Instructions

7.2.1 Individual's requesting the evaluation of a supplier should obtain a copy of the Supplier Qualification Form from Document Control.

7.2.2 The individual requesting the evaluation should enter the following information in Part I:

- Requestor's name,
- Date,
- Requisition or Purchase Order number, if applicable,
- Recommended supplier, address, contact, phone number,
- A local representative, if applicable, and

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- A description of the item or service to be procured.

7.2.3 Following completion of Part I, the SQF shall be forwarded to the QA&RCC.

7.3 SQF, Part II, Preparation and Approval Instructions

7.3.1 The QA&RCC shall review Part I of the request to determine if sufficient information is available to process the SQF. If insufficient information is available to process the SQF, the Requestor should be contacted.

7.3.2 Following completion of Part I, QA&RCC shall select the appropriate qualification method(s) from those identified in Section 7.6 of this procedure and then indicate the selection in Part II. The following factors must be considered when selecting a qualification method(s):

7.3.2.1 Quality Classification,

7.3.2.2 Regulatory requirements,

7.3.2.3 License requirements,

7.3.2.4 Policies, and/or

7.3.2.5 Contract or purchase order agreements.

7.3.2 The QA&RCC shall then evaluate the supplier based on the method(s) selected. In most, if not all cases objective evidence is required to support a suppliers' qualification. The QA&RCC shall make this request with the supplier.

7.3.3 If the supplier requires an initial pre-award audit or a re-qualification audit, the QA&RCC shall obtain approval from the facility manager authorizing the resources necessary to conduct the audit.

7.3.4 Following a satisfactory evaluation of the supplier, the QA&RCC shall enter the suppliers' qualification frequency, audit, surveillance, or evaluation number, as applicable, and any additional information. The QA&RCC shall then sign and date the approval section and transmit the SQF to the Facility Manager for final approval.

Note
Unless noted otherwise, a supplier's qualification frequency is triennial, (3 years). Other documents that may influence suppliers qualification frequency include; facility license, procedures, or contract requirements.

7.4 SQF, Part III, Approval Instructions

7.4.1 Part III represents the final approval of the SQF. Final approval by the Facility Manager completes the evaluation and qualification process.

7.4.2 The Facility Manager's final approval signifies the following: acceptance of the supplier to provide a product or service, concurs with the basis of qualification, and authorizes the addition of the supplier to the Approved Supplier List (ASL).

7.4.3 Following the Facility Manager's final approval, the SQF shall be forwarded to document control for final processing. In the event that final approval is denied, a copy of the SQF shall be returned to the Requestor, and the original forwarded to the QA&RCC for record retention.

7.5 SQF Final Processing

7.5.1 The original SQF shall be forwarded to document control

7.5.2 Document control shall ensure that all supporting documentation is included with the SQF, the supplier information is added to the ASL and the revised ASL is issued.

7.5.3 Document control shall sign and date Part IV of the SQF once all actions have been accomplished.

7.6 Methods of Qualification

7.6.1 Past Experience

7.6.1.1 When the basis of qualification is past experience, the originator shall provide justification which shall include but not be limited to the following:

7.6.1.1.1 Previous contract or purchase order number(s),

7.6.1.1.2 List of individuals having knowledge of the suppliers' past experience, and

7.6.1.1.3 A signed statement regarding the quality of work performed.

7.6.2 Pre–Awarded Audit

A pre-award audit is conducted in accordance with procedure QAP 7.04, External QA Audit.

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7.6.3 Review of Literature and Samples

7.6.3.1 A supplier may submit literature and (where practical) samples of work as a basis for qualification. The SQF must include a statement regarding the evaluation of literature and/or the sample.

7.6.4 Certifications

7.6.4.1 Many suppliers have certifications from agencies such as ASME, NAVLAP, or UL that represent the quality of their work or products. The SQF must indicate the agency, type of certification, and where practical, a copy of the certification should accompany the qualification form.

7.6.5 Recommendations

7.6.5.1 Suppliers occasionally provide lists of users of their products and services. A discussion with two or more users can serve as part of the basis for qualification. The SQF must include the names and companies of the persons contacted, a brief description of the similar materials or services purchased and a description of their experience. Care should be taken to assure that the person interviewed has direct experience.

7.6.6 Client's Approved Supplier List

7.6.6.1 If the supplier is on a client's ASL or equivalent for the type of materials and/or services to be purchased, this can serve as the basis for qualification. This qualification shall <u>only</u> be valid for items or services procured for that client. The name of the client and of the person verifying that the prospective supplier is approved by the client shall be documented on, or attached to, the SQF. Where practical, a copy of the applicable portion of the client's ASL and/or audit report should accompany the SQF.

7.6.7 Predominance in Industry

7.6.7.1 Manufacturers of non-specialized, standard material or equipment who are predominant in their industry may be partially qualified by virtue of their leadership and dominance of an industry segment and their historical reputation. This method of qualification shall be used in conjunction with the review of literature.

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APPENDIX A

INITIAL SUPPLIER QUALIFICATION FORM

PART I (Requestor)

Requestor's Name:_____ Date:_____

Requisition/Purchase Order No.:_____

Recommended Supplier:
Name:_____

Contact:_____

Address: _____

_____

Phone Number:_____

Type of Item/Material/Service: _____

_____

_____

PART II (QA Department)

Supplier Quality Level:

☐ Quality-Related ☐ Other:_____

Pre–Award Audit Required: ☐ Yes ☐ No

Authorization to conduct pre-ward audit:

_____ Date: _____
Facility Manager

Audit No.:_____

Basis of Supplier Qualification:

☐	Listed on ASL	☐	Review of Literature
☐	Past Experience	☐	Certifications
☐	Pre–Award Audit	☐	Recommendations
☐	Clients Approved Supplier List	☐	Predominance in Industry

Qualification Frequency:_____

Qualification Date: _____ Re-qualification Date: _____

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Additional Information: _____

_____

_____

QA Approval:_____ Date_____

PART III

Facility Manager Approval:_____ Date_____

PART IV Document Control

- Supporting documentation on file (current audit, certification, literature, etc.)
- Supplier added to the Approved Suppliers List (ASL)
- Revised ASL issued

Document Control:_____ Date: _____

Signature

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APPENDIX B

SUPPLIER RE-QUALIFICATION FORM

PART I (Requestor)

Requestor's Name:_____ Date:_____

Requisition/Purchase Order No.:_____

Supplier Name:_____

Contact:_____

Address: _____

_____

Phone Number:_____

Type of Item/Material/Service: _____

_____

_____

PART II (QA Department)

Supplier Quality Level:

☐ Quality-Related ☐ Other:_____

Authorization to conduct re-qualification audit (if required):

_____ Date: _____

Facility Manager

Audit No.:_____ Surveillance No. _____ Evaluation No. _____

Basis of Supplier Qualification:

☐	Listed on ASL	☐	Review of Literature
☐	Past Experience	☐	Certifications
☐	Surveillance	☐	Recommendations
☐	Re-qualification Audit	☐	Predominance in Industry
☐	Annual Evaluation	☐	Clients Approved Supplier List

Qualification Frequency:_____

Qualification Date: _____ Re-qualification Date: _____

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Additional Information: _____

_____

_____

_____

QA Approval:_____ Date_____

PART III

Facility Manager Approval:_____ Date_____

PART IV Document Control

- Supporting documentation on file (current audit, evaluation, certification, literature, etc.)
- Supplier information updated on the Approved Suppliers List (ASL)
- Revised ASL issued

Document Control:_____ Date: _____
Signature

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QUALITY ASSURANCE PROCEDURES

QAP 7.02 - BID EVALUATION

1.0 PURPOSE

This procedure defines the requirements and responsibilities for performing the bid evaluation process.

2.0 APPLICABILITY

This procedure applies to all US Ecology procurements which are quality related and competitively bid. For US Ecology site procurements, the facility manager shall assume the role of the project manager when implementing this procedure.

3.0 DEFINITIONS

Procurement Package - A collection of procurement related documents (requisition packages, bid evaluations, vendor qualification forms, etc.)

4.0 PROCEDURE

4.1 The following recommendations with respect to vendor communications should be adhered to during the bid process:

- The purchasing department should review all written communication prior to distribution to the project manager and maintain a copy of same in the procurement package.

- The project engineer/manager (here after referred to as "project management") should make the purchasing department aware of any written communications with potential vendors. A copy of same should be forwarded to the purchasing department for inclusion in the procurement package.

TITLE		APPROVED	DATE
BID EVALUATION		[illegible]	3.20.91
ED BY	DATE	QUALITY ASSURANCE MANAGER	DATE
JOHN R. ENCH	JANUARY 28, 1991	John R. Ench	1-28-91
PROCEDURE NO.	REVISION NO.	EFFECTIVE DATE	PAGE OF
QAP 7.02	1	MARCH 20, 1991	1 4

FORM QA-5.01.1

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- Both the purchasing department and project management should document all verbal communications on a "Telephone Record" form and copies of same should be maintained in both the project file and the procurement package.

- Project management should make the purchasing department aware of any verbal changes to the bid requirements allowing purchasing to keep other bidders informed of the change(s). These changes shall be documented and maintained in both the project file and the procurement package. If changes affect the requisition specification, etc., these changes shall be made in accordance with the applicable procedure (i.e. QAP 4.01 for requisitions and QAP 3.05 for specifications).

4.2 BID RECEIPT

4.2.1 When bids are received the purchasing department shall:

- Maintain a record of bid receipt date by vendor name.
- Perform a preliminary evaluation of each bid based on price, terms, delivery and the completeness of the required bid package documents.
- Forward the bid packages, preliminary review comments and blank bid evaluation forms (see Exhibit 1) to project management.

4.3 BID EVALUATION

4.3.1 Project management shall perform the bid evaluation by listing evaluation attributes on the bid evaluation form. The following attributes, as they apply should be evaluated:

- Technical Considerations
- Quality Assurance Requirements
- Personnel Qualifications
- Past Performance

- o Production Capability
- o Exceptions
- o Alternates
- o Schedule
- o Spare parts availability
- o Start-up costs
- o Maintenance Requirements
- o Bond
- o Warranty
- o Conditions
- o Price
- o Price Adjustments
- o Discount

Note: Bid evaluations may also be documented on equivalent computerized format.

4.3.2 When required, project management shall coordinate the acceptability of the bidders QA/QC program and/or procedures with the Quality Assurance Department.

4.3.3 Project management should utilize, as appropriate, other department involvement during the bid review process to meet the intent of paragraph 4.3.1.

4.3.4 Project management shall, upon completion of the bid evaluation process, indicate the recommended bidder, sign the bid evaluation form, and obtain the required approval.

5.0 RECORD RETENTION

The bid evaluation form shall be maintained in the procurement file by the purchasing department for subsequent processing as a life time QA record.

6.0 REFERENCES

QAP 4.01, Procurement Document Control

7.0 EXHIBITS

Exhibit 1 - Form QA-7.02.1, Bid Evaluation Form

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US ECL INC.
Bid Evi tion

Project _____
Requistion No. _____
Requisition Title _____

Date _____
By _____
Prepared By _____
Approved By _____

CONTRACTOR/VENDOR					
Cost Over Low Bid					
NET PRICE NOT TO EXCEED					

Remarks

FORM QA-7.02.1/11-90

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US ECOLOGY, INC.
INTERIM CHANGE NOTICE (ICN)

ICN NUMBER: 91-01

DOCUMENT NUMBER: QAP 7.03 REVISION NUMBER: 2
DOCUMENT TITLE: Vendor Document Review
DOCUMENT AUTHOR: John Ench DATE ISSUED 9-4-91
REQUESTED BY: Frank Bordell DATE REQUESTED

TYPE OF CHANGE AND APPROVALS:

X MINOR CHANGE APPROVAL J R Ench DATE 9/4/91
MAJOR CHANGE REVIEWS DATE

APPROVALS DATE
QA

REASON FOR CHANGE:
To provide flexibility to the process described in the procedure for controlling the approval and review of vendor submitted documents (e.g., analytical reports). The example attached describes the stamp used at Needles, CA office. Attachment 2 describes the type of transmittal form which is not required to satisfy QA requirements.

DESCRIPTION OF CHANGE (OLD TEXT VERSUS REQUESTED TEXT):
Add Paragraph 4.2.7 which states "A stamp placed on the cover sheet of vendor submitted documents may be used to document reviews and approvals (see Attachment 1 as an example)".

** PLACE THIS ICN AT THE FRONT OF THE SUBJECT DOCUMENT**

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Attachment 1

Vendor Approval Stamp

VENDOR RESULTS Q A RPS/DATE
RPM/DATE
RESULTS ENTERED/FILED
PURCHASING AGENT

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Attachment 2

QA Vendor Result Approval Handling

Purchasing Agent:

- ☐ Notification of receipt of vendor results
- ☐ Please sign vendor QA approval
- ☐ Place copy with P.O. _____
- ☐ Return to Document Control Clerk

Document Control Clerk:

- ☐ Please sign for filing QA approval
- ☐ Place original with file
- ☐ Give copy to Purchasing Agent for P.O. _____
- ☐ Please place copy of sign off sheet on document and return
- ☐ No further need of document do not return

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QAP 7.03 - VENDOR DOCUMENT REVIEW

1.0 PURPOSE

The purpose of this Quality Assurance Procedure (QAP) is to provide the method for planning, performing and documenting the review of vendor supplied documents.

2.0 APPLICABILITY

This QAP applies to US Ecology procurement documents that require vendor submittals for US Ecology procurements. If a project manager has not been assigned, the applicable department manager or facility manager shall assume the role of the project manager when implementing this procedure.

3.0 DEFINITIONS

Vendor Documents - any document produced by the vendor and submitted to US Ecology for review and approval in accordance with applicable procurement documents. A list of typical vendor documents is provided in Exhibit 1.

Vendor - any individual or organization who furnish items or services in accordance with a procurement document. Included under the term "vendor" are suppliers, contractors, architect-engineers, subcontractors, fabricators, consultants, and their subtier levels.

4.0 PROCEDURE

4.1 Receipt of Vendor Submitted Documents

4.1.1 The purchasing department shall receive all vendor documents indicated as such on the drawing and data transmittal schedule (DDTS) and shall forward these documents to the records custodian.

4.1.2 Upon receipt of vendor documents requiring "approval", the records custodian shall mark the document number (see below example) in a location which will not mask any of the documents information. This number may be stamped on or hand written on the document. All other vendor documents submitted for "info only" need no identification number.

EXAMPLE: 100-REQ-001-1

Project File Number--|
Requisition----------|
Sequential Number----------|
Document Item Number----------|
(from DDTS)

4.1.3 The records custodian shall maintain a log or employ any other method which will track the status of vendor documents. At a minimum the chosen method of tracking shall include:

- o Document receipt date
- o Document title or subject matter
- o Document identification number (documents for "approval" only)

4.1.4 The records custodian shall ensure that a Vendor Document Review and Approval Record form (Exhibit 2) is attached to each document requiring "approval".

4.1.5 After log-in, the records custodian shall forward the vendor documents to the applicable project manager.

4.2 Vendor Document Review

4.2.1 The project manager shall determine the extent of review required and circulate the document together with the Vendor

Document Review and Approval Record form to those organizations deemed necessary. All other vendor documents submitted may be maintained by the project manager or transferred to the records custodian.

4.2.2 The project manager shall route vendor documents to the quality assurance department when required by the DDTS.

4.2.3 When review by other organizations is not required, the project manager shall sign the Vendor Document Review and Approval Record form. When review by other organizations generate comments these comments must be resolved internally with the reviewing organization.

4.2.4 The project manager shall forward the signed Vendor Document Review and Approval Record form and the original vendor document to the records custodian.

4.2.5 Instances where the vendor requires US Ecology approval, prior to start of work, the project manager shall ensure that the document and a copy of the Vendor Document Review and Approval Record form is sent to purchasing to be forwarded to the vendor (thus indicating US Ecology approval).

4.2.6 When vendor documents require revision and/or correction, the project manager shall forward a copy of the document together with the review comments to the purchasing department for subsequent resolution.

NOTE: The review process (procedure steps 4.2.1 - 4.2.4) shall be repeated for corrected/revised resubmitted vendor documents.

5.0 RECORD RETENTION

5.1 Approved or certified vendor documents together with their Vendor Document Review and Approval Record forms shall be maintained in the project file by the records custodian for subsequent processing as lifetime QA records.

6.0 REFERENCES

QAP 4.01, Procurement Document Control

7.0 EXHIBITS

EXHIBIT 1 - Vendor Document Listing

EXHIBIT 2 - Form QA-7.03.1 - Vendor Document Review and Approval Record

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Required Vendor Documents may vary from project to project. Typically these documents consist of but are not limited to:

- Drawings (prints, reproducibles, etc.)
- Recommended Spare Parts List
- Material Test Reports
- Personnel Qualifications
- Test Reports
- Inspection Reports
- Health and Safety Plans
- Quality Assurance Manuals
- Quality Assurance Procedures Specific QA Plans
- Operating Procedures
- Fabrication and Welding Procedures
- Certificates of Compliance
- Records of Equipment Calibration
- Weekly/Monthly Reports
- OSHA Compliance Letter
- Laboratory Certifications
- Analytical Laboratory Procedures and Reports
- Bid and Performance Bond
- Certificate of Insurance
- Project Specifications
- Data Reports
- Completions Reports
- Status Reports and Project Schedule

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VENDOR DOCUMENT REVIEW AND APPROVAL RECORD	PAGE 1 OF 1

DOCUMENT DESCRIPTION:

DOCUMENT ID NUMBER: VENDOR SUBMITTAL DATE:

This vendor document is being submitted for your review and/or approval. This document may require additional review and concurrence by other organizations.

Review by other organizations required? YES _____ NO _____

ORGANIZATIONS	REVIEW RECORD		SIGNATURE/DATE
	YES	NO	
Industrial Safety			
Regulatory Compliance			
Health Physics			
Quality Assurance			
Engineering			
Other:			

Attach any review comments and return to:

NAME: _____ BY: _____

DOCUMENT APPROVED: _____ DATE: _____

DOCUMENT RETURNED TO VENDOR FOR RESOLUTION ON: _____
DATE

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US ECOLOGY, INC. PROCEDURE	NUMBER: QAP-7.04
	REVISION NUMBER: 2
TITLE: EXTERNAL QA AUDITS	EFFECTIVE DATE: 10/5/98
	SITES: ALL
	PAGE 1 OF 12

Prepared By:

Seth A. Wallace
Corporate Quality Assurance Manager

Reviewed By:

James A. Shaffner, Manager, Southwestern Compact Region
Needles, California, LLRW Disposal Project

Tom R. Hayes, Facility Manager
Richland, Washington, LLRW Disposal Facility

Al Bilau, Assistant Project Manager
Central Interstate Compact, LLRW Disposal Project

Charles Coleman, Health Physics Manager/Lead Auditor
Central Interstate Compact, LLRW Disposal Project

Reviewed And Approved By:

Date: 9/23/98

Seth A. Wallace
Corporate Quality Assurance Manager

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US ECOLOGY, INC.
PROCEDURE CHANGE RECORD

TITLE: **EXTERNAL QA AUDITS**

PROCEDURE NUMBER: QAP 7.04

REVISION NUMBER: 2

PAGE/PARAGRAPH AFFECTED: ALL

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D INSTRUCTIONS FOR COMPLETING THE AUDIT FINDING FORM
E AUDIT OBSERVATION FORM

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1.0 PURPOSE

The purpose of this Quality Assurance Procedure (QAP) is to establish the requirements and methods for scheduling, planning, performing, reporting, and closure of external quality assurance audits.

2.0 SCOPE

This QAP applies to external quality assurance audits, a.k.a. pre-award surveys or qualification audits, for vendors supplying quality-related or important to safety products or services to US Ecology. Pre-award surveys are conducted to assess the adequacy and effectiveness of a vendors quality assurance program whereby determining their capabilities to provide specific products and/or services that will meet applicable code, contract, specification, technical, and/or quality assurance requirements. This QAP also applies to re-qualification audits of vendors on US Ecology Approved Vendors List.

3.0 REFERENCES

3.1 ASME NQA-1-1994, QA Requirements for Nuclear Facility Applications

3.2 ANSI/ASME N45.2.12-1977, Requirements for Auditing of QA Programs For Nuclear Power Plants

3.3 ANSI/ASQC A3-1987, Quality Systems Terminology

3.4 QAP 1.01, Stop Work Order

3.5 QAP 2.03, Quality Assurance Auditor Qualification

3.6 QAP 7.01, Vendor Qualification

3.7 QAP 17.01, QA Records

4.0 DEFINITIONS

4.1 Audit - A planned and documented activity performed to determine by investigation, examination, or evaluation of objective evidence, the adequacy of and compliance with established procedures, instructions, and drawings, or other applicable documents.

4.2 Audit, external - An audit of those portions of another organization's quality assurance program not under the direct control or within the organizational structure of the auditing organization.

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4.3 Audit Team - The group of individuals conducting an audit under the direction of a team leader or lead auditor.

4.4 Auditee - The organization to be audited.

4.5 Auditor - Individual who performs any portion of an audit, including lead auditors, technical specialist and others such as management representatives and auditors in training.

4.6 Corrective Action - Measures taken to rectify conditions adverse to quality and, where necessary, to preclude reoccurrence.

4.7 Finding - A significant deficiency, such as failure to develop, document or implement effectively any applicable element of a quality assurance program.

4.8 Independence - Freedom from bias and external influences.

4.9 Lead Auditor - An individual qualified to organize and direct an audit, report audit findings and evaluate corrective action.

4.10 Observation - An item of objective evidence found during an audit that deviates from QA program requirements to a lesser degree than a finding and is not indicative of a failing program element.

4.11 Process Quality Audit - An analysis of elements of a process and appraisal of completeness, correctness of conditions, and probable effectiveness.

4.12 Product Quality Audit - A quantitative assessment of conformance to required product characteristics.

4.13 Quality System Audit - A documented activity performed to verify, by examination and evaluation of objective evidence, that applicable elements of the quality system are suitable and have been developed, documented, and effectively implemented in accordance with specified requirements.

4.14 Supplier- refers to vendor, subcontractor, contractor, consultants and their subtier suppliers.

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5.0 RESPONSIBILITIES

5.1 The Corporate Quality Assurance Manager (CQAM) or designee is responsible for developing the external audit schedule, approval of audit plans and reports, closure of audit findings, maintenance of audit records, and assigning of auditors.

5.2 Auditor's, including Lead Auditor's, are responsible for implementing the requirements of this procedure, which includes but are not limited to:

- planning of audits,
- conducting audits,
- reporting audit results, and
- following-up on corrective actions.

6.0 RECORDS

6.1 The following are quality assurance records that comprise the audit file. These records are classified as "Lifetime Records" for retention purposes and shall be controlled in accordance with QAP 17.01, QA Records.

- Audit Plan
- Audit Checklist
- Audit Report
- Audit Finding
- Audit Observation
- Audit Attendance Roster
- Auditor/Auditee Correspondence

6.2 The CQAM shall maintain the original audit file, all requests for copies should be directed to the CQAM.

6.3 A copy of the most recent audit file for each vendor providing service to a project or facility shall be maintained at the project or facility.

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7.0 PROCEDURE/REQUIREMENTS

7.1 Audit Scheduling

7.1.1 The CQAM in conjunction with Project or Facility Managers shall develop and maintain the external audit schedule. The schedule should project anticipated audits six (6) months in advance and should be distributed to all Project or Facility Managers and auditors.

7.1.2 Requests for supplier audits shall be documented in accordance with QAP 7.01, titled Vendor Qualifications. These requests must be approved by the Project or Facility Manager and CQAM.

7.1.3 Supplier re-qualification audits will be initiated by the CQAM. Re-qualification audits are not required for suppliers whose services are either no longer required or needed in the immediate future. Suppliers removed from the approved vendors list (AVL) must be re-qualified prior to any contract awards.

7.1.4 Audits shall be scheduled in a timely manner to prevent previously qualified suppliers from losing their approved supplier status.

7.1.5 The CQAM shall schedule audits of suppliers in a manner to provide coverage and coordination with ongoing project quality assurance program activities. This includes reasonable notification to auditors being requested to perform vendor audits.

7.1.6 Audit schedules may also be based on the effectiveness of a supplier's program, as determined by direct or indirect knowledge of a suppliers program, previous audit results, corrective action, quality performance and/or independent information from outside sources. In other words, audits shall be scheduled at a frequency commensurate with the status and importance of the activity or in accordance with a license or other appropriate requirement.

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7.1.7 Besides regularly scheduled audits, other audits shall be scheduled as necessary for reasons such as the following:

- when, after award of a contract, sufficient time has elapsed for implementing the quality assurance program and it is appropriate to determine if the organization is adequately performing the activities as defined in the quality assurance program description, codes, license(s), standards, and/or other contract documents;

- when significant changes are made in functional areas of the quality assurance program, such as reorganization, or program or procedure revisions;

- when it is suspected that the quality of a product or service has diminished due to deficiencies in the quality assurance program;

- when a systematic independent assessment of quality assurance program effectiveness is considered desirable; or

- when it is necessary to verify implementation of required corrective action.

7.2 Audit Planning

7.2.1 The CQAM shall identify a lead auditor before the planning stage of each audit.

7.2.2 The CQAM for each audit is responsible for the following when assigning an auditor: assuring the lead auditor is qualified as a lead auditor in accordance to QAP 2.03 and is independent of the organization (e.g. supplier) to be audited; providing relevant information on the supplier, such as previous audit reports and checklist; and for providing instruction on procedures related to auditing, as necessary.

7.2.3 The lead auditor shall assure that members of the audit team, when applicable, are qualified and orientated to the organization to be audited and audit procedures.

7.2.4 The lead auditor shall obtain a unique audit number from the CQAM that will be placed on documentation associated with a

particular audit, i.e., audit plan, checklist, report, and correspondence. The audit log is maintained by the CQAM.

7.2.5 The lead auditor shall coordinate the audit schedule with the auditee to assure that the suppler will be represented by management and that auditable work has been or is being performed.

7.2.6 The lead auditor shall develop a confirmation letter and audit plan for each audit. Audit plans shall contain the following information as a minimum, and shall be approved by the CQAM prior to distribution.

- purpose of the audit,
- scope of the audit (e.g. Product, System, or Program Audit),
- audit personnel,
- reference material, and
- sequence of events during the audit.

7.2.7 The lead auditor shall distribute the confirmation letter and audit plan to the auditee, appropriate Project or Facility Manager(s), CQAM, and the QA File.

7.2.8 The lead auditor should develop a checklist utilizing a format similar to Appendix A. The checklist shall identify the requirements to be audited based on the critical elements of the supplier's QA program. The auditor may elect to employ any or all of the following auditing methods during the audit:

- review of procedures and work instructions for completeness and accuracy,

- examination in work areas for evidence of implementation of procedures and instructions,

- examination of personnel training and qualification records where special skills are required,

- examination of selected work that has been accepted and comparison of findings with applicable requirements and the previous basis of acceptance,

- examination of process controls and records to determine conformance with specifications.

7.3 Audit Performance

7.3.1 A pre–audit conference consisting of the audit team and auditee's management shall be conducted. During the pre-audit conference the scope of the audit is confirmed, auditor(s) introduced, counterparts are identified, the sequence of the audit is discussed, channels of communication established, escorts are arranged if necessary, and tentative plans for a post–audit conference are made. The Audit Attendance Sheet, Appendix B, shall be maintained for conferences and contacts made during audit.

7.3.2 Audits shall be performed within the scope of the audit plan and checklist. For each checklist question, the auditor shall verify by the appropriate method the material or objective evidence available to determine the auditee's conformance with the applicable criteria or QA program requirements.

7.3.3 If during the conduct of the audit it is evident that investigation outside the scope of the audit plan is necessary, the lead auditor shall notify the auditee of the intended deviation. If circumstances , such as auditor or auditee schedules, do not allow a deviation from the audit scope, a follow–up audit or surveillance shall be scheduled.

7.3.4 Specific documents reviewed and related comments shall be documented on the audit checklist. Where possible, copies of objective evidence should be physically attached or reference on the checklist to permit subsequent analysis.

7.3.5 Auditor's comments on the checklist should be presented in a clear, concise and non-subjective manner, whereby enabling other auditors to determine the status of each item based on the information recorded on the checklist.

7.3.6 Potential findings or observations encountered during the audit shall be reviewed with the auditee to assure that all objective evidence pertinent to the area evaluated has been made available for review, and to provide an opportunity for the auditee to clarify any misunderstandings. Conditions requiring prompt corrective action are to be reported immediately to the auditee's management. Where the continuation of the activity would jeopardize the quality of the activity or adversely affect a

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subsequent activity, a Stop Work Order (SWO) should be issued in accordance with procedure QAP 1.01.

7.3.7 At the conclusion of the audit a post–audit conference shall be held with the auditee. As a minimum, the following shall be discussed and/or provided:

- synopsis of audit results,
- audit finding(s) and/or observations,
- copies of all applicable forms, audit findings and/or observations, including instructions, and
- auditee responsibilities regarding any follow-up actions.

7.4 Audit Reporting

7.4.1 The audit report shall be prepared by the lead auditor within 20 working days following the post–audit conference, unless an extension is approved by the CQAM. The audit report shall be submitted to the CQAM for approval and upon approval issued to the auditee by the appropriate lead auditor. The audit report shall include as a minimum:

- cover sheet which contains the audit number, audit subject (title), date of report, lead auditor's signature submitting the report and the CQAM approval signature,

- introduction which contains the purpose and date of the audit, description of audit scope , and identification of the audit team,

- previous audit results, if applicable,

- pre–audit and post–audit conference attendees and conclusions reached during the conferences,

- listing of individuals contacted during the audit,

- audit summary, including a specific statement regarding the vendors approved capabilities, and

- copies of audit findings and/or observations.

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7.4.2 The audit report shall be distributed to the following individuals, as a minimum:

- auditee;
- CQAM
- Project/Facility Manager(s);
- Purchasing Agent or equivalent, as applicable.

7.5 Audit Response

7.5.1 The lead auditor shall track finding and observation responses to assure that commitments made by the auditee are completed. Audits should be tracked by utilizing an audit response log.

7.5.2 In the event that corrective action cannot be taken immediately, the auditee's response shall include a mutually agreeable scheduled date(s) for completion of corrective action.

7.5.3 The lead auditor is responsible for evaluating the auditee's response for adequacy, including the presence of a corrective action completion schedule. Evaluation results should be forwarded to the auditee within ten (10) working days following receipt, copies of closed audit findings and/or observations should also accompany the auditor's response.

7.6 Audit Follow–up

7.6.1 Within thirty (30) working days after the established corrective action date the lead auditor may schedule a follow–up visit of the auditee to determine if corrective action has been implemented and whether it remains effective.

7.6.2 If the follow–up visit determines that corrective action taken is incomplete or not implemented as stated, the finding or observation shall remain open and could be considered delinquent and measures to implement a SWO may be warranted. If the follow–up determines the corrective action is complete, the lead auditor shall document these results on the appropriate finding and/or observation.

7.6.3 When audit corrective actions become delinquent, the lead auditor shall formally notify the CQAM. The lead auditor and CQAM shall then evaluate delinquency and determine the appropriate corrective action, including initiation of the SWO.

7.7 Audit Closure

7.7.1 When all findings and observations have been closed, the audit shall also be considered closed. This closure will be formally documented by the lead auditor on a letter to the auditee, Project or Facility Manager, and CQAM, and the Purchasing Agent, if applicable.

7.7.2 The Lead auditor is responsible for submitting legible copies of completed audit files to the appropriate project or facility document control unit and CQAM. Closure of supplier audits are recorded by the CQAM in the audit log.

US ECOLOGY, INC.

AUDIT CHECKLIST

Audit No. _____
Page _____ of _____

NO.	CHECKLIST ITEM DESCRIPTION	REF.	SUMMARY AND COMMENTS	RESULTS
			Signature:_____ Date:_____	

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APPENDIX B

AUDIT ATTENDANCE SHEET

US ECOLOGY, INC.	AUDIT ATTENDANCE SHEET	AUDIT NO.

	DATE	PLACE
A. ATTENDED PRE-AUDIT CONFERENCE		
B. CONTACTED DURING AUDIT		
C. ATTENDED POST—AUDIT CONFERENCE		

NAME	*	ORGANIZATION	TITLE

*INDICATE A, B, C, AS APPLICABLE

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AUDIT FINDING

US ECOLOGY, INC.			AUDIT FINDING
AUDIT NO.	FINDING NO.	AUDIT TITLE	AUDITOR

REQUIREMENT:

FINDING/RECOMMENDATION

CORRECTIVE ACTION STATEMENT

COMMITMENT DATE	SIGNATURE—RESPONSIBLE FOR CORRECTIVE ACTION	DATE (SIGNED

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AUDIT FINDING

US ECOLOGY, INC.	AUDIT FINDING RESPONSE	
	AUDIT NUMBER	FINDING NUMBER

IDENTIFY THE UNDERLYING ROOT CAUSE:

ACTIONS TAKEN TO PREVENT RECURRENCE:

INVESTIGATION OF PREVIOUSLY PERFORMED WORK WHICH MAY BE AFFECTED:

INVESTIGATION OF AREAS, EXTERNAL TO THE AUDIT WHERE THE DEFICIENCY MAY EXIST:

RESPONSIBLE MANAGER: SIGNATURE:_____ DATE:_____

US ECOLOGY QUALITY ASSURANCE DEPARTMENT

RESPONSE EVALUATION: ☐ ADEQUATE ☐ INADEQUATE
COMMENTS:

LEAD AUDITOR SIGNATURE: _____ DATE: _____

FOLLOW-UP ACTION(S):

VERIFIED:

LEAD AUDITOR SIGNATURE: _____ DATE: _____

CLOSURE

CORPORATE QA MANAGER SIGNATURE: _____ DATE: _____

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INSTRUCTIONS FOR COMPLETING THE AUDIT FINDING FORM

Auditor Instructions:

1) Enter associated audit number on pages 1 and 2.
2) Enter the appropriate finding number on pages 1 and 2, such as, one (1), two (2), etc..
3) Enter the Audit Title, such as, Vendor X QA Audit.
4) Enter the Auditor's name.
5) Enter the specific requirement violated, include the document number and revision, specific section or paragraph, and enter the appropriate text from the requirement.
6) Describe the deficiency(ies) associated to the finding. The auditor may present a recommendation for corrective action, however, recommendations are not required or recommended.

Respondent Instructions

1) Enter the corrective action to be taken to eliminate the deficiency.
2) On page 2, enter the underlying root cause of the deficiency. Unless otherwise noted, the following method for determination of root cause should be performed.

Keep asking "Why" until you satisfy the three root cause attributes. Don't focus on the symptoms, focus on permanent corrective action that eliminates the root cause. The three root cause attributes are:

I. A solution that prevents reoccurrence,
II. A solution that is within our control, and
III. A solution that allows us to meet our other objectives (i.e., operating the facility economically).

NOTE: The respondent may determine root cause by other means, e.g., Barrier or Change Analysis, or Cause and Effect Analysis, Process Flow Analysis, or Brainstorming. The root cause analysis method must be appropriate to the type of deficiency (e.g., programmatic or systematic).

3) Enter the action(s) taken to prevent recurrence. This action should eliminate or prevent recurrence of the deficiency.
4) Investigate previously performed work that may be affected and document the result.
5) Investigate areas external to the audit where the deficiency may exist and document the result.
6) The manager responsible for corrective action shall sign and date the appropriate section on page 2 of the finding form.

APPENDIX E

AUDIT OBSERVATION

US ECOLOGY, INC.		AUDIT OBSERVATION	
AUDIT NO.	AUDIT TITLE	OBSERVATION NO.	AUDITOR
ACTIONEE		ACTIONEE'S ORGANIZATION	
OBSERVATION:			
RESPONSE:			
SIGNATURE - RESPONSIBLE FOR CORRECTIVE ACTION		DATE	
DATE COMPLETED		LEAD AUDITOR SIGNATURE	
COMMENTS:			

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US ECOLOGY, INC. PROCEDURE	NUMBER: QAP-10.01
	REVISION NUMBER: 2
TITLE: QUALITY CONTROL INSPECTION	EFFECTIVE DATE: 9/21/98
	SITES: ALL
	PAGE 1 OF 6

Prepared By:

Seth A. Wallace
Corporate Quality Assurance Manager

Reviewed By:

James A. Shaffner, Manager, Southwestern Compact Region
Needles, California, LLRW Disposal Project

Tom R. Hayes, Facility Manager
Richland, Washington, LLRW Disposal Facility

Al Bilau, Assistant Project Manager
Central Interstate Compact, LLRW Disposal Project

Reviewed And Approved By:

Date: 9/3/98

Seth A. Wallace
Corporate Quality Assurance Manager

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US ECOLOGY, INC.
PROCEDURE CHANGE RECORD

TITLE: **QUALITY CONTROL INSPECTION**

PROCEDURE NUMBER: QAP 10.01

REVISION NUMBER: 2

PAGE/PARAGRAPH AFFECTED: All, including renaming of the procedure

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C INSPECTION REPORT COMPLETION INSTRUCTIONS
D INSPECTION REPORT LOG
E INSPECTION ATTRIBUTE CODE INDEX

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1.0 PURPOSE

This Quality Assurance Procedure (QAP) defines preparation, conduct, and documentation requirements associated to quality control inspection activities.

2.0 SCOPE

This QAP is applicable to the inspection of quality-related activities, items, and/or service, whether performed by or for US Ecology. Facility or project specific procedures or specifications containing inspection forms may be utilized in lieu of this procedure.

3.0 REFERENCES

QAP 15.01, Nonconformance Reports

QAP 17.01, QA Records

4.0 DEFINITION

4.1 Attribute - The characteristic of an item, process, or service that is distinct, representative, and measurable as conforming or nonconforming to specific requirements.

4.2 Inspection Report (IR) - A quality record used to document the status of activities, items, and/or services following the performance of an inspection.

4.3 Minor Deficiency - A deficiency, such as in documentation, that is not indicative of a failing program or process that can be corrected with-in a shift. Example of a minor deficiency is a typographical error of a non-technical nature.

4.4 Nonconformance - A deficiency in characteristic, documentation, or procedure that renders the quality of an activity, item, or service unacceptable or indeterminate.

4.5 Quality Control (QC) Hold Point (HP) - A point in the work process that requires QC verification before a work activity can proceed.

4.6 Quality-Related - A classification for activities, items, or services that are determined to be important to public safety, environmental protection, licensing, and/or regulatory compliance.

5.0 RESPONSIBILITIES

5.1 The Project/Facility Manager or designee (e.g., Quality Assurance Manager or QA Representative) is responsible for assigning, training, certifying (as required), and assisting quality control inspection personnel during the performance of inspection activities.

5.2 Quality Control Inspectors are responsible for implementing the requirements in this procedure, documenting inspection results, and generating nonconformance reports as necessary.

6.0 RECORDS

6.1 The Inspection Report (IR), Appendix A, when complete is a quality record and shall be maintained in accordance with procedure QAP 17.01, QA Records. IRs shall be maintained as a "lifetime record," unless noted otherwise.

7.0 PROCEDURE/REQUIREMENTS

7.1 The QC Inspector or designee shall be knowledgeable of the inspection criteria associated to the activity, item, or service being inspected. Examples of inspection criteria are: drawings, specifications, procedures, and requisition or purchase order requirements. The QC Inspector must also be capable of determining the appropriate attribute(s) associated to the item or service inspected and distinguishing the acceptability of that product based on the acceptance criteria.

7.2 Appendix E identifies attributes that apply to various types of inspections. These attributes should be referenced during the inspection and documented on the IR following the inspection.

7.3 The following are examples of inspection types: in-process, receipt, final, packaging, shipping, and testing. Other types of inspections may be accomplished by identifying the attribute(s) that best describes the inspection. In unique cases, the inspector may assign a special attribute code (i.e., SP) with a briefly description of its' characteristic.

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7.4 Special attributes are not intended for routine usage. Inspectors that find it appropriate to routinely utilize a special attribute (sp) code should issue an interim change notice (ICN) to permanently incorporate the attribute into this procedure. Reference QAP 5.01, *Procedure Preparation, Review and Control* for ICN completion instructions.

7.5 Inspection reports shall be uniquely identified. Identification shall consist of the letters IR followed by the current year, separated by a hyphen, and a sequential number, such as IR 98-01. IR numbers are obtained from the IR Log, Appendix D, the log is maintained by the facility QA/QC representative.

7.6 IR's shall be legible and completed in black indelible ink or durable, legible equivalent. Corrections to the IR shall be made with a single line drawn through the incorrect entry in a manner such that the incorrect entry remains legible. The individual making the correction shall enter their initials and current date adjacent to, or in the close proximity of, the incorrect entry.

7.7 The QC Inspector or designee shall reference all acceptance criteria on the IR (i.e., purchase order and/or requisition, drawing, and/or specification number etc.).

7.8 Items that have been inspected should be appropriately statused (i.e., accepted or rejected). Inspection tags, stamps, labels, inspectors initials or other appropriate methods may be employed to indicate the status of the item inspected. Inspections of large quantities , such as items in bulk, may be statused by the use of a single tag on the container. If practical, container or bulk item tags should indicate the total number of items accepted or rejected.

7.9 Rejected items shall also be identified with a "QC Hold Tag" or equivalent to prevent inadvertent use. The tagging method (i.e., wire, string, tape, etc.) shall not further damage the item.

7.10 With the exception of a minor deficiency, activities, items or services that do not conform to procurement, design, operational, or administrative requirements shall be identified on a nonconformance report (NCR).

7.10.1 Minor deficiencies that are correctable on the spot (e.g., during a shift), need not be documented on a NCR. However, in all cases a brief description of the minor deficiency shall be noted on the IR for trending purposes. All other deficiencies shall be identified and tracked on a NCR, in accordance with procedure QAP 15.01, *Nonconformance Reports*.

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7.11 A final review of all IRs shall be conducted by an individual(s) having knowledge of this procedure, and the principles associated to the applicable attribute(s). The individual performing the final review shall sign and date the reviewed by section of the IR upon satisfactory review. Unsatisfactory reviews shall be returned to the originator, if available, or supervisor for correction.

7.12 Upon final acceptance/review, the IR shall be transmitted to Document Control for retention. The originator of the IR is responsible for all transmittals.

Appendix A
Page 1 of 1

Inspection Report

Inspection Report No.:_____ Date:_____

Facility/Project:_____ Page: of

Job Description:_____

Acceptance Criteria:_____

Seq. Item No.	Item/Equipment Identification	M&TE ID Number	M&TE Cal. Due Date	Release		Accept/ Reject
				Limit	Results	

Att. Code	Attribute Description	Item(s) Accepted	Item(s) Rejected	Inspector's Initials/Date	NCR No.

QC Inspector's Signature/Date:_____/_____

Reviewed By Signature/Date:_____/_____

Comments:_____

_____

_____

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Appendix B
Page 1 of 1

Inspection Report Continuation Sheet

Page of

Seq. Item No.	Item/Equipment Identification	M&TE ID Number	M&TE Cal. Due Date	Release		Accept/ Reject.
				Limit	Results	

Att. Code	Attribute Description	Item(s) Accepted	Item(s) Rejected	Inspector's Initials/Date	NCR No.

COMMENTS: _____

_____

_____

_____

Inspection Report Completion Instructions

General Instructions

1. The IR shall be completed in black indelible ink, or legible equivalent.
2. Sections of the IR determined to not apply shall be annotated with N/A, initialed and dated.
3. All changes on the IR shall be readily identifiable, with a single line drawn through the incorrect entry, initialed and dated.
4. No corrective fluid or tape shall be used.

Instructions

1. Enter the unique IR number obtained from the IR Log.
2. Enter the facility or project name.
3. Enter a brief description of the type of inspection.
4. Enter the applicable acceptance criteria, such as procedure, drawing, or PO number.
5. Enter a sequential number for each item.
6. Enter the unique item/equipment name.
7. Enter the measuring & test equipment (M&TE) serial number (enter N/A if not applicable).
8. Enter the M&TE calibration due date (enter N/A if not applicable).
9. Enter the release limit and survey result.
10. Indicate the status of the survey by entering accept or reject. This block is for survey results only. N/A if the inspection is not a survey.
11. Enter the appropriate attribute code(s) and its description obtained from Appendix E.
12. When using the Special Attribute code, include a brief description of the inspection type.
13. Enter the sequential item number(s) accepted or rejected. Example: 1-4, or 1,2, 4, accepted, 3 rejected.
14. Initial and date adjacent to the items inspected.
15. Enter the NCR number, if applicable.
16. Enter any additional comments, if any, sign and date the IR and obtain a final review.

QC Inspection Report Log

IR Number	Issued Date	Type of Inspection	Inspector	Status (Accept/Reject)	NCR Number

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Inspection Attribute Code Index

D - Documentation Attributes:
- D01 - Documentation Requirements
- D02 - Personnel Qualifications
- D03 - Miscellaneous Requirements
- D04 - Level B Access Log
- D05 - Purchase Order Requirements

M - Material Attributes:
- M01 - Certification (i.e., C of C)
- M02 - Damage
- M03 - Identification
- M04 - Size/Shape
- M05 - Type/Grade
- M06 - Radiological Properties
- M07 - Strong Tight
- M08 - Gaskets
- M09 - Rust
- M10 - Labeling

PK - Packaging Attributes
- PK01 - Appropriate Packaging
- PK02 - Damage
- PK03 - Contents
- PK04 - Gaskets
- PK05 - Closure Device(s)

P - Special Attribute:
- P01 - Special Instructions

R - Receipt Attributes
- R01 - Shipping Damage
- R02 - Documentation
- R03 - Quantity/Type
- R04 - Identification/Markings
- R05 - Protective Measures/Cleanliness
- R06 - Radiological Survey Results

S - Shipping Attributes
- S01 - Documentation
- S02 - Loading/Layout
- S03 - Placarding
- S04 - Vehicle Inspection
- S05 - Blocking/Bracing
- S06 - Radiological Survey Results

T - Test Attributes
- T01 - Continuity
- T02 - Temperature/Humidity
- T03 - Time Limits
- T04 - Resistance
- T05 - Megger
- T06 - Radiological Survey Results
- T07 - Equipment Calibration/Condition
- T08 - Dark Test
- T09 - Cleanliness
- T10 - Dimensions
- T11 - Orientation
- T12 - Torque/Tension
- T13 - Hydro-Static Test

W - Workmanship Attributes:
- W01 - Location
- W02 - Assembly/Reassemble
- W03 - Handling/Storage
- W04 - Prerequisites
- W05 - Torque/Tension
- W06 - Labeling

QAP 10.02 - QUALITY ASSURANCE SURVEILLANCE

1.0 PURPOSE

This Quality Assurance Procedure (QAP) establishes the method for planning, performing, and reporting quality assurance surveillances.

2.0 APPLICABILITY

This QAP applies to all activities performed by or for US Ecology which fall within the scope and requirements of the QA Program.

3.0 DEFINITIONS

Surveillance - The act of observing, monitoring, or witnessing to verify whether an item or activity conforms to specified requirements.

4.0 INSTRUCTIONS

4.1 Surveillance Planning

4.1.1 Surveillance planning shall provide for the activity or activities to be surveyed, the identification of requirements that govern the activities under surveillance, a period of time for the surveillance activity, the frequency of surveillance during that period, and a surveillance checklist(s).

4.1.2 Checklists include questions covering but not limited to the calibration status, proper use of field or laboratory notebooks, sample control and traceability, data control and traceability, adherence to procedures, legibility and accuracy of logs and records, proper storage of records,

status of corrective actions, completion of tests prerequisites, completion of retests, proper storage of tested and inspected items, quality assurance plans, and design control activities.

4.1.3 The QA manager or designee shall schedule surveillances to assure control of activities and compliance to requirements throughout the duration of an activity or project. Selection of activities, locations and QA requirements for surveillance shall be based on QA plan commitments, the nature of the activity or project, requests by other US Ecology managers, the importance of projected activities, changes to requirements or scope of activities, and adverse trends identified through previous surveillances and audits.

4.2 Surveillance Performance

4.2.1 The QA manager will review the topic of the upcoming surveillance to determine the applicable controlling requirements.

4.2.2 The surveillant will review reports from previous surveillances, audits, and other QA verification activities to determine historical background of the particular organization or work activity.

4.2.3 Depending upon the extent and scope of the surveillance to be performed, the surveillant will develop a surveillance checklist. It may consist of a marked up copy of the applicable procedure or requirement document. The purpose of the checklist is to ensure that the surveillant is familiar with the requirements and that significant requirements are not inadvertently overlooked. The decision for the necessity of a surveillance checklist is made by the QA manager.

4.2.4 The surveillant will contact the organization to be surveilled, establish a day and time for performance of the surveillance, and conduct the surveillance.

4.2.5 Unplanned, walk-in surveillances may be performed as conditions warrant.

4.2.6 Surveillants are not restricted by the checklist. If other items of importance are discovered, they should pursue as deemed appropriate.

4.2.7 The surveillant will record results as the surveillance proceeds. The surveillance is based on observations of activities and conditions, and analysis of documentation, not just on the statements of persons interviewed.

4.2.8 Any condition or action noted during a surveillance which has, or could have immediate adverse effect on safety, operations, or construction shall be immediately reported orally to the project/facility manager for appropriate corrective action and documented on a Corrective Action Request.

4.2.9 If the need for suspension of activities is noted, it shall be handled in accordance with QAP 1.01, "Stop Work Order" procedure.

4.3 Surveillance Reporting

4.3.1 The surveillant shall prepare and issue a Surveillance Report form (Exhibit 1) as soon as practical after completing the surveillance. The Surveillance Report form shall be completed per the instructions in Exhibit 2.

4.3.2 The surveillant shall obtain a surveillance report number from the QA Secretary. The surveillance report number shall consist of the following:

a. A "S" to designate surveillance.

b. Followed by two digits to designate the calendar year of the surveillance.

c. A number to designate, sequentially, the surveillances performed during the year.

Example: S-88-001

4.3.3 The QA Secretary shall maintain a surveillance log that contains the following information as a minimum:

a. Surveillance report number
b. Surveillant(s)
c. Surveilled organization(s)
d. Activity surveilled
e. Date surveillance was completed
f. Date that adverse findings were closed

4.3.4 For instances of repetitive types of discrepancies for which corrective action is needed, to (1) identify the cause and take corrective action to prevent recurrence of identified discrepancies, and (2) identify and correct any other similar instances, issue a Corrective Action Request (CAR) in accordance with QAP 16.01.

4.3.5 The outcome of the conducted surveillance shall be designated as one of the following:

a. Satisfactory - indicating that all activities surveilled met the applicable requirements. Satisfactory outcomes are reported to the surveilled organization and the surveillance is closed at the time the report is issued.

b. Unsatisfactory - indicating that one or more deficiencies were observed during the surveillance. These deficiencies require corrective action that cannot be completed while the surveillant is still at the surveilled area.

c. Unsatisfactory/Corrected Immediately - indicating unsatisfactory status that is corrected before the surveillant leaves the surveilled area.

4.3.6 Unsatisfactory surveillance reports shall be discussed with the surveilled organization prior to issuance to assure that the outcome of the surveillance and the rationale behind the outcome is understood. The surveilled organization is required to provide a corrective action response due date within a ten (10) working day time period or as agreed upon by the QA manager and the surveilled organization. The response may be due upon delivery of the report if the urgency for corrective action warrants a quicker response.

4.3.7 Management of the surveilled organization shall investigate identified unsatisfactory conditions and shall provide a written corrective action statement, including a commitment date for completion of the corrective action.

4.4 Surveillance Follow-up

4.4.1 The surveillant shall, upon receipt of the corrective action response, evaluate the response to determine whether it adequately addresses the unsatisfactory condition, ensure that the surveilled organization has identified a corrective action completion date, and based upon the corrective action, determine when and to what extent a follow-up surveillance should be performed to verify implementation.

4.4.2 If the corrective action response is not received by the requested date, the surveillant shall elevate to the next appropriate level of management to obtain a new response date or the planned corrective action.

4.4.3 If the response is determined to be inadequate, the surveillant shall notify the surveilled organization in writing and negotiate an acceptable response within five (5) working days.

4.4.4 The surveillant shall verify the completion and effectiveness of selected corrective actions after being notified that corrective actions have been completed. Upon verification follow-up, if corrective action has not been accomplished or is inadequate, the surveillant shall prepare a letter to the next appropriate level of management describing the condition and request a response. When corrective action has satisfactorily been completed the surveillant shall close the surveillance by signing and dating block 17 on the report.

4.4.5 The results and status of surveillances shall be discussed with appropriate management periodically at meetings scheduled by the QA manager based on the severity of the problems.

5.0 RECORD RETENTION

Surveillance records (including plans, checklists, notes, surveillance reports, and other records associated with the establishment, completion, and verification of corrective actions) shall be maintained by the QA department for subsequent processing as lifetime QA records.

6.0 REFERENCES

QAP 1.01, Stop Work Order

QAP 16.01, Corrective Action Requests

7.0 EXHIBITS

Exhibit 1 - Form QA-10.02.1, Surveillance Report

Exhibit 2 - Instructions for Completing the Surveillance Report Form

1112f

US Ecology, Inc.	QUALITY ASSURANCE SURVEILLANCE REPORT	Surveillance No.

DATE. TO: FROM.	Distribution:	
☐ Satisfactory ☐ Unsatisfactory ☐ Unsatisfactory Corrected Immediately	Surveillance of Compliance With:	Period Covered By Surveillance: Date Last Surveillance Completed.

ACTIVITIES OBSERVED

INITIATOR:	DATE:	APPROVAL:	DATE:

ACTION TAKEN/PLANNED

COMMITMENT DATE:	ACTION PARTY:	DATE:

RESPONSE EVALUATION	FOLLOW-UP EVALUATION	
Initials _____ ☐ Acceptable Date _____ ☐ Unacceptable	☐ Adequate ☐ Inadequate	NCR NO. _____ CAR NO. _____

Response Verification And/Or Closure — Date

FORM QA-10.02.1-9/88

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QUALITY ASSURANCE SURVEILLANCE REPORT	Date	Page ____ of ____

INSTRUCTION FOR COMPLETING THE SURVEILLANCE REPORT FORM

I. Surveillance Report forms shall be completed with reproducible black ink or typewritten.

II. Complete the form as follows:

BOX 1: Surveillance No. - Obtain from the QA manager and record the number on the form.

BOX 2: a. Date the surveillance report is prepared.

b. The manager immediately responsible for the activity surveilled.

c. Name of surveillant.

BOX 3: Distribution of the surveillance report.

BOX 4: Check applicable box.

BOX 5: List document(s) the surveillance is based on such as a procedure or QA plan.

BOX 6: List the duration of the surveillance.

BOX 7: Enter the date the last surveillance was performed on the same activity and the surveillance number. If the date is unknown or no surveillance has been performed, enter N/A.

BOX 8: Enter a summary of the surveillance results, including all findings.

BOX 9: Initiator - sign and date.

BOX 10: QA manager - sign and date.

BOX 11: a. If box 4 was marked "Satisfactory", enter N/A.

b. If box 4 was marked "Unsatisfactory Corrected Immediately", enter the corrective action that was taken.

c. If box 4 was marked "Unsatisfactory" and the planned corrective action is known, enter the planned corrective action.

d. If box 4 was marked "Unsatisfactory" and the planned corrective action is not known, enter "response and estimated correction date requested within ten working days".

BOX 12: a. If box 4 was marked "Satisfactory" or "Unsatisfactory Corrected Immediately", enter N/A.

b. If box 4 was marked "unsatisfactory" enter date if known, otherwise leave blank.

BOX 13: a. If box 4 was marked "Satisfactory" enter N/A.

b. If box 4 was marked "Unsatisfactory Corrected Immediately", enter surveilled manager's name and date.

c. If box 4 was marked "Unsatisfactory" and the planned corrective action is known, enter surveilled manager's name and date.

d. If box 4 was marked "unsatisfactory" and the corrective action to be performed is not known, leave blank.

BOX 14: Mark appropriate box, initial and date. If the response was unacceptable, request new response.

BOX 15: Mark appropriate box. If "inadequate" is marked, notify the QA manager in writing, explaining why the corrective action is inadequate.

BOX 16: Enter N/A or number as appropriate. When the condition transferred to an NRC or CAR is the only item on the surveillance report, the surveillance shall be closed out.

BOX 17: Enter "Corrective Action Verified and Closed" or "Closed" as applicable. Sign and date.

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QAP 12.01 - CONTROL OF MEASURING AND TEST EQUIPMENT

1.0 PURPOSE

This Quality Assurance Procedure (QAP) defines the necessary controls for the selection, maintenance, calibration and record keeping for measuring and test equipment (M&TE).

2.0 APPLICABILITY

This procedure applies only to M&TE which is not controlled in accordance with applicable facility operating procedures (BOPs, ROPs, etc.) Equipment such as rulers, tape measures, levels and similar commercial equipment are excluded from the requirements of this procedure.

3.0 DEFINITIONS

Calibration: Comparison of M&TE with a calibration standard in order to determine the quantitative relationship, and to report and eliminate inaccuracies.

Calibration Standard: Recognized standards used for comparison in measuring values traceable to the National Institute of Standards and Technology (NIST).

Measuring and Test Equipment (M&TE): All devices used to measure, gauge, test, inspect or otherwise examine items to determine compliance with specifications.

4.0 INSTRUCTIONS

4.1 Selection and Procurement

4.1.1 The individual (hereafter call the requisitioner) requisitioning M&TE shall determine the type, range, and accuracy of the desired M&TE.

4.1.2 The requisitioner should consider the manufacturer's recommendations with respect to the intended use of the M&TE.

4.1.3 The requisitioner shall interface with the Corporate Quality Assurance department to determine if the vendor is to supply any documentation and/or to determine other quality assurance requirements.

4.1.4 The requisitioner shall process all M&TE procurements in accordance with QAP 4.01 and QAP 7.01.

4.1.5 Upon receipt of procured M&TE, the requisitioner shall verify that:

- o The item has not been damaged during shipment;
- o The item is accompanied by the required test reports, calibration certificates and operating instructions; and
- o The item displays a calibration sticker indicating the calibrator, calibration date and next calibration date or interval.

4.1.6 The requisitioner shall complete a Receiving Inspection form in accordnace with QAP 10.01.

4.1.7 The requisitioner shall be responsible for notifying the QA representative of any new item of M&TE received.

4.2 M&TE Identification

The QA representative shall ensure that each item of M&TE is assigned a unique identification number. This number should be permanently engraved in the item. If engraving is not suitable, the identification number shall be affixed to the M&TE via a tag, sticker or the number may be specified on the M&TE storage container.

4.3 M&TE Calibration

4.3.1 The QA representative shall complete and maintain a M&TE calibration history record (see exhibit 1) for each item of M&TE. This record shall serve as the user/recall vehicle and, at a minimum, provide the following information:

- o Item name, I.D. number and serial number
- o Manufacturer and manufacturer's model number
- o Test and calibration frequency
- o Calibration procedure (only if calibrated in-house)
- o Item location or user group name

4.3.2 The QA representative shall record the calibration date, calibrated by information, and calibration due date as the first entry on the record form. This first set of data is generally supplied with the item.

4.3.3 When calibration or checking is to be accomplished in-house, the QA representative must maintain Certificates of Accuracy for each standard used to perform the calibration or check.

4.3.4 The QA representative shall ensure that calibration standard is checked for accuracy. The frequency or interval for this check must be specified on the calibration record.

4.3.5 When calibration or checking is to be accomplished in-house, an approved procedure must be used. The manufacturer's method for calibration may be used instead of a procedure. In this case the calibration record form must specify the manufacturer's method or instruction.

4.3.6 When M&TE calibration or checking is subcontracted, the QA representative shall ensure that the subcontractor appears on the approved vendor's list. Calibration records or certificates furnished by the subcontractor must be maintained with the appropriate calibration history record.

4.3.7 The QA representative and each user of M&TE shall remove M&TE from service which are found:

- o To be out-of-calibration or suspect
- o To have the calibration sticker missing
- o To be damaged or exposed to conditions that could have affected its accuracy.

NOTE: When any of the above conditions are detected, the M&TE shall be tagged or otherwise marked to preclude its use.

4.3.8 The QA representative shall ensure that any data generated by suspect M&TE is evaluated to determine its acceptability and/or validity. This evaluation shall take into account any data the suspect M&TE generated since it was last calibrated. The evaluation must be documented.

4.4 M&TE Storage

Each user shall ensure that M&TE, when not in use, is properly stored to preclude damage, deterioration or loss.

5.0 RECORD RETENTION

The QA representative shall maintain the following M&TE documents for subsequent processing as quality assurance records:

- Manufacturers Certificates of Accuracy/Calibration
- Calibration History Records (Exhibit 1)
- Calibration Procedures
- Suspect M&TE Evaluations

6.0 REFERENCES

QAP 4.01, Procurement Document Control
QAP 7.01, Vendor Qualification
QAP 10.01, Receiving Inspection

7.0 EXHIBITS

Exhibit 1 - Form QA 12.01.1, Calibration History Record

EXHIBIT 1

CALIBRATION HISTORY RECORD

ITEM NAME:	
SERIAL NUMBER:	I.D. NUMBER:
MANUFACTURER:	MODEL NUMBER:
TEST OR CALIBRATION FREQUENCY:	CALIBRATION PROCEDURE NO.:
CALIBRATION STANDARDS/N/CERT. NO.:	STANDARD DUE FOR CALIBRATION:
ITEM LOCATION/ASSIGNED TO:	

CALIBRATION DATE	CALIBRATED BY	CALIBRATION DUE DATE	CALIBRATION DATE	CALIBRATED BY	CALIBRATION DUE DATE

REMARKS

QA FORM 12.01.1

7/92

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QUALITY ASSURANCE PROCEDURES

15.01 - NONCONFORMANCE REPORTS

1.0 PURPOSE

This Quality Assurance Procedure (QAP) establishes (1) the methods for identifying, documenting, tracking, segregating, evaluating, and dispositioning nonconforming items to prevent inadvertent installation or use, and (2) methods of notification to affected organizations.

2.0 APPLICABILITY

This QAP applies to items and activities that do not conform to specified requirements or whose conformance is indeterminate.

3.0 DEFINITIONS

Item - An all inclusive term used in place of any of the following: appurtenance; assembly; component; data; equipment; material; module; part; sample; structure; subassembly; subsystem; or system.

Nonconformance - A deficiency in characteristic, documentation, or procedure which renders the quality of an item or activity unacceptable or indeterminate with respect to specified requirements.

Nonconformance Report (NCR) - A form utilized to document and disposition nonconformances.

Acceptable Dispositions

- Accept-as-is - Is a disposition permitted for a nonconforming item when it can be established that the item is satisfactory for its intended use. This disposition requires a written justification.

- Repair - Is the process of restoring a nonconforming characteristic to a condition such that the capability of an item to function reliably and safely is unimpaired, even though that item still does not conform to original requirements. In the case of documentation, restoration must return the document to a state by which it may be reliably used for its intended purpose.

- Rework - Is the process by which an item is made to conform to original requirements by completion or correction.

- Reject - Indicates that the item will not be made to meet its intended requirements or function and will be scrapped, returned, or disposed of by other means.

- As-built - Describes a drawing or specification that incorporates all approved changes and is the final accepted configuration of a project or item.

4.0 INSTRUCTIONS

4.1 Identification and Control of Nonconforming Items/Activities

4.1.1 When a item or activity is found to be nonconforming to specified requirements, the person discovering the nonconformances (originator) shall document that condition by completing the applicable boxes on a NCR (Exhibit 2) in accordance with the "Instructions for Using the NCR Form" (Exhibit 3) and forward the NCR to the QA Manager or designee with a copy sent to the Project Manager.

4.1.2 The originator shall attach a completed Hold Tag (Exhibit 1) to the item (the tag may be used to control more than one item if all items are kept together and are identified on the tag) and segregate, when possible, the nonconforming item(s) from acceptable items by placing them in clearly

identified hold area until an approved disposition is completed. When segregation is impractical or impossible due to physical conditions such as size, weight, or access limitations use other precautions to preclude inadvertent use.

4.2 Evaluation and Disposition

4.2.1 The QA Manager shall review the condition identified on the NCR and verify a nonconforming condition exists. If a nonconforming condition does not exist or has already been documented on another NCR, the QA Manager shall formally document the results of the review on an internal memo to the originator with the NCR attached.

4.2.2 If a nonconforming condition does exist the technical representative responsible for the technical requirements or the project manager responsible for the project affected by the NCR is notified by the QA Manager or designee. The technical representative or Project Manager and the QA Manager or designee shall determine a recommended disposition and if additional reviews (may include review meetings) for approval and concurrence of the disposition are necessary.

4.2.3 The personnel performing evaluations to determine a disposition shall have demonstrated competence in the specific area they are evaluating, have adequate understanding of the requirements, and have access to pertinent background information (i.e. cognizant engineer).

4.2.4 When the recommended disposition involves either "Accept-as-is" or "Repair", the NCR shall include a technical justification. Nonconformances to design

requirements dispositioned "Accept-as-is" or "Repair" shall be subject to design control measures commensurate with those applied to the original design. The as-built records, if such records are required, shall reflect the accepted deviation.

4.2.5 Reworked items shall be reexamined and documented in accordance with applicable procedures or inspection instructions in accordance with the original acceptance criteria.

4.2.6 Repaired items shall be reexamined and documented in accordance with the alternate acceptance criteria specified in the disposition instructions to assure that the capability of the item to obtain valid data, function reliably, and operate safely is not impaired.

4.2.7 When the NCR disposition involves action to be taken with a supplier/subcontractor, the Purchasing Agent shall be sent a copy of the NCR so that appropriate action can be taken to resolve the nonconformance. "Accept-as-is" dispositions will not be used when further action is requested from a supplier/subcontractor. When the NCR disposition involves action to be taken with a supplier/subcontractor, the Purchasing Agent shall be contacted to coordinate the disposition. When the NCR disposition involves action to be taken by US Ecology personnel,, the cognizant manager(s) shall be contacted to coordinate the disposition and to verify their capability to perform the required disposition.

4.2.8 Instructions for accomplishing the disposition shall be specified in the NCR and the organization(s) responsible shall be identified.

4.2.9 A preliminary disposition (e.g., reinspect or retest, obtain required or corrected data or continue work activities on nonconforming item(s) pending a specified action or hold point) may be used to assist in determining a final disposition. Preliminary dispositions shall be identified on the NCR and a final disposition is required for each. The final disposition or completed preliminary dispositions that do not result in a nonconformance shall be indicated on the NCR as "Accept".

4.2.10 The QA Manager or designee shall initiate a Corrective Action Request (CAR) to achieve corrective action for significant conditions adverse to quality. Reference the CAR number on the NCR.

4.2.11 After completion of all reviews, the QA Manager shall verify that all reviewers have signed and dated the NCR, retain a copy for follow-up and QA records, and transmit a copy to the organization(s) responsible for the disposition. If the NCR disposition involves a purchased item or service, send a copy to the Purchasing Agent for procurement files and action.

4.2.12 When required by the customer, NCRs with dispositions of "Accept-as-is" or "Repair" that have a significant effect on the quality of sponsor deliverables, shall be provided to the cognizant manager for transmittal to the customer for concurrence before performing the disposition.

4.3. Accomplishment of Disposition

4.3.1 The organization(s) responsible for performance of the disposition shall accomplish the action as indicated by the NCR disposition/instructions or coordinate any changes with

those who approved the NCR. On completion of the action, the responsible organization(s) shall notify the QA Manager and the originator.

4.3.2 The Purchase Agent shall advise and obtain concurrence of the technical representative or project manager in the course of action taken or to be taken by the supplier/subcontractor on the recommended disposition. The Purchase Agent may transmit the NCR directly to the supplier/subcontractor or transmit the equivalent information through other means and document all NCR action(s) taken and any responses from the supplier/subcontractor.

4.3.3 The NCR Originator or designee shall assure the timely accomplishment of the disposition by periodically checking its progress.

4.4 Verification and Closeout

4.4.1 The NCR Originator or designee shall verify whether the disposition was performed as described and in accordance with the instructions provided on the NCR. If a disposition is to be changed, the QA Manager or designee shall determine the additional reviews that are required in accordance with paragraphs 4.2 and 4.3. The changed disposition and justification shall be recorded in Box 17 of the NCR and titled "Final Disposition/Justification". Evidence of the reviews shall be indicated by initialing and dating in Box 22 of the NCR.

4.4.2 Follow-up action shall be taken by the QA Manager or designee to verify proper implementation of corrective action and to close out the corrective action on significant nonconformances.

4.4.3 When satisfied that all necessary action has been performed, the NCR Originator or designee shall remove the Hold Tag(s), sign/date the NCR, and forward it to the QA Manager for distribution.

4.5 Tracking, Status Reporting and Records

4.5.1 The Secretary providing QA support shall issue NCR numbers when requested by cognizant staff, maintain a NCR log, and shall notify the QA Manager or designee. This secretary shall quarterly prepare and forward the NCR status report on open NCRs to the QA Manager and other cognizant managers.

4.5.2 The QA Manager or designee shall review the NCR log periodically to verify that NCR activities are being handled in a timely manner (in most cases, 30 days is timely). Significant delays in processing shall be brought to the attention of appropriate management.

4.5.3 Reproducible copies of NCRs with all attachments shall be retained for QA files and project records.

4.5.4 When required by the customer, a copy of the closed out NCR shall be provided to the cognizant manager for transmittal to the customer when the nonconformance has a significant effect on validity and integrity of project results or when it affects previously transmitted customer deliverables.

5.0 RECORD RETENTION

Closed NCRs and associated documentation shall be retained for processing as lifetime records.

6.0 REFERENCES

None

7.0 EXHIBITS

Exhibit 1 - Hold Tag

Exhibit 2 - Form QA-15.01.1, Nonconformance Report

Exhibit 3 - "Instructions for Using the Nonconformance Report Form"

1105f

HOLD TAG

HOLD

DO NOT USE

QUALITY ASSURANCE

P.O./W.O. No. _____ ITEM No. _____

QUANTITY _____

DESCRIPTION _____

_____

DRAWING/PART No. _____

PROJECT _____

REASON FOR HOLD _____

_____

Attached by Signature/Date

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EXHIBIT 2

NONCONFORMANCE REPORT

Page 1 of

No.

1. P.O., W.O.,or Authorization	2. Nomenclature	3. Dwg./Spec./Other No.	Ref.

4. Program, Project or Other	5. Hold Location	6. Hold Tag No.

7. Supplier Name Address

8. Lot/Heat/Serial	9. Lot Size	10. Sample	11. Qty.Acc.	12. Inspection Criteria
				☐ Dwg. ☐ Spec. ☐ Insp. Plan ☐ Other_____

13. Item	14. Description of Nonconformance (List serial No. where applicable)	17. Disposition, Justification, & Instructions.

15. Originator's Signature Date

16. Supervisor's/Manager's Signature Date

18. Design Document Change Required?
☐ Yes, Doc. No. _____ ☐ No

19. Corrective Action Required
☐ Yes. CAR No. ☐ No

APPROVAL			
20. Technical Representative Date	21. Signature Date	Signature Date	
QA Representative Date	Signature Date	Signature Date	

22. CLOSE OUT
☐ Disposition Effected As Directed
☐ Other (Specify)

Originator or Representative Date

23. DISTRIBUTION
Action:

Information:

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FORM QA-15.01.1 - 7/88

EXHIBIT 2

NONCONFORMANCE REPORT		Page 1 of	No.
1. P.O., W.O.,or Authorization	2. Nomenclature	3. Dwg./Spec./Other No.	Ref.

13. Item	14. Description of Nonconformance (List serial No. where applicable)	17. Disposition, Justification, & Instructions.
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INSTRUCTIONS FOR USING THE NONCONFORMANCE REPORT (NCR) FORM*

NCR Originator

1. Complete blocks enclosed within the heavy border (1 through 17) as indicated below:

   Block 1: Include, as applicable, the purchase order number, work order number or other authorizations.

   Block 2: Provide the name of the affected item(s) so that the item(s) can be distinguished from similar items. Use the name, as specified on the drawing, when possible.

   Block 3: Provide the drawing number, specification number, procedure or document number with which the item(3) is/are nonconforming. Include the revision number of the document listed.

   Block 4: Provide the title of the Project or Service Activity directly affected by the nonconformance.

   Block 5: Provide the location where the nonconforming items are being held pending resolution.

   Block 6: Enter the Hold Tag number, as applicable. Write the NCR Number and date on the tag and mark the tag to identify Nonconforming Material Hold.

   Block 7: If applicable, provide the name and address of the supplier of the item. If this is a catalog supply house, also list the manufacturer of the item.

   Block 8: Provide the lot number, heat number and/or serial number of the affected item when available.

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Block 9: Enter the lot size (usually the number of identical items on hand or received).

Block 10: Enter the number of items inspected.

Block 11: Enter the number of items that were accepted at the time of inspection.

NOTE: The difference between Blocks 9 and 11 should be the number (quantity) of nonconforming item(s) (e.g., "3", the number of nonconforming items is "2", which should match the quantities indicated in Block 14).

Block 12: Check the applicable space denoting the document used as the basis for inspecting the item. If "Other" is checked, add the identifying number of the document used.

Block 13: Assign sequential numbers to identify the specific nonconformance.

NOTE: This form is intended to be used for more than one nonconformance when that condition occurs.

Block 14: Describe, in detail, the nonconformances. Nonconformance must be based on failure to meet the stated or implied purpose, or the written requirements. State the specific criteria the item(s) failed to meet and the actual results of the inspection. Attach or reference backup data as necessary to make the description clear. If additional space is needed to adequately describe the nonconformance, use the Continuation Sheet.

Block 15: The NCR Originator signs and dates in this block.

Block 16: Originators shall request their Supervisor or Manager to sign the NCR. If a Manager is the Originator, enter "N/A".

Block 17: The NCR Originator may provide a preliminary disposition. Provide sufficient information to assure the action will correct the immediate problem(s).

2. Obtain an NCR number from the QA Secretary and add it to the space "No." at the top of the NCR and on the Hold Tag.

3. Add the page numbers on the report and on each attachment in the form:

   NCR No. _____
   Page ____ of ____

4. Forward the NCR form to the QA Manager and a copy to the Project Manager.

Quality Assurance

5. Coordinate the completion of Blocks 17 through 21 and 23.

   Block 17: Together with the Technical Representative and Cognizant Staff, if required, determine the disposition of the items. Except for preliminary dispositions, use the standardized disposition statements. Provide justification for the action taken and include or reference instructions, as necessary, to assure adequate correction. Provide instructions necessary to assure that the disposition can be accomplished as directed and will preclude inadvertant use of nonconforming items. If the item(s) were purchased, refer the disposition to the Purchasing Agent with respect to contractual requirements.

   NOTE: When required by the QA Plan, obtain and document the customer's concurrence for disposition in Block 17 of the NCR form. Identify person contacted, concurrence, and date. Provide justification for the action taken and include or reference instructions, as necessary, to assure adequate correction.

Block 18: When the recommended disposition is either Accept-as-is or Repair, the organization assigned responsibility for design shall establish the final disposition, justification and disposition instructions and shall indicate whether a change of design specification or any other document will be required as a result of the nonconformance. Where required, the document to be changed shall be noted.

When another disposition is recommended, the QA Representative should check the "No" block.

Block 19: Significant nonconformances require corrective action to preclude recurrence. If checked yes, record the CAR number.

Block 23 (Action): List the individuals (or organizations) that have actions as the result of the NCR disposition. Indicate the individuals (or organizations) that are required to approve the NCR by adding "-A" after the name. Identify the Cognizant Manager or Project Manager responsible for the item by adding "-CM" after the name. The QA and Technical Representatives involved shall also be listed in this block as approvers.

NOTE: Any changes to the approved disposition require the same approvals as the original disposition.

Block 23 (Information): List all other concerned parties as appropriate. As a minimum, this should include QA Manager, Originator (if not listed under "action"), and the Project Manager.

Blocks 20 and 21: Both the Technical and QA Representatives sign and date here to show their approval of the NCR and the disposition. Additional approvals required by Block 23 will sign and date in Block 21.

NOTE: When the nonconformance was discovered during receiving inspection/tests, the QA Manager shall contact the Purchasing Agent to coordinate the NCR disposition before approving the NCR

disposition when the disposition involves action that may need to be taken by the supplier.

6. Send a copy of the approved NCR to the organization responsible for performing the disposition and send the original NCR to the originator.

NCR Originator

7. When the approved NCR is returned by QA, verify completion of the disposition and complete Block 22.

8. Return the completed NCR to the QA Manager.

QA Manager

9. Check Block 22 to see if "Other" has been marked. If "Other" is marked, obtain the additional reviews required by paragraph 4.4.1 and the step 5 note above. Evidence of these reviews shall be indicated by initialing and dating in Block 22.

10. Verify implementation and close out of corrective action on significant nonconformances and sign and date in Block 22. (This verification is required in all cased where a CAR is required in Block 22.)

11. Make final distribution. Include copies to the QA Manager and Project Manager.

Cognizant Manager

12. When required, transmit a copy of the NCR to the customer.

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QUALITY ASSURANCE PROCEDURES

QAP 15.02 - REPORTING OF DEFECTS AND NONCOMPLIANCE-10CFR PART 21

1.0 PURPOSE

The purpose of this Quality Assurance Procedure is to define the responsibilities of US Ecology employees with respect to 10 CFR Part 21 deficiency reporting requirements. (See Exhibit 1).

2.0 APPLICABILITY

All "basic components" (see definitions) used in equipment designed, fabricated, or operated by US Ecology that requires conformance to Title 10 of the Code of Federal Regulations is subject to this procedure. This includes all radioactive waste processing systems.

3.0 DEFINITIONS

Basic Component- When applied to facilities (other than nuclear power reactors) licensed pursuant to Parts 30, 40, 50, 60, 61, 70, 71, or 72 means a component, structure, system or part thereof, that is directly procured by the licensee of a facility or activity in which a defect or failure to comply with specified requirements could create a substantial safety hazard. In all cases "basic component" includes design, inspection, testing or consulting services important to safety that are associated with the component hardware, whether these services are performed by the component supplier or others.

Commercial Grade Item - means an item that is not subject to design or specification requirements that are unique to facilities or activities licensed pursuant to 10 CFR Part 30, 40, 50, 60, 61, 70, 71 or 72 and is used in applications other than those licensed pursuant to these regulations and that are procured on the basis of specifications set forth in the manufacturer's published product description.

Substantial Safety Hazard - means a loss of safety function to the extent that there is a major reduction in the degree of protection provided to public health and safety.

4.0 INSTRUCTIONS

4.1 Each US Ecology employee, including officers, directors, and managers are responsible for the implementation of this procedure.

4.2 Quality Assurance personnel shall be responsible for ensuring that copies of this procedure, 10CFR Part 21, and Section 206 of the Energy Reorganization Act of 1974 are posted in each of US Ecology's offices/facilities. Optional posting, described in Section 21.6 of 10 CFR Part 21, may be utilized.

4.3 When required, Quality Assurance personnel shall be responsible for ensuring that procurement documents specify that the provisions of 10CFR21 are included as a requirement in the procurement documents (requisition and purchase order). When deemed appropriate, purchasing shall include a copy of 10CFR21 in the procurement package.

4.4 Part 21 Applicability Determination

4.4.1 When nonconformances are found during the design and fabrication of quality related equipment, during the operation of a radioactive waste disposal facility or during the operation of radioactive waste processing equipment, they shall be reported in accordance with QAP 15.01.

4.4.2 Quality Assurance personnel shall evaluate each reported nonconformance for reportability as a 10 CFR Part 21 deficiency. If a potential Part 21 deficiency exists, a Part 21 evaluation report, form QA-15.02 (see Exhibit 3), shall be completed.

4.5 Instructions for Completing the 10CFR21 Evaluation Report

4.5.1 Quality Assurance shall document a description of the deficiency and associated hazard, provide the Nonconformance Report Number that caused the evaluation to be initiated and assign a report number. Report numbers shall be in the form XX-YYY where XX is the last two digits of the year and YYY is a sequential number for that year.

4.5.1 Quality Assurance shall document the conclusion and justification of the evaluation on the evaluation report. This report shall be signed by the person performing the evaluation.

4.5.3 The nonconformance shall be considered reportable to the NRC if the evaluation reasonably indicates that:

- The facility, activity or basic component supplied to such facility fails to comply with the Atomic Energy Act of 1954, as amended, or any applicable rule, regulation,

order or license of the NRC relating to a substantial safety hazard.

OR

- The facility, activity or basic component supplied to such facility or activity contains a defect which could cause a substantial safety hazard.

4.6 Notification

4.6.1 An initial notification shall be made to the NRC within two (2) days and a written report shall be made to the NRC within five (5) days. This report shall include the following information:

- Name and address of the individual or individuals informing the NRC.

- Identification of the facility, the activity, or the basic component supplied for such facility or such activity within the United States which fails to comply or contains a defect.

- Identification of the firm constructing the facility or supplying the basic component which fails to comply or contains a defect.

- Nature of the defect or failure to comply and the safety hazard which is created or could be created by such defect or failure to comply.

- The date on which the information of such defect or failure to comply was obtained.

- In the case of a basic component which contains a defect or fails to comply, the number and location of all such components in use at, supplied for, or being supplied for one or more facilities or activities.

- The corrective action which has been, is being, or will be taken; the name of the individual or organization responsible for the action and the length of time that has been or will be taken to complete the action.

- Any advice related to the defect or failure to comply about the facility, activity, or basic component that has been, is being, or will be given to purchasers or licenses.

4.6.2 When it is known that the NRC has been adequately informed of an identical condition by others, notification need not be duplicated.

4.6.3 Notification shall be directed to NRC offices listed in Exhibit 1, Section 21.21. NRC regional office telephone numbers are also provided on page 3 of the exhibit.

4.7 Reporting Concerns

4.7.1 When a safety concern is identified and a NCR is not written to document the concern, the person having this concern shall notify his immediate supervisor.

4.7.2 The supervisor shall immediately report all such concerns to Quality Assurance for evaluation and if required subsequent reporting in accordance with procedure step's 4.5 and 4.6.

5.0 RECORD RETENTION

10CFR Part 21 Evaluation Reports and NRC notification documentation shall be maintained as lifetime QA records.

6.0 REFERENCES

QAP 15.01, Nonconformance Reports

7.0 EXHIBITS

Exhibit 1 - 10 CFR Part 21, Reporting of Defects and Nonconformance
Exhibit 2 - Energy Reorganization Act of 1974, Section 206, Noncompliance
Exhibit 3 - 10 CFR Part 21 Evaluation Report, QA-15.02.1

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PART 21—REPORTING OF DEFECTS AND NONCOMPLIANCE*

[¶ 6401]

General Provisions

Sec.
21.1 Purpose.
21.2 Scope.
21.3 Definitions.
21.4 Interpretations.
21.5 Communications.
21.6 Posting requirements.
21.7 Exemptions.
21.8 Information collection requirements.

Notification

Sec.
21.21 Notification of failure to comply or existence of a defect.

Procurement Documents

21.31 Procurement documents.

Inspections, Records

21.41 Inspections.
21.51 Maintenance of records.

Enforcement

21.61 Failure to notify.

† AUTHORITY: Sec. 161, 68 Stat. 948, as amended, sec. 234, 83 Stat. 444, as amended (42 U. S. C. 2201, 2282); secs. 201, as amended, 206, 88 Stat. 1242, as amended, 1246 (42 U. S. C. 5841, 5846).

For the purposes of sec. 223, 68 Stat. 958, as amended (42 U. S. C. 2273): §§ 21.6, 21.21(a), and 21.31 are issued under sec. 161b, 68 Stat. 948, as amended (42 U. S. C. 2201(b)); and §§ 21.21, 21.41, and 21.51 are issued under sec. 161o, 68 Stat. 950, as amended (42 U. S. C. 2201(o)).

GENERAL PROVISIONS

[¶ 6402]

Sec. 21.1. Purpose.—The regulations in this part establish procedures and requirements for implementation of section 206 of the Energy Reorganization Act of 1974. That section requires any individual director or responsible officer of a firm constructing, owning, operating or supplying the components of any facility or activity which is licensed or otherwise regulated pursuant to the Atomic Energy Act of 1954, as amended, or the Energy Reorganization Act of 1974, who obtains information reasonably indicating: (a) That the facility, activity or basic component supplied to such facility or activity fails to comply with the Atomic Energy Act of 1954, as amended, or any applicable rule, regulation, order, or license of the Commission relating to substantial safety hazards or (b) that the facility, activity, or basic component supplied to such facility or activity contains defects, which could create a substantial safety hazard, to immediately notify the Commission of such failure to comply or such defect, unless he has actual knowledge that the Commission has been adequately informed of such defect or failure to comply.

[¶ 6403]

Sec. 21.2. Scope.—The regulations in this part apply, except as specifically provided otherwise in Parts 31, 34, 35, 39, 40, 60, 61, 70, or 72 of this chapter, to each individual, partnership, corporation, or other entity licensed pursuant to the regulations in this chapter to possess, use, and/or transfer within the United States source material, byproduct material, special nuclear material, and/or within the United States. any production or utilization facility or independent spent fuel storage installation, and to each director (see § 21.3(f)) and responsible officer (see § 21.3(j)) of such a licensee. The regulations in this part apply also to each individual, corporation, partnership or other entity doing

* Part 21 was added June 6, 1977, effective July 6, 1977 (42 F. R. 28271). The effective date was extended to August 10, 1977, on July 7, 1977 (42 F. R. 34286).—CCH.

† Citation of Authority as amended effective August 19, 1987 (52 F. R. 31510).—CCH.

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business within the United States, and each director and responsible officer of such organization, that constructs (see § 21.3(c)) a production or utilization facility licensed for manufacture, construction or operation (see § 21.3(h)) pursuant to Part 50 of this chapter or an independent spent fuel storage installation for the storage of spent fuel licensed pursuant to Part 72 of this chapter, or supplies (see § 21.3(l)) basic components (see § 21.3(a)) for a facility or activity licensed, other than for export, under Parts 30, 40, 50, 60, 70, 71, or 72 of this chapter. Nothing in these regulations should be deemed to preclude an individual or a manufacturer/supplier of a commercial grade item (see § 21.3(a-1)) not subject to the regulations in this part from reporting to the Commission a known or suspected defect or failure to comply and, as authorized by law, the identity of anyone so reporting will be withheld from disclosure.[3]

[Sec. 21.2 as amended effective October 19, 1978 (43 F. R. 48621); amended effective November 9, 1978 (43 F. R. 52202); amended effective January 12, 1979 (44 F. R. 2569); amended effective November 5, 1979 (44 F. R. 63515); amended February 25, 1981, effective March 27, 1981 (46 F. R. 13971); amended effective July 14, 1981 (46 F. R. 36118); amended effective December 1, 1981 (46 F. R. 58281); amended effective September 20, 1982 (47 F. R. 41336); amended December 27, 1982, effective January 26, 1983 (47 F. R. 57446); amended effective August 22, 1983 (48 F. R. 38604); amended effective November 12, 1985 (50 F. R. 46631); amended effective October 6, 1985 (51 F. R. 35500); amended March 17, 1987, effective July 14, 1987 (52 F. R. 8241).]

[¶ 6404]

Sec. 21.3. Definitions.—As used in this part. (a)(1) "Basic component," when applied to nuclear power reactors means a plant structure, system, component or part thereof necessary to assure (i) the integrity of the reactor coolant pressure boundary, (ii) the capability to shut down the reactor and maintain it in a safe shutdown condition, or (iii) the capability to prevent or mitigate the consequences of accidents which could result in potential offsite exposures comparable to those referred to in § 100.11 of this chapter.

(2) "Basic component," when applied to other facilities and when applied to other activities licensed pursuant to Parts 30, 40, 50, 60, 61, 70, 71, or 72 of this chapter, means a component, structure, system, or part thereof that is directly procured by the licensee of a facility or activity subject to the regulations in this part and in which a defect (see § 21.3(d)) or failure to comply with any applicable regulation in this chapter, order, or license issued by the Commission could create a substantial safety hazard (see § 21.3(k)).

(3) In all cases "basic component" includes design, inspection, testing, or consulting services important to safety that are associated with the component hardware, whether these services are performed by the component supplier or others.

(4) A commercial grade item is not a part of a basic component until after dedication (see § 21.3(c-1)).

(a-1) "Commercial grade item" means an item that is (1) not subject to design or specification requirements that are unique to facilities or activities

[3] NRC Regional Offices will accept collect telephone calls from individuals who wish to speak to NRC representatives concerning nuclear safety-related problems. The location and telephone numbers (for nights and holidays as well as regular hours) are listed below:

Region
I (Philadelphia) ..... (215) 337-5000
II (Atlanta) ..... (404) 331-4503
III (Chicago) ..... (312) 790-5500
IV (Dallas) ..... (817) 860-8100
IV Uranium Recovery Field Office (Denver) ..... (303) 236-2805
V (San Francisco) ..... (415) 943-3700

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licensed pursuant to part 30, 40, 50, 60, 61, 70, 71, or 72 of this chapter and (2) used in applications other than facilities or activities licensed pursuant to part 30, 40, 50, 61, 70, 71, or 72 of this chapter and (3) to be ordered from the manufacturer/supplier on the basis of specifications set forth in the manufacturer's published product description (for example a catalog).

(b) "Commission" means the Nuclear Regulatory Commission or its duly authorized representatives.

(c) "Constructing" or "construction", means the design, manufacture, fabrication, placement, erection, installation, modification, inspection, or testing of a facility or activity which is subject to the regulations in this part and consulting services related to the facility or activity that are important to safety.

(c-1) "Dedication" of a commercial grade item occurs after receipt when that item is designated for use as a basic component.

(d) "Defect" means:

(1) A deviation (see § 21.3(e)) in a basic component delivered to a purchaser for use in a facility or an activity subject to the regulations in this part if, on the basis of an evaluation (see § 21.3(g)), the deviation could create a substantial safety hazard; or

(2) The installation, use, or operation of a basic component containing a defect as defined in paragraph (d)(1) of this section; or

(3) A deviation in a portion of a facility subject to the construction permit or manufacturing licensing requirements of Part 50 of this chapter provided the deviation could, on the basis of an evaluation, create a substantial safety hazard and the portion of the facility containing the deviation has been offered to the purchaser for acceptance; or

(4) A condition or circumstance involving a basic component that could contribute to the exceeding of a safety limit, as defined in the technical specifications of a license for operation issued pursuant to Part 50 of this chapter.

(e) "Deviation" means a departure from the technical requirements included in a procurement document (see § 21.3(i)).

(f) "Director" means an individual, appointed or elected according to law, who is authorized to manage and direct the affairs of a corporation, partnership or other entity. In the case of an individual proprietorship, "director" means the individual.

(g) "Evaluation" means the process accomplished by or for a licensee to determine whether a particular deviation could create a substantial safety hazard.

(h) "Operating" or "operation" means the operation of a facility or the conduct of a licensed activity which is subject to the regulations in this part and consulting services related to operations that are important to safety.

(i) "Procurement document" means a contract that defines the requirements which facilities or basic components must meet in order to be considered acceptable by the purchaser.

(j) "Responsible officer" means the president, vice-president or other individual in the organization of a corporation, partnership, or other entity who is vested with executive authority over activities subject to this part.

(k) "Substantial safety hazard" means a loss of safety function to the extent that there is a major reduction in the degree of protection provided to

public health and safety for any facility or activity licensed, other than for export, pursuant to Parts 30, 40, 50, 60, 61, 70, 71, or 72 of this chapter.

(l) "Supplying" or "supplies" means contractually responsible for a basic component used or to be used in a facility or activity which is subject to the regulations in this part.

[Sec. 21.3 as corrected July 7, 1977 (42 F. R. 34886); corrected July 18, 1977 (42 F. R. 36803); amended effective October 19, 1978 (43 F. R. 48621); amended February 25, 1981, effective March 27, 1981 (46 F. R. 13971); amended effective December 1, 1981 (46 F. R. 58281); amended December 27, 1982, effective January 26, 1983 (46 F. R. 57446).]

[¶ 6405]

Sec. 21.4. Interpretations.—Except as specifically authorized by the Commission in writing, no interpretation of the meaning of the regulations in this part by any officer or employee of the Commission other than a written interpretation by the General Counsel will be recognized to be binding upon the Commission.

[¶ 6406]

Sec. 21.5. Communications.—Except where otherwise specified in this part, all communications and reports concerning the regulations in this part should be addressed to the Director, Office of Nuclear Reactor Regulation; or Director, Office of Nuclear Material Safety and Safeguards, as appropriate, U. S. Nuclear Regulatory Commission, Washington, DC 20555, or to the Administrator of a Regional Office at the address specified in Appendix D of Part 20 of this chapter. Communications and reports also may be delivered in person at the Commission's offices at 1717 H Street NW., Washington, DC; at 7920 Norfolk Avenue, Bethesda, MD; or at a Regional Office at the location specified in Appendix D of Part 20 of this chapter.

[Sec. 21.5 as amended effective August 19, 1987 (52 F. R. 31610).]

[¶ 6407]

Sec. 21.6. Posting requirements.—Each individual partnership, corporation or other entity subject to the regulations in this part, shall post current copies of the following documents in a conspicuous position on any premises, within the United States where the activities subject to this part are conducted (1) the regulations in this part, (2) Section 206 of the Energy Reorganization Act of 1974, and (3) procedures adopted pursuant to the regulations in this part.

If posting of the regulations in this part or the procedures adopted pursuant to the regulations in this part is not practicable, the licensee or firm subject to the regulations in this part may, in addition to posting section 206, post a notice which describes the regulations/procedures, including the name of the individual to whom reports may be made, and states where they may be examined.

The effective date of this section has been deferred until January 6, 1978.

[¶ 6407a]

Sec. 21.7. Exemptions.—The Commission may, upon application of any interested person or upon its own initiative, grant such exemptions from the requirements of the regulations in this part as it determines are authorized by law and will not endanger life or property or the common defense and security and are otherwise in the public interest. Suppliers of commercial grade items are exempt from the provisions of this part to the extent that they supply commercial grade items.

[Sec. 21.7 as amended effective October 19, 1978 (43 F. R. 48621).]

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[¶ 6407b]

Sec. 21.8. Information collection requirements: OMB approval.—(a) The Nuclear Regulatory Commission has submitted the information collection requirements contained in this part to the Office of Management and Budget (OMB) for approval as required by the Paperwork Reduction Act of 1980 (44 U. S. C. 3501 et seq.). OMB has approved the information collection requirements contained in this part under control number 3150-0035.

(b) The approved information collection requirements contained in this part appear in §§ 21.21 and 21.51.

[Sec. 21.8 as added May 9, 1984 (49 F. R. 19623).]

NOTIFICATION

[¶ 6408]

Sec. 21.21. Notification of failure to comply or existence of a defect.—(a) Each individual, corporation, partnership or other entity subject to the regulations in this part shall adopt appropriate procedures to (1) provide for (i) evaluating deviations or (ii) informing the licensee or purchaser of the deviation in order that the licensee or purchaser may cause the deviation to be evaluated unless the deviation has been corrected; and (2) assure that a director or responsible officer is informed if the construction or operation of a facility, or activity, or a basic component supplied for such facility or activity:

(i) Fails to comply with the Atomic Energy Act of 1954, as amended, or any applicable rule, regulation, order or license of the Commission relating to a substantial safety hazard, or

(ii) Contains a defect. The effective date of this paragraph has been deferred until January 6, 1978.

(b)(1) A director or responsible officer subject to the regulations of this part or a designated person shall notify the Commission when he obtains information reasonably indicating a failure to comply or a defect affecting (i) the construction or operation of a facility or an activity within the United States that is subject to the licensing requirements under Parts 30, 40, 50, 60, 61, 70, 71, or 72 of this chapter and that is within his organization's responsibility or (ii) a basic component that is within his organization's responsibility and is supplied for a facility or an activity within the United States that is subject to the licensing requirements under Parts 30, 40, 50, 60, 61, 70, 71, or 72 of this chapter. The above notification is not required if such individual has actual knowledge that the Commission has been adequately informed of such defect or such failure to comply.

(2) Initial notification required by this paragraph must be made within 2 days following receipt of the information. Notification must be made to the Director, Office of Nuclear Reactor Regulation, or Director, Office of Nuclear Material Safety and Safeguards, as appropriate, U. S. Nuclear Regulatory Commission, Washington, DC 20555, or to the Administrator of a Regional Office. If initial notification is by means other than written communication, a written report must be submitted to the appropriate Office within 5 days after the information is obtained. Three copies of each report must be submitted to the Director, Office of Nuclear Reactor Regulation, or Director, Office of Nuclear Material Safety and Safeguards, as appropriate.

(3) The written report required by this paragraph shall include, but need not be limited to, the following information, to the extent known:

(i) Name and address of the individual or individuals informing the Commission.

(ii) Identification of the facility, the activity, or the basic component supplied for such facility or such activity within the United States which fails to comply or contains a defect.

(iii) Identification of the firm constructing the facility or supplying the basic component which fails to comply or contains a defect.

(iv) Nature of the defect or failure to comply and the safety hazard which is created or could be created by such defect or failure to comply.

(v) The date on which the information of such defect or failure to comply was obtained.

(vi) In the case of a basic component which contains a defect or fails to comply, the number and location of all such components in use at, supplied for, or being supplied for one or more facilities or activities subject to the regulations in this part.

(vii) The corrective action which has been, is being, or will be taken; the name of the individual or organization responsible for the action; and the length of time that has been or will be taken to complete the action.

(viii) Any advice related to the defect or failure to comply about the facility, activity, or basic component that has been, is being, or will be given to purchasers or licensees.

(4) The director or responsible officer may authorize an individual to provide the notification required by this paragraph, provided that, this shall not relieve the director or responsible officer of his or her responsibility under this paragraph.

(c) Individuals subject to paragraph (b) may be required by the Commission to supply additional information related to the defect or failure to comply.

[Sec. 21.21 as amended February 25, 1981, effective March 27, 1981 (46 F. R. 13971); amended effective December 1, 1981 (46 F. R. 58281); amended December 27, 1982, effective January 26, 1983 (47 F. R. 57446); amended effective August 19, 1987 (52 F. R. 31610).]

PROCUREMENT DOCUMENTS

[¶ 6409]

Sec. 21.31. Procurement documents.—Each individual, corporation, partnership or other entity subject to the regulations in this part shall assure that each procurement document for a facility, or a basic component issued by him, her or it on or after January 6, 1978 specifies, when applicable, that the provisions of 10 CFR Part 21 apply.

INSPECTION, RECORDS

[¶ 6410]

Sec. 21.41. Inspections.—Each individual, corporation, partnership or other entity subject to the regulations in this part shall permit duly authorized representatives of the Commission, to inspect its records, premises, activities, and basic components as necessary to effectuate the purposes of this part.

[¶ 6411]

Sec. 21.51. Maintenance of records.—(a) Each licensee of a facility or activity subject to the regulations in this part shall maintain such records in

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connection with the licensed facility or activity as may be required to assure compliance with the regulations in this part.

(b) Each individual, corporation, partnership, or other entity subject to the regulations in this part shall prepare records in connection with the design, manufacture, fabrication, placement, erection, installation, modification, inspection, or testing of any facility, basic component supplied for any licensed facility or to be used in any licensed activity sufficient to assure compliance with the regulations in this part. After delivery of the facility or component and prior to the destruction of the records relating to evaluations (see § 21.3(g)) or notifications to the Commission (see § 21.21), such records shall be offered to the purchaser of the facility or component. If such purchaser determines any such records:

(1) Are not related to the creation of a substantial safety hazard, he may authorize such records to be destroyed, or

(2) Are related to the creation of a substantial safety hazard, he shall cause such records to be offered to the organization to which he supplies basic components or for which he constructs a facility or activity.

If such purchaser is unable to make the determination as required above then the responsibility for making the determination shall be transferred to the individual, corporation, partnership, or other entity subject to the regulations in this part that issued the procurement document to the purchaser. In the event that the determination cannot be made at that level then the responsibility shall be transferred in a similar manner to another individual, corporation, partnership, or other entity subject to the regulations in this part, until, if necessary, the licensee shall make the determination.

(c) Records that are prepared only for the purpose of assuring compliance with the regulations in this part and are not related to evaluations or notifications to the Commission may be destroyed after delivery of the facility or component.

(d) The effective date of the section has been deferred until January 6, 1978.

ENFORCEMENT

[¶ 6412]

Sec. 21.61. Failure to notify.—Any director or responsible officer subject to the regulations in this part who knowingly and consciously fails to provide the notice required by § 21.21 shall be subject to a civil penalty equal to the amount provided by section 234 of the Atomic Energy Act of 1954, as amended.

[Sec. 21.61 as amended effective February 20, 1981 (46 F. R. 13202); amended effective May 9, 1984 (49 F. R. 19623).]

———CCH———

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NONCOMPLIANCE

Section 206,

(a) Any individual director, or responsible officer of a firm constructing, owning, operating, or supplying the components of any facility or activity which is licensed or otherwise regulated pursuant to the Atomic Energy Act of 1954 as amended, or pursuant to this Act, who obtains information reasonably indicating that such facility or activity or basic components supplied to such facility or activity-

(1) Fails to comply with the Atomic Energy Act of 1954, as amended, or any applicable rule, regulation, order, or license of the Commission relating to substantial safety hazards, or

(2) Contains a defect which could create a substantial safety hazard, as defined by regulations which the Commission shall promulgate, shall immediately notify the Commission of such failure to comply, or of such defect, unless such person has actual knowledge that the Commission has been adequately informed of such defect or failure to comply.

(b) Any person who knowingly and consciously fails to provide the notice required by subsection (a) of this section shall be subject to a civil penalty in an amount equal to the amount provided by section 234 of the Atomic Energy Act of 1954, as amended.

(c) The requirements of this section shall be prominently posted on the premises of any facility licensed or otherwise regulated pursuant to the Atomic Energy Act of 1954, as amended.

(d) The Commission is authorized to conduct such reasonable inspections and other enforcement activities as needed to insure compliance with the provisions of this section.

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EXHIBIT 3

10CFR21 EVALUATION REPORT

REPORT NUMBER: _____

REFERENCE NRC NUMBER: _____

DESCRIPTION OF DEFICIENCY: _____

_____

_____

_____

DESCRIPTION OF HAZARD: _____

_____

_____

_____

REPORTABLE PER 10 CFR PART 21: YES: _____ NO: _____

JUSTIFICATION: _____

_____

_____

_____

_____

_____

COMPLETED BY: _____ DATE: _____

USE FORM QA-15.02.1 - 6-90 1676f

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QAP 16.01 - ADMINISTRATION OF CORRECTIVE ACTION REQUESTS (CARs)

1.0 PURPOSE

This Quality Assurance Procedure (QAP) defines the requirements for the administration of Corrective Actions Requests (CARs). It defines when to use a Corrective Action Request (CAR); the CAR numbering, distribution and follow-up procedures, and the requirements for CAR logging, status reporting and recordkeeping.

2.0 APPLICABILITY

This QAP applies to all quality-related activities performed by or for US Ecology.

3.0 DEFINITIONS

Corrective Action - Measures taken to rectify conditions adverse to quality and, where necessary, to preclude repetition.

Corrective Action Request - The means to document and report significant conditions adverse to quality, the cause of the conditions, and the corrective action taken to preclude repetition to immediate management and upper levels of management. CARs may be originated by all department managers, facility managers, and technical personnel assigned project oversite responsibilities.

4.0 INSTRUCTIONS

4.1 Identification of Significant Conditions Adverse to Quality

4.1.1 The QA Manager shall routinely review nonconformance reports and audit findings and determine the need to issue

CARs to appropriate levels of management and suppliers for significant conditions adverse to quality. The following are considered significant conditions:

- o Conditions that are not corrected in a timely manner or are not anticipated to be corrected.
- o Conditions where prior corrective action has not been effective.
- o Recurrent or continuing conditions based on reviews.
- o Conditions requiring corrective action that involve more than one department and/or project.
- o Conditions which, if not immediately corrected, would result in acceptance of work being withheld or could result in a stop work order.

4.1.2 The QA Manager shall establish and maintain a log of CARs which identifies the CAR number, responsible manager, due date and status. The CAR status shall be updated based on input provided by the manager or subcontractor responsible for implementing corrective action.

4.1.3 The CAR originator shall prepare a CAR (Exhibit 1) upon identification of a condition that falls into one of the categories (Paragraph 4.1.1), obtain supervisors approval and forward to the Quality Assurance Department.

4.1.4 The Quality Assurance Department shall:

- o Review CAR description
- o Determine CAR actionee and organization
- o Assign a CAR number from the CAR log

- o Complete "Reference Document" section, if applicable.
- o Provide concurrence signature and date
- o Indicate CAR distribution
- o Issue CAR and make distribution.

4.1.5 CARs shall be numbered as follows:

A. The letter "C" to designate CAR;

B. Two digits to designate the calendar year;

C. A number to designate sequentially the CARs issued.

4.1.6 CARs requiring action by suppliers or contractors shall be routed through the QA Manager to the Purchasing Agent to request action by the supplier or contractor.

4.2 Response and Corrective Action for Corrective Action Requests

4.2.1 The Actionee or Designee shall:

- o Indicate the root cause if it can be determined.
- o Identify actions required to correct similar conditions as appropriate.
- o Specify corrective action taken or to be taken to prevent recurrence.
- o Specify when corrective action(s) will be implemented.
- o Sign, date, and return to the Quality Assurance Department for concurrence.

4.2.2 If the CAR involves action from a vendor/subcontractor, the Purchasing Agent is responsible for coordinating the CAR and obtaining an appropriate response and commitment to corrective action. The CAR may be forwarded to the supplier or contractor for recording the cause, the corrective action, and signature/date or the Purchasing Agent or Cognizant Manager shall obtain the required information, record it on the CAR and sign/date the CAR for the supplier or contractor. After completing the response section of the CAR, the CAR shall be forwarded, via the originator, to the QA Manager for approval. If the originator is other than the QA Manager, the originator shall review the response to the CAR within one week of receipt and forward to the QA Manager with recommendation on acceptability.

4.2.3 If acceptable, the QA Manager or Designee shall sign the concurrence block on the CAR and return the CAR to the Actionee or Purchasing Agent. If unacceptable, the CAR originator shall review the response with the Cognizant Manager to arrive at an acceptable response. Unacceptable responses from vendors are communicated to the vendors by Purchasing. If agreement can not be achieved, the CAR is elevated to the next higher level of management either within US Ecology or within the vendor's organization.

4.2.4 For internal CARs, the Cognizant Manager shall sign/date the "Corrective Action Completed" block on the CAR and forward the form to the CAR Originator when the corrective action is complete. For external CARs, the Cognizant Manager or Purchasing Agent shall perform this function.

4.3 Follow-up and Close-out of Corrective Action Requests

4.3.1 The QA Manager shall review the status of open CARs monthly and discuss them with the Cognizant Manager or the Purchasing Agent to obtain justification for overdue CARs. If there is insufficient justification, the CAR will be elevated as in Section 4.2.3.

4.3.2 The QA Manager or designee shall verify implementation and completion of the corrective action. Verification of corrective action on supplier or contractor CARs shall be coordinated with the Cognizant Manager or Purchasing Agent. If satisfactory, the QA Manager or designee shall indicate the method of verification in the "Verification Method" section of the CAR, sign/date the adjacent line, and have copies of the completed CAR forwarded to the original distribution including the QA files.

4.3.3 When a CAR is voided for any reason the CAR shall be noted as "void" on the CAR log and on the its face and include a brief statement explaining why the CAR was voided. A copy of the voided CAR shall be sent to the organization to whom the original was sent. The original voided CAR shall be maintained with the CAR records.

4.4 CAR Records

The QA Manager shall establish and maintain a file of CARs and associated documentation.

5.0 RECORD RETENTION

Closed Corrective Action Requests (CARs) and associated documentation shall be retained in the project files for subsequent processing as lifetime records.

6.0 REFERENCES

None

7.0 EXHIBITS

Exhibit 1 - Form QA-16.01.1, Corrective Action Request

1104f

EXHIBIT 1

CORRECTIVE ACTION REQUEST	C.A.R. NO.	DATE
TO (ACTIONEE)	ORGANIZATION	REFERENCE DOCUMENT(S)

1. DESCRIPITION: The following adverse condition is brought to your attention. Complete PART 2 and return the form to the Quality Assurance Dept.

QA Concurrence / Date

DUE Date _____
(Cause and Corrective Action)

2. CAUSE AND CORRECTIVE ACTION: Actionee to indicate the root cause if it can be determined, specify corrective action taken or to be taken (include schedule) to correct the cause and to prevent recurrence of the problem.

Signature / Date
(Return CAR to QA)

3. QA CONCURRENCE:

Signature / Date

4. CORRECTIVE ACTION COMPLETED:

Signature / Date

5. CORRECTIVE ACTION VERIFIED:

Signature / Date

DISTRIBUTION:

FORM QA-16.01.1-9/90

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US ECOLOGY, INC. PROCEDURE	NUMBER: QAP-17.01
	REVISION NUMBER: 2
TITLE:	EFFECTIVE DATE: 9/17/04
RECORDS MANAGEMENT AND CONTROL	PAGE 1 OF 11

Prepared By:

Douglas Greffin Date: 9/14/04
Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Reviewed And Approved By:

Date: 14 Sep 04
Michael R. Ault
Facility Manager

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US ECOLOGY, INC.
PROCEDURE CHANGE RECORD

TITLE: **RECORDS MANAGEMENT AND CONTROL**

PROCEDURE NUMBER: QAP 17.01

REVISION NUMBER: 2

PAGE/PARAGRAPH AFFECTED: ALL

TABLE OF CONTENTS

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APPENDICES

A RECORDS INDEX AND FILE DESIGNATION CODES
B RECORDS TRANSFER FORM
C RECORDS RETENTION SCHEDULE
D RECORDS CHECKOUT LOG
E RECORDS DESTRUCTION NOTIFICATION/AUTHORIZATION RECORD

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1.0 PURPOSE

The purpose of this procedure is to define requirements for receipt, storage and control of US Ecology (USE) records.

2.0 SCOPE

This procedure applies to records that provide documentary evidence of quality related and regulatory compliance activities. Administrative records, such as, Financial, Human Resources, and Legal should be processed in accordance with the requirements of this procedure.

3.0 REFERENCES

3.1 ASME NQA-1 - 1994, Quality Assurance Program Requirements for Nuclear Facility Applications.

3.2 NUREG-1293-Rev 1, Quality Assurance Guidance for a Low-Level Radioactive Waste Disposal facility

3.3 American Nuclear Insurers Information Bulletin 80-1A, Revision 5, Nuclear Liability Insurance Records Retention

4.0 DEFINITIONS

4.1 Administrative Records: Those records which are associated with administrative functions but do not meet the criteria for classification as Quality or Regulatory Compliance records. These records are in connection with business transactions and warrant retention because of their informational value.

4.2 Dual Record Storage: A storage facility designed to meet the intent of ASME NQA-1, Basic Requirement 17, Supplement 17S-1, Quality Assurance Records, Section 4.4.4.

4.3 Quality Records: Those records that furnish documentary evidence of the quality of items and of activities affecting quality. For the purpose of this procedure, a document is considered a quality record when the document is complete. Quality records are further defined as lifetime or nonpermanent records, as follows:

4.3.1 Lifetime: Lifetime records are required to be maintained by or for the plant owner for the life of the particular item while it is installed in the plant or stored for future use. Lifetime records are those which meet one or more of the following criteria:

4.3.1.1 Those which would be of significant value in demonstrating capability for safe operation;

4.3.1.2 Those which would be of significant value in maintaining, reworking, repairing, replacing, or modifying the item;

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4.3.1.3 Those which would be of significant value in determining the cause of an accident or malfunction of an item;

4.3.1.4 Those that provide required baseline data for in-service inspection.

4.3.2 Nonpermanent: Nonpermanent records are those required to show evidence that an activity was performed in accordance with the applicable requirements but need not be for the life of the item because they do not meet the criteria prescribed for lifetime records.

4.4 Record Validation: Documents shall be considered valid records only if stamped, initialed, or signed and dated by authorized personnel or otherwise authenticated. This authentication may take the form of a statement by the responsible individual or organization. Handwritten signatures are not required if the document is clearly identified as a statement by the reporting individual or organization. These records may be originals or reproduced copies.

4.5 Regulatory Compliance Records: Those records that are required to be maintained by regulatory agencies (e.g., Department of Health, Occupational Safety and Health Administrative, Department of Ecology).

4.6 Single Records Storage: A storage facility designed to meet the intent of ASME NQA-1, Basic Requirement 17, Supplement 17S-1, Quality Assurance Records, Section 4.4.1.

4.7 Temporary Records Storage: When temporary storage of records (such as for processing, review, or use) is required, the records shall be stored in one (1) hour fire rated cabinets, for no longer than 25 months following calendar year end. (Example: Records dated 2/04 shall to be removed from temporary storage status no later than 01/31/06). Fire rated file cabinets shall bear a minimum of a UL label (or equivalent) certifying one (1) hour fire protection or be certified by a person competent in the technical field of fire protection.

5.0 RESPONSIBILITIES

5.1 The Quality Assurance and Regulatory Compliance Coordinator is responsible for:

5.1.1 Administration of the records management process;

5.1.2 Assigning a Document Control Specialist (DCS) to implement the applicable requirements of this procedure; and

5.1.3 Approval of satellite record storage locations.

5.2 The DCS, or Designee, is responsible for implementation of this procedure when processing and controlling records. The DCS controls, issues, and maintains US Ecology operating procedures, instructions, policies or other controlled

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documents. Distribution of controlled documents shall be maintained in accordance with procedure QAP 5.01.

5.3 Department Managers, or Designees, are responsible for complying with the requirements of this procedure when generating and submitting records to Document Control.

In the case of satellite storage facilities, Department Managers are responsible for the implementation of this procedure as it applies to the satellite location under their direction.

5.3 Employees generating Quality and/or Regulatory Compliance records are responsible for complying with the requirements of this procedure regarding completion, submittal, retrieval and return of records to Document Control.

6.0 RECORDS

6.1 Appendix A: Records Index and File Designation Codes shall be maintained as a part of this procedure and updated with each revision. A working copy of the Records Index and File Designation Codes shall be maintained and updated routinely by the DCS. Appendix A shall be retained for Life of Facility (LF).

6.2 Appendix B: Records Transfer Form shall be retained for a period of two (2) years.

6.3 Appendix C: Records Retention Schedule shall be maintained as a part of this procedure. A working copy shall be updated and available as needed.

6.4 Appendix D: Records Checkout Log shall be maintained for a period of one year.

6.5 Appendix E: Records Destruction Notification/Authorization Form shall be considered a quality record when complete and shall be maintained for the life of the facility plus 10 years.

7.0 PROCEDURE/REQUIREMENTS

7.1 General

7.1.1 Storage Facility

7.1.1.1 Record storage facilities shall have a suitable environment to minimize the risk of damage or destruction from;

7.1.1.1.1 Natural disasters such as fires, floods, winds; or

7.1.1.1.2 Environmental conditions such as temperature and humidity extremes;

7.1.1.1.3 Infestation from rodents, mold and insects.

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7.1.1.2 Quality Records shall be stored in accordance with single and/or dual records storage requirements as defined in NQA-1, 1994.

7.1.1.3 The records storage facility and/or cabinets, as appropriate, shall be locked at all times when unattended.

7.1.2 Indexing/Filing System

7.1.2.1 The records indexing and filing system should be organized in accordance with Appendix A, Records Index and File Designation Codes.

7.1.2.2 Quality related records indexed in accordance with previous revisions of this procedure, should adopt the indexing system established in this revision.

7.1.2.3 The indexing/file designation code format is structured to include but is not limited to the following:

A two (2) digit (alpha) entity identifier followed by a hyphen and a two (2) digit (numeric) category identifier, a decimal and then a three (3) digit numeric sub category identifier. Indexes should be organized alphabetically by title and/or chronologically as much as practical. See Appendix A.

Example 1: Human Resources (HR)

HR-17. Human Resources

HR-17.100 = Personnel Records

HR–17.102 = Personnel Action Form

HR-17.120 = Travel Authorization

Example 2: Document Control (DC)

DC-15 Document Control

DC-15.000 = 10CFR50, Appendix B QA Program

DC-15.295 = QA Manuals

DC-15.345 = Signature Logs

7.1.2.4 The DCS with the assistance of the appropriate Department Manager/or designee shall develop and assign record file destination codes.

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7.1.2.5 The DCS shall periodically update Appendix A.

7.1.3 Records Media

7.1.3.1 Records may be the original, a legible reproducible/microfilmable copy, or a reproduced copy from microfilm or Compact Disk (CD), and only if such reproduced copy of microfilm/CD is duly authenticated by authorized personnel (i.e., originator or DCS), and the microfilm/CD image is capable of producing a clear and legible copy for storage.

7.2 Records Processing and Control

7.2.1 Generation/Submittal

7.2.1.1 Department Managers, or designee, shall ensure that Quality/Regulatory Compliance records are:

7.2.1.1.1 Legible, reproducible (CD imaging, xerography and/or microfilm), authenticated, and technically/administratively complete upon submittal to Document Control or a satellite records storage facility;

7.2.1.1.2 Submitted via a completed Appendix B, Records Transfer Form for each form/package/box of records; and

7.2.1.1.3 Submitted to the appropriate storage location within one month of authentication unless specifically addressed by controlling procedure.

7.2.1.2 Nonpermanent and/or non-Quality/Regulatory Compliance records being stored for retention purposes should be stored and clearly labeled identifying its contents.

7.2.1.3 All records submitted to Document Control shall be presented in an orderly fashion (i.e., alphabetical, numerical, chronological by date).

7.2.1.4 All handwritten records and/or record entries shall be completed in black or blue indelible ink.

7.2.1.5 Document Control shall maintain a Signature Log containing appropriate signatures (i.e., employees required to complete a Quality Record). The Signature Log shall consist of the employee's printed name, signature and initials

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7.2.2 Records Corrections/Supplements

7.2.2.1 Corrections to records shall be made by the responsible individual, or in their absence, the Department Manager, or designee, may make the correction or change (or the DCS when authorized) for the original entry as follows:

7.2.2.1.1 Incorrect data or entries are to be lined through with a single line, initialed and dated in such a manner as to leave the incorrect entry legible when changes are made; and

7.2.2.1.2 Information added to records after the authentication signature date shall be initialed and dated.

7.2.2.1.3 The use of correction fluid or tape is prohibited.

7.2.3 Records Receipt

7.2.3.1 Upon receipt of records the DCS shall:

7.2.3.1.1 Ensure that the records submitted are those records identified on the Records Transfer Form;

7.2.3.1.2 Verify that records are legible and complete; and

7.2.3.1.3 Signify acceptance of the records in the appropriate space on the Records Transfer Form.

7.2.4 Records Storage/Retention

7.2.4.1 The record retention schedule as depicted in this procedure is not intended to be an all-inclusive list of USE records.

7.2.4.2 The DCS shall maintain indices for each record category, and should periodically update the indices as records are received.

7.2.4.3 The DCS should file records promptly upon receipt, and records shall be placed in folders or other packaging as appropriate for storage.

7.2.4.4 Special processed records (such as radiographs, photographs, negatives, and microfilm) which are light sensitive shall be packaged and stored by the DCS as recommended by the manufacture and/or in accordance with applicable industry standards.

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7.2.5 Records Retrieval/Return

7.2.5.1 Employees should return all Quality/Regulatory Compliance records no later than the end of the shift, unless other arrangements have been made with the document custodian.

7.2.5.2 Maintaining record control shall be via Appendix D, Records Checkout Log that contains the following information:

7.2.5.2.1 Identification of record;

7.2.5.2.2 Check columns for Quality, Administrative, or Regulatory Compliance;

7.2.5.2.3 Checkout date;

7.2.5.2.4 Printed name of recipient;

7.2.5.2.5 Date returned; and

7.2.5.2.6 Signature of the DCS acknowledging return of record.

7.2.5.3 A "Out-Card" should be placed in the "checked out" record storage location.

7.2.5.4 Upon return of a record/file, it shall be visually checked for completeness (i.e., total pages, damage, etc.), and documented on the Records Checkout Log as returned. The "Out-Card" shall be removed and the document returned to its' proper location.

7.2.5.5 Proprietary and training records are not to be removed from Document Control without proper authorization.

7.2.5.6 DCS shall restrict access to proprietary and training records as follows:

7.2.5.6.1 Proprietary records may only be accessed by Department Managers, General Manager or equivalent, and by persons given authorization by the Department Manager or General Manager.

7.2.5.6.2 Department Managers and Auditors may access training records, all others shall be authorized by the General Manager or Department Manager on a case by case basis.

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7.2.5.7 DCS should review record indices annually to determine which records are scheduled for destruction.

7.2.5.8 The DCS shall notify the applicable Department Manager of the intent to destroy records via the Records Destruction Notification/Authorization Form.

7.2.5.9 The Department Manager and Quality Assurance Manager shall signify approval and/or exception to the destruction of records on the Records Destruction Notification/Authorized Form. Additional approves may also be incorporated on Appendix E.

7.2.5.10 Records shall be destroyed by the DCS or designee upon receipt of an approved/authorized Records Destruction Notification/Authorization Form.

7.2.5.11 Proprietary and/or confidential records shall be destroyed in a manner that will preclude regeneration.

7.2.5.12 The DCS shall certify completion of record destruction activities on the Records Destruction Notification/Authorization Form.

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RECORDS INDEX AND FILE DESIGNATION CODES

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Records Transfer Form

To Be Completed By The Department Manager or Designee

Description of Record(s):_____

_____

Record/File Destination Number:_____

(Reference Appendix A)

Record/File Destination Title:_____

(Reference Appendix A)

Date sent to Document Control:_____

Total number of pages:_____

Department:_____

Submitted by:_____

(Name/Signature)

Comments:_____

_____

_____

To Be Completed By Document Control

Received by:_____ Date:_____

Notes: _____

_____

_____

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Appendix D

Records Checkout Log

Records Identification	Date Checked Out	Name of Recipient	Return Date	DCS Receipt

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Appendix C
Record Retention Schedule

Designation	Name	Retention (yrs)	Comments
AF-10.000	Accounts Payable Daily Document List	AV	
AF-10.005	Advice of Entry	AV	
AF-10.010	Alex	AV	
AF-10.015	Asset and Depreciation Register	AV	
AF-10.020	Audit	7	
AF-10.025	Bank Account Closed	7	
AF-10.030	Bank Statement	7	
AF-10.035	Banking Files	7	
AF-10.040	Bill of Lading	1	
AF-10.045	Billing Memo/Recap/Report	AV	
AF-10.050	Billing Register - H.O. Billing to Field	AV	
AF-10.055	Billing to Client	3	
AF-10.060	Billing, Outgoing Non-Client	3	
AF-10.070	Cash Forecast	AV	
AF-10.075	Cash Receipt and Journal	7	
AF-10.080	Chart of Accounts	AV	
AF-10.085	Check Register - All Field	7	
AF-10.090	Check - Cancelled and Voided	7	
AF-10.095	Collections	7	
AF-10.100	Commitment and Liquidation Worksheet	AV	
AF-10.105	Correspondence and E-Mail - Joint Venture	AV	
AF-10.110	Correspondence and E-Mail - Surety Bond	AV	
AF-10.115	Correspondence and E-Mail - Vendor	AV	
AF-10.120	Copies of Checks	7	
AF-10.125	Correspondence, Memos and E-Mail - Project Accounting to H.O./Division	AV	
AF-10.130	Daily Cash - Wire Report	AV	
AF-10.135	Deposit - Bank	7	
AF-10.140	Detail Cost Forecast	AV	
AF-10.145	Detail Profit and Loss Forecast	AV	
AF-10.148	Disposal Rates	AV	
AF-10.150	Employee Accounts Receivable	3	
AF-10.155	Employee Stock Purchase	5	
AF-10.195	Equipment Leased To	AV	
AF-10.200	Equipment Ledger - Joint Venture and Subsidiaries	AV	
AF-10.205	Financial Statement Year End - Final - Project	7	
AF-10.210	Equipment Sold Report	LE+1	
AF-10.215	Equipment Time Record Sheets	AV	
AF-10.220	Expense Account	3	
AF-10.240	Form 1099 Misc. for Subcontractor	3	
AF-10.245	Form 10K	7	
AF-10.250	Form 10Q - Quarterly Report	7	
AF-10.300	Garnishment - Wages	AV	
AF-10.305	General Accounting Finance	7	

Retention Codes
AV = As long as administratively Valuable
EL = Employment Life
LF = Life of Facility
LE = Life of Equipment
LP = Life of Policy
PL = Project Life
US = Until Superseded

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Designation	Name	Retention (yrs)	Comments
AF-10.308	General Accounting - Fund 125 & Fund 500	LP+10	Washington Dept. of Ecology Letter Showing Fund Amounts
AF-10.310	General Accounts Payable	3	
AF-10.315	General Accounts Receivable	3	
AF-10.320	General Operating Ledger - Project	3	
AF-10.325	General Insurance	3	
AF-10.330	General Ledger -Trial Balance	3	
AF-10.335	General Ledger	3	
AF-10.340	General -Operating Ledger	7	
AF-10.345	Governmental Accounting	7	
AF-10.360	Group Benefits - Including 401(k) and ESOP	7	
AF-10.365	Group Insurance, Medical/Dental, Life/LTD/PAI/GUL	7	
AF-10.500	Income Statement and Balance Sheet	7	
AF-10.510	Indirect Rates for Overhead	7	
AF-10.525	Interest	7	
AF-10.530	Inter Job Billing	7	
AF-10.535	Invoice - Paid Original	7	
AF-10.550	Job Condition - Cost Report Final	PL+1	
AF-10.555	Job Condition - Cost Summary	PL+1	
AF-10.560	Journal	7	
AF-10.575	Labor and Equipment Utilization Card	AV	
AF-10.580	Letter of Credit	AV	
AF-10.585	Letter of Credit Draw	AV	
AF-10.595	Long-Term Notes	7	
AF-10.600	Marketable Securities - Stock	7	
AF-10.605	Major Equipment Depreciation	LE+1	
AF-10.610	Memos Expense Account	AV	
AF-10.615	Minor Equipment Depreciation	LE+1	
AF-10.625	Purge/Batch Edit - Accounts Payable	AV	
AF-10.690	Reconciliation - Bank	3	
AF-10.695	Refundable Deposit	3	
AF-10.700	Reproduction Order Forms For Documents	AV	
AF-10.705	Request for Funds to Home Office	AV	
AF-10.710	Request for Payment	AV	
AF-10.760	Sales Miscellaneous Items	AV	
AF-10.775	Stock Certificate - Cancelled	3	
AF-10.780	Stock Listing	AV	
AF-10.785	Stock Options - Restricted Stock	3	
AF-10.790	Stockholders - Certified List With Detail Proxies	7	
AF-10.795	Securities Exchange Commission (SEC)	7	
AF-10.800	Stop Payment Report	AV	
AF-10.805	Subcontractor Status Report	AV	
AF-10.810	Subsidiary Ledger	AV	

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Designation	Name	Retention (yrs)	Comments
AF-10.815	Traveler Check Receipt	3	
AF-10.820	Vendor Alpha and Numeric	AV	
AF-10.825	Vendor Master List - Paid File	AV	
AF-10.830	Voucher - Accounts Payable	AV	
AF-10.835	Voucher - Cash - Petty Cash	AV	
AF-10.840	Voucher - Journal	3	
AF-10.850	Work Paper - Accounting	AV	
AF-10.855	Workers Compensation Report	LP+1	
CC-11.000	Client Approvals - General	AV	
CC-11.005	Client Meeting Notes	AV	
CC-11.010	Client Personnel Approvals	AV	
CC-11.015	Client Telecon Reports	AV	
CC-11.020	Client Transmittal Letters	AV	
CC-11.030	Correspondence and E-Mail - Incoming Project	AV	
CC-11.035	Correspondence and E-Mail - Outgoing Project	AV	
CC-11.040	Correspondence - Incoming Client	AV	
CC-11.045	Correspondence - Outgoing Client	AV	
CC-11.100	Letters of Acceptance - P.O.'s and Subcontract Agreements	PL+1	
CC-11.105	License Application - Including Renewals	LP+10	
CC-11.130	Memos, Faxes and E-Mails - Incoming	AV	
CC-11.135	Memos, Faxes and E-Mails - Outgoing	AV	
CC-11.145	Project Policy and Instructions	PL+1	
CM-13.000	Audit - Client/Owner	PL+1	
CM-13.050	Contract Ceiling	AV	
CM-13.060	Contract Change Orders and Amendments - Approved Original	PL+1	
CM-13.065	Contract Change Orders - Proposed	AV	
CM-13.070	Contract Change Request, Change Notices and Variation Order	PL+1	
CM-13.075	Contract Clarification	PL+1	
CM-13.080	Contract With Client	PL+1	
CM-13.090	Correspondence - Pre-Contract	PL+1	
CM-13.095	Delivery Orders - Authorization For Funding and Letter of Commitment	PL+1	
CM-13.100	Design Criteria - Build Only	LP+1	
CM-13.110	Successful Estimate, Baseline - As-Bid Drawings and Specifications - Successful	LP+10	
CM-13.115	Estimate, Baseline - With Bid Book - Successful	PL+1	
CM-13.150	File Index - Project	PL+1	
CM-13.170	Negotiation File - Pre-Contract	PL+1	
CM-13.175	Notice of Contract Non-Compliance	PL+1	
CM-13.180	Notice to Proceed	PL+1	

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CM-13.205	Project Procedure/Manual	LP+1	
CM-13.220	Proposal - AEC to Client - Successful	PL+1	
CM-13.260	Scope of Work - Original	PL+1	
CM-13.280	Start-Up - Mobilization	PL+1	
CM-13.300	Time Extension - Construction Delays	PL+1	
CO-12.000	Certified Payroll - Contractors	7	
CO-12.005	Certified Payroll - Subcontractors	7	
CO-12.010	Construction Bid Tabulations	PL+1	
CO-12.020	Construction Coordination Meetings With Owner	PL+1	
CO-12.025	Construction Delays - Time Extensions	PL+1	
CO-12.030	Construction Management Meetings - Staff and Other	PL+1	
CO-12.035	Construction Progress - Schedules	PL+1	
CO-12.040	Construction Reports	LP+10	
CO-12.045	Contract Milestones	PL+1	
CO-12.050	Contractor Daily Reports	PL+1	
CO-12.055	Contractor Engineering Proposal	PL+1	
CO-12.060	Contractor Performance Reports	PL+1	
CO-12.065	Contractor Progress Payments	PL+1	
CO-12.070	Contractor Supplied Equipment - Materials	PL+1	
CO-12.075	Contractor Work Area Access - Full/Partial NTP	PL+1	
CO-12.080	Contractor's Work Program	PL+1	
CO-12.085	Correspondence, Memos and E-Mails - Construction - Process Facility	PL+1	
CO-12.100	Daily Report - Subcontractor Foreman's	PL+1	
CO-12.110	Design Criteria - Design/Build	LP+10	
CO-12.150	Field Survey Book	PL+1	
CO-12.190	Force Account Work	AV	
CO-12.200	Minor Clarification Field Change	PL+1	
CO-12.230	Payroll - Subcontractor's	7	
CO-12.245	Photographs - Construction Project Progress	PL+1	
CO-12.255	Pre-Construction Meetings With Contractor	PL+1	
CO-12.260	Construction Procedures	PL+1	
CO-12.265	Contractor's Procedure/Manual	PL+1	
CO-12.270	Progress/Status Meetings With Contractors	PL+1	
CO-12.275	Project Close-Out Report	PL+1	
CO-12.280	Project Organization Chart	PL+1	
CO-12.290	Resident Engineer Designations	PL+1	
CO-12.295	Resident Engineer Report - Weekly and Monthly	PL+1	
CO-12.300	Resident Engineer's Manual	PL+1	
CO-12.325	Undefined Work	PL+1	

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Designation	Name	Retention (yrs)	Comments
CO-12.335	Work Authorization	LP+1	
DC-15.000	Appendix B QA Program 10 CFR 50	LP+1	
DC-15.005	Administrative Bulletins	AV	
DC-15.010	Affirmative Action Program	AV	
DC-15.025	AEC Ecolink and Employee Newsletters	AV	
DC-15.030	ASME Quality Control Manual	LP+1	
DC-15.035	Assessment Training	LP+1	
DC-15.040	Business Development Manual	US	
DC-15.043	Code of Federal Regulations - CFR	US	
DC-15.045	Compensation Manual	US	
DC-15.050	Corrective and Preventive Actions	LP+1	
DC-15.055	Correspondence, E-Mail, Faxes, Memos and Telecons	AV	
DC-15.060	Customer Complaints	AV	
DC-15.065	Customer Survey	AV	
DC-15.070	Distribution Lists	US	
DC-15.075	Engineering Business Practices Standards Manual	US	
DC-15.078	Environmental Assessments	LP+10	Investigative Drilling Data
DC-15.080	Environmental Engineering Standards	LP+10	
DC-15.085	Environmental Field Construction Forms	PL+1	
DC-15.090	Environmental Regulations Guidance Manual	US	
DC-15.100	Field Accounting Manual	AV	
DC-15.120	Group Quality Operating Plan	PL+1	
DC-15.130	Salaried Employees H.R. Field Procedure Manual	US	
DC-15.140	Industrial Hygiene Procedure/Manual	US	
DC-15.150	Industrial Relations Manual	US	
DC-15.155	Internal Assessment Guideline	US	
DC-15.160	Internal Survey	AV	
DC-15.165	Key Control Log	LP+1	
DC-15.170	Labor Relations Manual	US	
DC-15.180	Lessons Learned	AV	
DC-15.190	Letters of Transmittal	LP+1	Controlled Copy Procedures & Manuals
DC-15.195	Management Reviews	LP+1	
DC-15.200	Material Joining Standards Manual	US	
DC-15.205	Monthly Reports	AV	
DC-15.210	NDE Manual	US	
DC-15.230	Divisional Operating Policy	LP+1	
DC-15.235	Operating System Assessments	LP+1	
DC-15.240	Operational Improvement Plan	US	
DC-15.242	Operational Procedures	LP+1	Richland Operating Procedures (ROP's) & Process Facility Procedures (POP's)

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Designation	Name	Retention (yrs)	Comments
DC-15.244	NARM Procedures	LP+1	
DC-15.246	Facility Standards Manual	LP+1	
DC-15.250	Partnering	AV	
DC-15.255	Performance Reporting	AV	
DC-15.265	Presentation Material	US	
DC-15.270	Procurement Manual	LP+1	
DC-15.280	Project Assessments	AV	
DC-15.285	Project Management Bulletins	AV	
DC-15.295	Quality Assurance Manuals	LP+1	QA-MA-01, QA-MA-02 & QA-PL-01
DC-15.300	Quality Checklist Manual	LP+1	
DC-15.310	Quality Systems Requirements Manual	LP+1	
DC-15.320	Radioactive Waste Generator Registration Forms	LP+1	
DC-15.330	Records Management Program	LP+1	
DC-15.335	Reference Library	AV	
DC-15.336	Regulatory Reports	LP+1	
DC-15.345	Signature Logs	LP+1	
DC-15.355	Training and Education	LP+1	
DC-15.401	Shipping and Receiving Manifests	LP+10	
DC-15.402	Soil Shipment Log	LP+1	
DC-15.450	Waste Shipment Record (Asbestos)	LP+1	
DC-15.500	Waste Disposal Reports	LP+1	
DC-15.550	Uniform Hazardous Waste Manifests	3	
DC-15.600	Regulatory Files	LP+1	
DC-15.602	Regulatory Files - Washington Dept. of Health	LP+1	Approvals, NORM/NARM Determinations, Requests, Suspensions & Violations
DC-15.604	Regulatory Files - State of Washington	LP+1	
DC-15.606	Regulatory Files - Washington Dept. of Ecology	LP+1	
DC-15.608	Regulatory Files - U.S. Environmental Protection Agency	LF+1	
DC-15.610	Regulatory Files - U.S. Nuclear Regulatory Commission	LP+1	NRC Form 741's
DC-15.612	Regulatory Files - Dept. of Transportation	LP+1	
DC-15.700	Compacts	AV	General Information
DC-15.702	Northwest Compact	AV	
DC-15.704	Rocky Mountain Compact	AV	
DC-15.706	Central Compact	AV	
DC-15.800	Source Term	LP+10	
DE-14.115	Boring Log	LP+1	
DE-14.125	Vendor Cover Letters/Bulletin	AV	
DE-14.135	Construction Calculation Bulletins Cover Letters	AV	
DE-14.140	Design Calculation By Discipline	LP+10	
DE-14.145	Design Calculation Bulletin Cover Letters	AV	

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Designation	Name	Retention (yrs)	Comments
DE-14.150	Design Calculation Index Log	LP+1	
DE-14.155	Calibration Records	LP+10	
DE-14.165	Design Project Code of Accounts	AV	
DE-14.170	Construction Engineering Report	LP+10	
DE-14.175	Final Construction Engineering Report	LP+10	
DE-14.180	Monthly Construction Engineering Report	PL+1	
DE-14.185	Contract Change Notice and Change Order	PL+1	
DE-14.190	Copy of Contract	PL+1	
DE-14.200	Client/Owner Correspondence and E-Mail	PL+1	
DE-14.205	Codes and Permits Correspondence and E-Mail	LP+1	
DE-14.210	Consultant Correspondence and E-Mail	PL+1	
DE-14.215	Utilities Correspondence and E-Mail	PL+1	
DE-14.220	Vendor Correspondence and E-Mail	PL+1	
DE-14.225	Correspondence, Memos and E-Mail To Construction Engineering From H.O.	PL+1	
DE-14.230	Correspondence, Memos and E-Mail From Construction Engineering To H.O.	PL+1	
DE-14.235	Construction H.O. Correspondence, Memos and E-Mail	PL+1	
DE-14.240	Design Engineer With H.O. Correspondence, Memos and E-Mail	PL+1	
DE-14.245	Home Office Index Log Book Correspondence, Memos and E-Mail	PL+1	
DE-14.250	Project Index Log Book Correspondence, Memos and E-Mail	PL+1	
DE-14.255	Design Project Request For Design Change	PL+1	
DE-14.260	Design Project Design Criteria	PL+1	
DE-14.265	Non-Design Project Design Criteria	PL+1	
DE-14.270	Design Project Design Review and Comments	PL+1	
DE-14.275	Document Clarification Request By Discipline	AV	
DE-14.280	Drawing Approved Number Issue	PL+1	
DE-14.285	Drawing As-Built and Record Issue	LP+10	
DE-14.290	Drawing Bulletins - Cover Letters Only	AV	
DE-14.295	Drawing Check Prints	AV	
DE-14.300	Field Drawing Sketches	PL+1	
DE-14.305	Home Office Drawing Sketches	PL+1	
DE-14.310	Design Project Drawing Index Log	PL+1	
DE-14.315	Non-Design Project Drawing Index Log	PL+1	
DE-14.320	Drawing Index Log For Shop Drawings - By Vendor	PL+1	
DE-14.325	Isometric Drawings	PL+1	

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Designation	Name	Retention (yrs)	Comments
DE-14.330	Design Project Drawing Issued for Construction	PL+1	
DE-14.335	Non-Design Drawing Issued for Construction	PL+1	
DE-14.340	Drawing Letter Issue	PL+1	
DE-14.345	Drawing Memos and Telecons - By Discipline	PL+1	
DE-14.350	Drawing - Owner's Comments	PL+1	
DE-14.355	Drawing - Owner's Reference	PL+1	
DE-14.360	Preliminary Drawings	PL+1	
DE-14.365	Design Project Drawing Schedule	PL+1	
DE-14.370	Non-Design Project Drawing Schedule	PL+1	
DE-14.375	Subcontractor Reference Drawing	PL+1	
DE-14.380	Design Vendor/Shop Certified Technical Data Drawing	PL+1	
DE-14.385	Voided Drawing	PL+1	
DE-14.390	Voided Vendor/Shop Drawing	PL+1	
DE-14.395	Design Project Equipment List	PL+1	
DE-14.400	Construction/Engineering Estimate	PL+1	
DE-14.405	Weekly Expediting Summary Report	PL+1	
DE-14.415	Field Change Notice and Proposed Contract Alternative	PL+1	
DE-14.420	Field Notes	PL+1	
DE-14.425	Field Pictures	PL+1	
DE-14.430	Field Survey Book	PL+1	
DE-14.435	Geological and Geotechnical Reports	LP+10	
DE-14.440	Design Project Instrument List	PL+1	
DE-14.445	Engineering Manpower	AV	
DE-14.450	Master Bidder List	AV	
DE-14.455	Master Work List	AV	
DE-14.460	Meeting Notes and Conference Reports	PL+1	
DE-14.465	Monthly Billing to Owner	1	
DE-14.470	AEC Generated Operations and Maintenance Manual	LP+1	
DE-14.475	Job Progress Photographs	PL+1	
DE-14.480	Non-Progress Photographs	PL+1	
DE-14.490	Design Procedures	PL+1	
DE-14.500	Request for Information - RFI	PL+1	
DE-14.515	Construction Engineering Schedule	PL+1	
DE-14.520	Design Project Scope of Work	PL+1	
DE-14.530	Soil Investigation	LP+10	
DE-14.535	Soil Samples	LP+10	
DE-14.540	Soil Test Report	LP+10	
DE-14.545	Spare Parts List	LE	
DE-14.550	Specification Design Bulletin	PL+1	
DE-14.555	Specification Design Index List	PL+1	

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Designation	Name	Retention (yrs)	Comments
DE-14.560	Specification Design Schedules	PL+1	
DE-14.565	Specification Purchase Requisition	PL+1	
DE-14.570	Specification Voided Design	PL+1	
DE-14.575	Specification Design Premise By Discipline	PL+1	
DE-14.580	Engineering Study, Test and Report	LP+10	
DE-14.585	Value Engineering Study	PL+1	
DE-14.590	Weather Study	PL+1	
DE-14.595	Subcontractor Purchase Requisitions and Orders	PL+1	
DE-14.600	Non-Design Project Non-Technical Submittal	PL+1	
DE-14.605	Design Project Technical Submittal	PL+1	
DE-14.610	Survey Information and Data	PL+1	
DE-14.620	Technical Standards and Codes	PL+1	
DE-14.621	Technical Standards and Codes - WAC	LP+1	
DE-14.625	Telecon Report	PL+1	
DE-14.630	Telecopy, Telefax and Fax	PL+1	
DE-14.635	Telecopy, Telexes, Fax Index and Log Books	PL+1	
DE-14.640	Final Time and Cost Job Condition Report	PL+1	
DE-14.645	Monthly Time and Cost Job Condition Report	PL+1	
DE-14.650	Transmittal Letters	PL+1	
DE-14.665	Trip Report	PL+1	
DE-14.670	Warranties	LE+1	
ET-16.000	Certificate of Inspection	LP+1	Washington State Patrol
ET-16.010	Equipment Correspondence, Memos & E-Mails	LE+1	
ET-16.015	Major Equipment Inventory	AV	
ET-16.020	Minor Equipment Inventory	AV	
ET-16.025	Equipment Lists - Construction Only	AV	
ET-16.030	Equipment Lists - Design-Building Only	AV	
ET-16.035	Equipment Maintenance Report	LE+1	
ET-16.040	Equipment Management Manual	LE+1	
ET-16.045	Equipment Monthly Rental Report	LE+1	
ET-16.050	Equipment Preventive Maintenance Record	LE+1	
ET-16.055	Equipment Receiving Report	LE+1	
ET-16.060	Equipment Rental, Lease/Agreements Rates	3	4000W Crawler Crane
ET-16.065	Equipment Sold Report	3	
ET-16.070	Equipment Transfers	AV	
ET-16.075	Idle Equipment	LE+1	
ET-16.105	Insurance Claim on Equipment	LP+1	
ET-16.120	Major-Minor Equipment Inventory	AV	
ET-16.130	Licenses & Titles	3	

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Designation	Name	Retention (yrs)	Comments
ET-16.140	Major Equipment Depreciation - Non-JV/Subsidiaries	3	
ET-16.150	Operation Cost Report	AV	
ET-16.170	Radios	AV	
ET-16.175	Request for Authority for Expenditure	AV	
ET-16-180	Small Tools	AV	
GA-35.400	Federal	7	
GA-35.450	State	7	
HR-17.000	Recruiting	AV	
HR-17.001	New Hire Checklist	LP+1	
HR-17.004	USE Job Posting Application	AV	
HR-17.005	USE Job Posting	AV	
HR-17.006	Application Instructions	US	
HR-17.007	Application	US	
HR-17.008	Applicant Substance Abuse Note	US	
HR-17.009	Applicant Data Record	AV	
HR-17.010	Personnel Requisition	AV	
HR-17.011	Employment Verification	LP+1	
HR-17.012	Reference Check - By Phone	LP+1	
HR-17.013	Applicant Referral/Interview/Offer Form	LP+1	
HR-17.100	Personnel Records	LP+1	
HR-17.101	Consulting Agreement	AV	
HR-17.102	Personnel Action Form	LP+1	
HR-17.103	Form W-4	7	
HR-17.104	Direct Deposit/Payroll Checks Form	US	
HR-17.105	Substance Abuse Policy Acknowledgement	EL	
HR-17.106	Substance Abuse Prevention Program Form	US	
HR-17.107	Emergency Information	US	
HR-17.108	Special Employment Notice - Vets & Disabled	US	
HR-17.109	New Hire Orientation	LP+1	
HR-17.111	New Hire Reporting	AV	
HR-17.112	Payroll Authorization	AV	
HR-17.114	Employee Folder Checklist	LP+1	
HR-17.115	Termination Evaluation	LP+1	
HR-17.116	Termination Checklist	LP+1	
HR-17.117	Termination Statement	LP+1	
HR-17.118	Settlement and Release of All Claims	AV	
HR-17.119	Employee Recognition Program	AV	
HR-17.120	Travel Authorization	AV	
HR-17.121	Handbook Acknowledgement Form	US	
HR-17.122	Handbook	US	
HR-17.200	Affirmative Action	US	
HR-17.201	Termination Log	US	

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Designation	Name	Retention (yrs)	Comments
HR-17.202	AAP Progress Toward Goals	US	
HR-17.204	Applicant Flow - All Job Groups	AV	
HR-17.205	Adverse Impact Analysis	AV	
HR-17.206	Veteran's Plan	US	
HR-17.300	Benefits and Compensation	US	
HR-17.301	Medical and Dental Enrollment	US	
HR-17.302	Pre-Tax Election	EL	
HR-17.303	Term Life Insurance Enrollment	EL	Lifescope
HR-17.304	Company Paid Spouse/Dependent Term Life	EL	
HR-17.305	Voluntary Spouse Dependent Life	EL	Reliastar
HR-17.306	Evidence of Insurability	EL	Northwestern
HR-17.307	Voluntary AD&D Insurance	EL	Zurich
HR-17.308	Colonial Enrollment	EL	
HR-17.309	Waiver	EL	
HR-17.310	401(k) Election	EL	Manulife
HR-17.311	401(k) Change	EL	
HR-17.312	Notification of Cobra Intent	EL+1	
HR-17.313	Proof of Insurance Request Form	EL	
HR-17.314	Notification of Participant Termination 401(k)	EL	
HR-17.315	401(k) Loan Application	EL	
HR-17.316	Participating Loan Payoffs Checklist	EL	
HR-17.317	Employee Leave Request	AV	
HR-17.318	FSA Revision & Change Form	EL	Benefit America
HR-17.319	Direct Deposit Authorization	EL	FSA
HR-17.320	Reimbursement Request Form	AV	FSA
HR-17.322	Postal Prescription Services	US	
HR-17.324	Leave For a Seriously Ill Family Member	EL	
HR-17.325	Physician Certificate For Fitness of Duty	LP+1	
HR-17.326	FMLA Continuation of Benefits	EL	
HR-17.327	Certification of Health Care Provider	EL	
HR-17.328	Union AD&D	EL	
HR-17.329	Non-Union AD&D	EL	
HR-17.330	Cobra Intent	EL	
HR-17.331	Insurance Cancellation	EL	
HR-17.332	Notification of Termination	EL	Pinnacle
HR-17.333	Student Certificate	US	
HR-17.334	401(k) Loan Form	US	
HR-17.400	Medical Files	LP+1	
HR-17.401	Authorization for Disclosure of Medical Information	US	
HR-17.402	Drug Testing Authorization	US	
HR-17.403	Exit Physical	EL+30	
HR-17.404	Insurance Claims	7	
HR-17.500	Training	LP+1	

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Designation	Name	Retention (yrs)	Comments
HR-17.501	Education and Training	EL	
HR-17.550	Visitor Information and Paperwork	LP+1	Dept. of Energy Clearance Paperwork
HR-17.600	General Correspondence	AV	
HR-17.601	HR Staff Meetings	AV	
HR-17.700	HR Reports	AV	
HS-18.100	Confined Space Entry Permits	1	
HS-18.105	Employee Medical Records	EL+30 or LP+10 whichever is greater	
HS-18.110	Employee Exposure Records	EL+30 or LP+10 whichever is greater	
HS-18.115	OSHA 101 or Equivalent - First Injury Report	5	
HS-18.120	OSHA 300 Logs	5	
HS-18.125	OSHA 300 Logs - Subcontractor	5	
HS-18.130	OSHA Compliance Safety Audit	5	
HS-18.135	OSHA Reports	5	
HS-18.140	Record of MSDS Inventory	30	
HS-18.165	Monthly Inspection Emergency Respiratory Equipment	LP+1	
HS-18.200	Annual Evacuation Drill	1	
HS-18.205	Annual Fire Training	LP+1	
HS-18.210	Blood Borne Pathogens Training	5	
HS-18.215	Chemical Hygiene Plan Training	5	
HS-18.220	Emergency Response Training	5	
HS-18.225	Fall Protection Training	5	
HS-18.230	First Aid/CPR	5	
HS-18.235	Fit-Test Documentation	LP+1	
HS-18.237	Annual Medical Examinations	EL+30 or LP+1 whichever is greater	KGH Occupational Health
HS-18.240	Forklift Operation Training	EL	
HS-18.245	General Worker Training	LP+1	
HS-18.250	Hazardous Communication Training	EL	
HS-18.255	Hazardous Waste Worker Training Certificate	EL	
HS-18.260	Hazardous Waste Worker Qualification Record	EL	
HS-18.265	Hearing Conservation Training	EL	
HS-18.270	Heavy Equipment Operation	EL	
HS-18.275	Instrumentation Use Training	LP+1	
HS-18.280	Lockout/Tagout Training	EL	
HS-18.285	Safety Meeting Records	LP+1	

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Designation	Name	Retention (yrs)	Comments
HS-18.286	Radiation Safety Committee Meeting Records	LP+1	
HS-18.287	Site Safety Committee Meeting Records	5	
HS-18.290	Written Medical Approval	EL+30 or LP+1 whichever is greater	
HS-18.295	Vacation & Exit Physical Declination Forms	EL+30 or LP+1 whichever is greater	
HS-18.300	Annual Evaluation of Chemical Hygiene Plan	7	
HS-18.305	Annual Evaluation of Respiratory Protection	LP+1	
HS-18.306	Respirator Inspection/Issue Records	LP+1	
HS-18.310	Annual Lockout/Tagout Evaluation	7	
HS-18.315	Confined Space Entry Evaluations	7	
HS-18.320	Employee Exposure Records, Direct Reading Instruments	EL+30 or LP+1 whichever is greater	
HS-18.325	Employee Exposure Records, Integrated Sampling	EL+30 or LP+1 whichever is greater	
HS-18.326	Noise Monitoring Reports	5	
HS-18.330	Incident Reports and Investigations	LP+1	
HS-18.335	Workplace Hazard Assessment for PPE Use	LP+1	
HS-18.400	Annual Fire Extinguisher Maintenance	EL+1	
HS-18.406	Facility Inspection	LP+1	
HS-18.410	Daily Forklift Inspection	1	
HS-18.415	Hydrostatic Testing of Fire Extinguishers	EL+1	
HS-18.420	Hydrostatic Testing of SCBA Bottles	EL+1	
HS-18.425	Monthly Crane & Rigging Equipment Checklist	5	
HS-18.430	Monthly Fire Extinguisher	5	
HS-18.435	Monthly Fire Protection Checklist	5	
HS-18.440	Monthly Hand & Power Tool Checklist	5	
HS-18.450	Annual Safety Shower & Weekly Eyewash	5	
HS-18.455	Monthly SCBA Inspections	EL+1	
HS-18.460	Steel Chain & Synthetic Web Slings-Manufacturer's Proof Testing	EL+1	
HS-18.500	Confined Space Entry	5	
HS-18.505	Hot Work Permit	1	
HS-18.600	Proof of Hazwoper Training	EL	
HS-18.605	Proof of Medical Surveillance	EL+30 or LP+1 whichever is greater	

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Designation	Name	Retention (yrs)	Comments
HS-18.610	Proof of Specialized Training Requirements E.G. Fall Protection, Lockout/Tagout, Confined Space	5	
HS-18.615	Site Authorization Training	LP+1	
HS-18.620	Radiological Worker Training/Dosimetry File	LP+1	
HS-18.621	Training - Technical/Miscellaneous	LP+1	
HS-18.622	Training - Job Briefing	LP+1	
HS-18.700	Administrative Consent Orders, E.P.A.	LP+1	
HS-18.705	Airborne Radioactive Material Sampling Reports	LP+10	Environmental Air Sampling, Daily Check Forms, Particulate Occupational Samples
HS-18.710	Chain of Custody Records	LP+1	
HS-18.715	Chemical Spill or Release Investigation Report	7	
HS-18.720	Dosimetry (Internal - Bioassay) Reports	LP+1	
HS-18.721	Personnel Decontamination	LP+1	
HS-18.722	Dosimetry (External) Reports	LP+1	Alara Worksheets
HS-18.725	Environmental Management Program	LF	
HS-18.730	Environmental Planning Documents	7	
HS-18.735	Environmental Protection Agency	7	
HS-18.740	Environmental Reports	LP+10	
HS-18.741	Appendix A Interlaboratory Comparison Program Results	5	
HS-18.745	Environmental Dosimetry (TLD) Reports	LP+1	
HS-18.750	Field Log Books - Environmental	LP+10	
HS-18.751	Environmental Logs - Miscellaneous	LP+10	
HS-18.760	Laboratory Results & Analytical Data	LP+10	Environmental Inc., ICN, Global, Etc..
HS-18.765	Environmental Procedures Proposals - Environmental	5	
HS-18.770	Environmental Project Operations Procedures	5	
HS-18.775	Radiological Audits	LP+1	
HS-18.780	Radiological Emergency Response Plan	LP+1	
HS-18.790	Release Surveys	LP+10	
HS-18.791	Radiological Surveys	LP+1	
HS-18.792	Facility Managers Inspection and Routine Surveys	LP+1	
HS-18.800	Correspondence Between Physician and AEC	EL+30	
HS-18.805	Correspondence, Memos & E-Mails, Safety & Health	5	
HS-18.810	Fire Protection	5	
HS-18.811	Equipment Inspection	EL+1	
HS-18.815	Exposure Rate Surveys	LP+1	
HS-18.820	Health & Safety Monthly Activity Summary	5	

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Designation	Name	Retention (yrs)	Comments
HS-18.825	Health & Safety Monthly Incident Information	5	
HS-18.830	Health & Safety Plans	US	
HS-18.835	Material Safety Data Sheets (MSDS)	30	
HS-18.840	Occupational Safety Health Act (OSHA)	US	
HS-18.845	Health & Safety Manual/Procedures	5	
HS-18.850	Safety Audit, Inspection & Internal Report	5	
HS-18.851	Safety Equipment Inspections	EL+1	
HS-18.855	Safety Information From Client	AV	
HS-18.860	Supervisor's Safety Meeting	1	
HS-18.865	Safety Meeting Tool Box	1	
HS-18.870	Safety Report - Contractor	5	
HS-18.875	General Safety Report	5	
HS-18.880	State Safety Report	5	
HS-18.885	Safety Violation Notice	5	
HS-18.890	Sound Level Survey Form	5	
HS-18.895	Training Records	LP-1	Att. 22-3
HS-18.897	Drill Scenarios	LF+1	
HS-18.900	Various Blank Forms	US	
IA-19.000	Correspondence, Memos & E-mail, Internal Audit	AV	
IA-19.020	Government Audit	7	
IA-19.030	Internal Audit Report	LP+1	
IA-19.050	Voucher, Accounts Payable - Audit Copy	3	
IA-19.055	Work Paper, Internal Audit	LP+1	
IS-20.010	Backup Tapes/Disks	US	
IS-20.020	Cadd Machine Logs	5	
IS-20.040	Computer Runs by Month	2	
IS-20.050	Correspondence, Memos & E-mail, Corporate I.S.	AV	
IS-20.055	Correspondence, Memos & E-mail, Group I.S.	AV	
IS-20.065	Destruction Request, Approved	LP+10	
IS-20.070	Document Control Logs	LP+10	
IS-20.085	File Index, AEC Standard	US	
IS-20.090	File Server Backup - Lan, Monthly	1	
IS-20.095	File Server Backup - Lan, Yearly (Year End)	5	
IS-20.110	Hardware/Software Inventory By User	US	
IS-20.115	Hardware/Software Site Configuration	AV	
IS-20.120	JCL's For Accounting (Backup)	3	
IS-20.130	Maintenance, Systems	EL+1	
IS-20.140	Monthly Breakdown By System	1	
IS-20.145	Monthly Computer Usage/Billing	1	
IS-20.150	P.R./P.O. - Hardware/Software	US	
IS-20.170	Record Transfer List	LP+1	

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IS-20.185	Telephone Configuration P.O. Backup	1	
IS-20.200	Time Accounting Machine Utilization Log	1	
LA-23.010	Building/Property Lease	PL+1	
LA-23.041	Washington Department of Health	LP+1	
LA-23.042	Washington Department of Ecology	LP+1	
LA-23.043	U.S. Department of Energy	LP+1	
LA-23.050	Average Demurrage	1	
LA-23.150	Lease Agreement	LF+5	
LA-23.155	Licenses	LP+1	
LA-23.160	Permits	LP+1	
LA-23.165	Hazardous Waste Material Certificates of Registration	5	
LA-23.175	Utility Agreement/Relocation	5	
LG-22.010	401(k) Plan	7	
LG-22.030	Annual Report	3	
LG-22.040	Articles of Incorporation	AV	
LG-22.050	Backup Board Meeting Files	AV	
LG-22.060	Bond	AV	
LG-22.070	Business Consultant Agreements	AV	
LG-22.075	Business Negotiations	AV	
LG-22.080	Business Qualifications	AV	
LG-22.085	Bylaws	AV	
LG-22.090	Certificate of Compliance	LP+1	
LG-22.095	Corporate Charter	AV	
LG-22.100	Corporate Constitution	AV	
LG-22.110	Contract Change Notice & Change Order	PL+1	
LG-22.120	Contract With Client - Signed Original	PL+1	
LG-22.130	Land Contract	US	
LG-22.140	Corporate & Subsidiaries Minutes	AV	
LG-22.145	Corporate Resolutions	AV	
LG-22.150	Deed to Real Property	EL	
LG-22.160	Director & Executive Files	AV	
LG-22.165	Successful Due Diligence	PL+1	
LG-22.170	Unsuccessful Due Diligence	AV	
LG-22.180	Executive Incentive Plan	AV	
LG-22.190	Fact Book for Investors	AV	
LG-22.195	General Legal Information	AV	
LG-22.200	Guaranty	US	
LG-22.210	HR Related Issues	AV	
LG-22.240	Lawsuit & Litigation File	7	
LG-22.245	Lawsuit Settlement Agreement	7	
LG-22.255	Lease Agreement - Real Property	EL+5	
LG-22.265	Legal Confirmations	7	
LG-22.275	Legal Research	AV	
LG-22.285	License Fee & Schedule	US	
LG-22.290	Licensing Agreement	LP+1	

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Designation	Name	Retention (yrs)	Comments
LG-22.295	Liens & Miller Act	PL+1	
LG-22.310	Mutual Release	AV	
LG-22.340	Outside Counsel Billings	AV	
LG-22.350	Potential Claims/Lawsuits	AV	
LG-22.360	Power of Attorney	PL+1	
LG-22.370	Proxy Statement	7	
LG-22.375	Publications/Library	AV	
LG-22.380	Attorney & Executive Reading Files	AV	
LG-22.390	Secrecy/Confidentiality Agreement	PL+1	
LG-22.395	Securities/S.E.C. Materials-General Securities/SEC Reporting Directors and Section 16 Officers	7	
LG-22.400	Public or Private Stock Offering	3	
LG-22.410	Stock Option Agreements	3	
LG-22.430	Signed Original Subcontract Change Order	PL+1	
LG-22.435	Signed Original Subcontract	PL+1	
LG-22.445	Transactional Files (Banking)	AV	
LR-21.050	Arbitration Case	7	
LR-21.060	Associated General Contractors	AV	
LR-21.080	Labor Relations Correspondence, Memos & E-mail	AV	
LR-21.090	Labor Disputes	7	
LR-21.100	Craft EEO Complaints, Charges, & Settlements	7	
LR-21.110	Home Office Labor Grievance	7	
LR-21.120	Labor Negotiations & Agreement	7	
LR-21.130	General Labor Relations Files	7	
LR-21.135	Home Office Labor Report	AV	
LR-21.140	Labor/Management Committee Meetings	AV	
LR-21.145	Standing Board Adjustment Meetings	AV	
LR-21.150	NLRB Case	7	
LR-21.155	Pre-Job Conference	PL+1	
LR-21.160	Hourly Wage Rates	US	
MA-24.010	Administrative Bulletins	AV	
MA-24.020	Authorization for Expenditures	PL+1	
MA-24.040	Final Budget	3	
MA-24.050	Corporate Organization	US	Organization Charts, Letters for New Employees or Positions
MA-24.065	Corporate Policies	US	
MA-24.070	Administrative Correspondence, memos & E-Mails	AV	
MA-24.080	Credit Card List	US	
MA-24.100	Historical Executive Files	AV	
MA-24.105	Non-Historical Executive Files	AV	
MA-24.120	Facsimile/Telex Log	AV	
MA-24.145	Investment Analysis	3	

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Designation	Name	Retention (yrs)	Comments
MA-24.150	Stock Information Investment	AV	
MA-24.155	Monthly Site Reports	1	
MA-24.160	Postage Total Sheets	AV	
MA-24.165	Project Organization	PL+1	Off-Site Projects, Special Projects
MA-24.170	Profiles	AV	
MA-24.175	Quarterly Financial Report	3	
MA-24.180	Quarterly Operation Report	LF	
MA-24.200	Standards of Business Conduct	US	
MA-24.210	Daily Stock Report	AV	
MA-24.215	Stock Report, Summary	AV	
MA-24.225	Training & Motivational Material	AV	
MA-24.260	Work Orders	LP+1	
MP-25.125	Client Files	PL+1	
MP-25.135	Continuous Improvement Program Questionnaire	US	
MP-25.145	Marketing & Proposals/Estimates Correspondence, Memos & E-mail	AV	
MP-25.160	Unsuccessful Estimate, Baseline, As-Bid Drawings & Specs	AV	
MP-25.165	Successful Estimate, Baseline, As-Bid Drawings & Specs	PL+1	
MP-25.170	Unsuccessful Estimate, Baseline	AV	
MP-25.175	Successful Estimate, Baseline, With Bid Books	PL+1	
MP-25.185	Feasibility Report/Study	PL+1	
MP-25.205	Material Take-Off (Proposal)	AV	
MP-25.220	Unsuccessful AEC Proposal	AV	
MP-25.225	Propose, Authorization to (ATP) W/Backup	AV	
MP-25.235	Prospective Clients	US	
MP-25.250	Strategic Marketing Plan	US	
MP-25.270	Work Order & Contract Files	LP+1	
PC-26.060	Contract Change Notice	PL+1	
PC-26.065	Field Change Notice	PL+1	
PC-26.070	Cost/Scheduling Chart of Accounts	US	
PC-26.080	Client Billing	PL+1	
PC-26.090	Cost Meeting Notes	AV	
PC-26.095	Cost Proposal	AV	
PC-26.100	Cost Report	AV	
PC-26.110	Engineering & Home Office Charges	AV	
PC-26.125	Escalation Data	AV	
PC-26.135	Change Order Estimate	AV	
PC-26.140	Control Estimate	PL+1	
PC-26.145	Project Estimate	PL+1	
PC-26.155	Cash Flow Forecast	3	
PC-26.160	Contract Cost Forecast	AV	
PC-26.175	Weekly Labor/Quantity Reports	AV	

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Designation	Name	Retention (yrs)	Comments
PC-26.185	Manpower Requirements/Distribution	PL+1	
PC-26.195	Project Meeting Notes	PL+1	
PC-26.200	Project Progress/Status Report	PL+1	
PC-26.225	Schedule Impact Report	PL+1	
PC-26.230	Project Schedules, (Overall)	PL+1	
PC-26.235	Scheduling Meeting Notes	AV	
PC-26.255	Studies	AV	
PC-26.275	Subcontract Bid Packages Status Report	AV	
PE-27.005	Payroll Correspondence, Memos & E-Mail	AV	
PE-27.010	Administrative Personnel Report	7	
PE-27.020	Payroll Voucher	AV	
PE-27.030	W-4 Form	7	
PE-27.040	Individual Timesheet & Time Card	7	
PE-27.041	Late Time Card Report	7	
PE-27.042	Field Time Report	7	
PE-27.080	Group Insurance	7	
PE-27.081	Personal Accident Insurance	7	
PE-27.100	United Way Fund Record	3	
PE-27.110	Union Health & Welfare	7	
PE-27.111	Union Reference Notice	7	
PE-27.120	Badge List	3	
PE-27.130	Payroll Banking	7	
PE-27.132	Cancelled Payroll & Term Check	7	
PE-27.133	Payroll Stop Payment	7	
PE-27.140	Wage Garnishments & Tax Levies	7	
PE-27.145	Employee Information Subpoena Inquiries	7	
PE-27.150	Hire & Termination Form/Card	US	
PE-27.160	Tax Transmission Listing	7	
PE-27.170	Payroll File, by Employee	EL	
PE-27.200	Moving Expense Payroll	7	
PE-27.210	General Payroll Records	7	
PE-27.212	Labor Distribution Record	7	
PE-27.220	Periodic Payroll Report	7	
PE-27.221	Union Fringes Payroll Report	7	
PE-27.230	Payroll Checklist	US	
PE-27.240	Key Employee Pay Rates	AV	
PE-27.241	Craft/Hourly Employee Pay Rates	AV	
PE-27.242	Change of Rates	AV	
PE-27.243	Change of Rates Memos	AV	
PE-27.300	Unemployment Claim	7	
PE-27.500	W-2 Wage & Tax Register	7	
PE-27.501	Amended W-2 Wage Statement Form Earning/Records Detail	7	
PE-27.503	W-2 Earnings Summary Report - Microfiche	7	

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Designation	Name	Retention (yrs)	Comments
PE-27.504	W-2 Annual Issue & IRS Tape Transmittal Report	7	
PE-27.505	1099R Statement	7	
PE-27.508	Unclaimed W-2 Wage Statement	7	
PE-27.509	W-2 Correspondence	7	
PE-27.540	Payroll Register/Journal, Hourly W/Earning/Records Detail	7	
PE-27.541	Payroll Register/Journal, Admin W/Earning/Records Detail	7	
PE-27.542	Wage & Earnings Record	7	
PE-27.543	Summary of Employment Data	AV	
PE-27.550	Quarterly Audit Report & Adjustment Workpaper	7	
PE-27.551	Control Ledger Report, TYD YE, Microfiche	7	
PE-27.552	Annual Master, YTD YE, Microfiche	7	
PE-27.553	Quarterly Employee Earnings YE, Microfiche	7	
PE-27.554	Quarterly State/City/Local Tax Liability, Microfiche	7	
PE-27.570	Payroll Distribution Records	7	
PE-27.583	Payroll Register	AV	
PE-27.584	Payroll Batch	AV	
PE-27.600	State Withholding Tax Records	7	
PE-27.610	City Withholding Tax Records	7	
PE-27.620	Local Withholding Tax Records	7	
PE-27.630	Sate Disability Tax Records	7	
PE-27.640	State Unemployment Records	7	
PE-27.650	Annual State/City/Local Tax Payment, YTD-YE	7	
PE-27.660	Federal Withholding Records, 941 Files	7	
PE-27.670	Federal Unemployment Records, 940 Files	7	
PR-28.010	Advertising	AV	
PR-28.025	Brochures/Information	AV	
PR-28.050	Investor Inquires & Correspondence	AV	
PR-28.060	Investor Relations	AV	
PR-28.070	Press Release	5	
PR-28.080	Project Public Relations Material	AV	
PR-28.090	Public Relations Video	AV	
PR-28.100	Publicity Files	AV	
PR-28.140	Resource File	AV	
PT-29.010	Accountable Property	LE	
PT-29.030	Agreement With Vendor	PL+1	
PT-29.050	Approved Vendor Lists	LF+1	
PT-29.060	Authorization for Expenditures	3	
PT-29.090	Approved Purchased Orders	LF+1	
PT-29.110	Not Approved Purchased Orders	AV	

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Designation	Name	Retention (yrs)	Comments
PT-29.120	Successful Non-Permanent Material Bids & Quotes	AV	
PT-29.160	Interoffice Bulletins & Notices	AV	
PT-29.170	Certificate of Compliance	LP+1	
PT-29.180	Constructors Agreement	PL+1	
PT-29.190	Purchasing Correspondence & Memos	AV	
PT-29.195	Correspondence & Shipping Orders	PL+1	
PT-29.200	Expediting Correspondence, Memos, & E-Mail,	AV	
PT-29.230	Demurrage	3	
PT-29.240	Equipment Lease (From)	PL+1	
PT-29.260	Lien Release	LF+1	
PT-29.270	Material Certifications/Approvals	LP+1	
PT-29.275	Material Delivery Tickets	AV	
PT-29.280	Material In-Transit/Expediting Report	AV	
PT-29.285	Material Lists (Break Down as Required)	AV	
PT-29.290	Owner Supplied Material	PL+1	
PT-29.300	Non-Permanent Material P.O. Register	AV	
PT-29.305	Permanent Material (Design Project) P.O. Register	PL+1	
PT-29.310	Permanent Material (Design Project) P.R. & P.O.	PL+1	
PT-29.325	Procurement Plan	PL+1	
PT-29.340	Non-Permanent Material P.R. & P.O. Supplies and Forms	PL+1	
PT-29.350	Priority Allocations	AV	
PT-29.355	Priority Allotments	AV	
PT-29.365	Procurement Catalog	AV	
PT-29.370	Prospective Vendors	AV	
PT-29.380	Purchasing Rates	AV	
PT-29.400	Routing Clearance	AV	
PT-29.430	Procurement Schedule	AV	
PT-29.450	Shipping Document (In P.O. File)	PL+1	
PT-29.460	Small Business Administration	AV	
PT-29.470	Purchasing Telex, Telegram & Fax	AV	
PT-29.475	Expediting Telexes, Telecons & Fax	AV	
PT-29.500	Vendor Data	LP+1	
PT-29.505	Vendor File	LP+1	
PT-29.510	Vendor Telecon Reports	AV	
QA-30.005	Analytical Results	LP+10	
QA-30.010	Applicable Corporate Quality Program	LP+1	
QA-30.030	Approved Vendor List	LP+1	
QA-30.040	Audit Logs & Schedules	LF+1	
QA-30.080	Calibration Equipment Log	LP+10	
QA-30.085	Calibration Records (By Equipment No.)	LP+10	Lab Instruments
QA-30.086	Calibration Records MT&E	LP+10	

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Designation	Name	Retention (yrs)	Comments
QA-30.087	Calibration Records Air Sampling Equipment	LP+10	
QA-30.088	Calibration Records Radiation Monitoring Equipment	LP+10	
QA-30.089	Calibration Records Standards/Sources	LP+10	
QA-30.095	Certificate of Compliance	LP+10	
QA-30.110	Client Acceptance of Work Reports	LP+1	
QA-30.115	Client Audits	LP+1	
QA-30.120	Contingency Plans	LP+1	
QA-30.130	Corrective Action Reports/Requests	LP+1	
QA-30.135	Correspondence - E-Mail, Faxes, Memos, Etc..	AV	
QA-30.139	Delegation of Authority	LF+1	
QA-30.140	Deviation Reports	3	
QA-30.145	Document Change Request	LP+1	
QA-30.148	Document Numbering Logs	LP+1	
QA-30.150	Engineering Revision Authorization	LP+1	
QA-30.155	Environmental Monitoring	LP+10	
QA-30.160	External Audit Reports	LP+1	
QA-30.180	Periodic Inspection Reports	LP+1	
QA-30.181	Waste Confirmation/Package Inspections	LP+1	
QA-30.185	Interim Change Notice	LP+1	
QA-30.210	Internal Audit Reports	LP+1	
QA-30.214	Management Assessment	LP+1	
QA-30.215	Management Audits	LP+1	
QA-30.230	Meeting Notes	LP+1	
QA-30.240	Nonconformance Reports	LP+1	
QA-30.245	Nonconformance Reports Log	LP+1	
QA-30.255	Personnel Qualifications/Inspector & Assessor/Auditor	LP+1	
QA-30.265	Personnel Qualifications/Certifications, Other Special Process	LP+1	
QA-30.280	Quality Assurance/Quality Control Procedures	LP+1	
QA-30.285	Procedure Document Review	LP+1	
QA-30.290	Punch Lists	AV	
QA-30.295	Quality Assurance Evaluation Reports	LP+1	
QA-30.300	Quality Assurance Program Approval	LP+1	
QA-30.305	Quality Assurance Surveillance Reports	LP+1	
QA-30.310	Quality Trend Reports	LP+1	
QA-30.315	Specifications	LP+1	
QA-30.316	QA Requisitions	LP+1	
QA-30.320	Subcontractor Quality Program	LP+1	
QA-30.325	Subcontractor Validation & Acceptance Reports	LP+1	
QA-30.330	Supplier Manuals & Procedures	LP+1	

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QA-30.335	Supplier Evaluation	LP+1	
QA-30.340	Supplier Qualification	LP+1	
QA-30.345	Surveillance Certification Log	LP+1	
QA-30.350	QA Training Records	LP+1	
QA-30.355	Transmittals	LP+1	
QA-30.360	U.S. Nuclear Regulatory Commission	LP+1	
QA-30.365	Vendor Surveillance Notification	LP+1	
QA-30.370	Vendor Surveillance Plan	LP+1	
QA-30.375	Vendor Surveillance Punch lists	LP+1	
QA-30.380	Vendor Surveillance Reports	LP+1	
QA-30.385	Project Weld Test Results	LP+1	
QA-30.390	Load Tests	EL+1	
QA-30.395	X-Rays (Turned Over To Client At Contract Completion)	PL	
QA-30.400	Unusual Occurrence Reports	LP+1	
RM-31.100	Automobile Insurance	LP+1	
RM-31.105	Bonds	7	
RM-31.110	Post Closure General	LP+10	
RM-31.120	Post Closure - Nevada	LP+10	
RM-31.125	Post Closure - Oak Ridge	LP+10	
RM-31.140	Consultant Environmental Liability	PL+1	
RM-31.145	Crime Insurance Policy	LP+1	
RM-31.150	Directors & Officers Liability	5	
RM-31.155	Employment Practices Liability	5	
RM-31.160	Fiduciary Liability	5	
RM-31.165	General Liability	5	
RM-31.170	Insurance Policies & Correspondence	LP+1	
RM-31.175	Insurance Premiums	LP+1	
RM-31.180	Nuclear Liability	LP+1	American Nuclear Insurers
RM-31.185	Pollution & Remediation Legal Liability Insurance	LP+10	
RM-31.190	Umbrella Liability	LP+1	
RM-31.195	Workers Compensation Insurance	LF+1	
RM-31.200	Claims	LP+1	
RM-31.205	Umbrella Liability Claim	LP+1	
RM-31.210	Workers Compensation Insurance Claims	LP+1	
RM-31.215	Automobile Insurance Claims	LP+1	
RM-31.220	Bonds Claims	LP+1	
RM-31.225	Post Closure Claims	LP+10	
RM-31.230	Consultants Environmental Liability Claims	LP+1	
RM-31.235	Crime Insurance Policy Claims	LP+1	
RM-31.240	Directors & Officers Liability Claims	LP+10	
RM-31.245	Employment Practices Liability Claims	EL+1	
RM-31.250	Fiduciary Liability Claims	LP+1	
RM-31.255	Claims/General Liability Insurance	LP+1	
RM-31.260	Claims/Nuclear Liability Insurance	LP+1	

Retention Codes
AV = As long as administratively Valuable
EL = Employment Life
LF = Life of Facility
LE = Life of Equipment
LP = Life of Policy
PL = Project Life
US = Until Superseded

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Designation	Name	Retention (yrs)	Comments
RM-31.265	Pollution & Remediation Legal Liability Insurance Claims	LP+10	
RM-31.300	Certificates Customers	PL+1	
RM-31.305	Certificates of Insurance	LP+1	
RM-31.310	Certificates Subcontractors	PL+1	
RM-31.400	Broker Contracts	PL+1	
RM-31.405	Customer Contracts	PL+1	
RM-31.410	Insurance Companies	LP+1	
SD-32-020	Addendum (No. 1 Contains Pre-Bid Meeting Notes)	PL+1	
SD-32-050	Bid Clarification Correspondence	PL	
SD-32-055	Bid Clarification Meeting Notes	PL	
SD-32-060	Bid Package Document	PL	
SD-32-065	Bid Package Review Documents	PL	
SD-32-070	Un-Successful Bid Proposal (Numerical By Bid Package)	PL	
SD-32-075	Successful Bid Proposal (Numerical By Bid Package)	PL	
SD-32-080	Bidder's Questions & Pre-Bid Meetings	PL	
SD-32-105	Intent to Award Contract	PL	
SD-32-120	Letters of Inquiry (Alphabetical)	AQV	
SD-32-140	Notice of Award of Contract Memos	PL+1	
SD-32-145	Preliminary Bidder's List Memos	PL	
SD-32-155	Notification of Award of Contract With Letter	PL+1	
SD-32-170	Owner Addendum Letter	AV	
SD-32-175	Owner Bid Package Letter (By Number and Description)	PL+1	
SD-32-180	Owner Bidder's List Approval Letter	PL+1	
SD-32-185	Owner Contract Award Recommendation Letter	PL+1	
SD-32-190	Owner Preliminary Bidder's List	PL	
SD-32-210	Pre-Bid Agenda	PL	
SD-32-220	Pre-Qualification Correspondence (Alphabetical)	PL	
SD-32-240	Prospective Bidders & Prequalification Analysis	PL	
SD-32-260	No-Bid Request for Proposal	PL	
SD-32-265	Un-Successful Request for Proposal (Numeric)	PL	
SD-32-270	Successful Request for Proposal (Numeric)	PL	
SD-32-280	Subcontractor Correspondence Log	PL+1	
SD-32-285	Incoming Subcontractor Correspondence	PL+1	
SD-32-295	Meeting Notes	PL+1	
SD-32-300	Subcontracts Dept. Memos & E-mail	PL+1	
SD-32-320	Subcontract Change Order	PL+1	

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Designation	Name	Retention (yrs)	Comments
SD-32-325	Subcontract Close-Out File	PL+1	
SD-32-330	Subcontract Files (Legal Retains Record Copy of Actual Subcontract)	PL+1	
SD-32-335	Subcontractor Instructions	PL+1	
SD-32-355	Telecon	PL	
SD-32-365	Trade Contract Documents	PL+1	
SD-32-380	Weekly Activity Performance Reports	PL+1	
TX-33.010	Welfare Benefit Plan (5500's)	5	
TX-33.040	Apportionment Information	7	
TX-33.080	Charitable Contributions	7	
TX-33.090	Correspondence, Memos, & E-mail, Tax	AV	
TX-33.110	Dividend Tax Matters	7	
TX-33.140	Estimated Taxes	7	
TX-33.150	Exemptions	7	
TX-33.165	Federal Income Tax Return	7	
TX-33.175	Federal Income Tax Return - Division Level	7	
TX-33.180	Federal Tax Report	7	
TX-33.185	Federal Tax Work papers	7	
TX-33.210	Foreign Bank Accounts	7	
TX-33.230	Foreign Tax Credit	7	
TX-33.235	Foreign Tax Return	7	
TX-33.250	Form 5471 (Info Run - Foreign Corps)	7	
TX-33.260	Fuel Taxes - Diesel/Highway/Special	7	
TX-33.270	Gasoline Tax Refund	7	
TX-33.280	Miscellaneous Tax Data	7	
TX-33.285	Oil & Fuel Tax Backup	7	
TX-33.290	Pension Plans	7	
TX-33.300	Property Tax Records	7	
TX-33.330	Resident Stockholder Report	3	
TX-33.340	Sales and Use Tax Report	7	
TX-33.350	Solvent Exemption	7	
TX-33.360	State & County Sales Tax Record	7	
TX-33.365	State Excise Report	7	
TX-33.370	State Excise Tax Accrual	7	
TX-33.375	State Income Tax Return	7	
TX-33.380	State Income Tax Return - Division Level	7	
TX-33.385	State Sales Tax Record	7	
TX-33.395	Tax Accrual Analysis	7	
TX-33.410	Tax Audit Report	7	
TX-33.420	Tax File	7	
TX-33.430	Year End Income Tax Information	7	
WH-34.030	Bill of Lading	LP+1	
WH-34.045	Warehouse Correspondence, Memos, & E-mail	AV	
WH-34.120	Freight Damage Report	LE+1	
WH-34.135	Field Freight Insurance Claim	LE+1	

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Designation	Name	Retention (yrs)	Comments
WH-34.150	Fuel Issue Card	AV	
WH-34.190	Material Requisition	LE+1	
WH-34.200	Owner Furnished Property	LE+1	
WH-34.240	Purchase Requisitions & Purchase Orders	LE+1	
WH-34.255	Receiving & Inspection Report	LP+1	Package Inspections
WH-34.270	Returned Goods Receipt	LE+1	
WH-34.280	Shipping Report	LE	
WH-34.285	Warehouse Inventory	AV	
WH-34.286	Waste Storage Log	LP+1	
WH-34.290	Warehouse Ticket	AV	

Retention Codes
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LP = Life of Policy
PL = Project Life
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Records Destruction Notification/Authorization Form

The document(s) listed below have exceeded their retention period and will be scheduled for destruction following the appropriate approvals. Please review the listed documents and indicate your acceptance/rejection of their pending destruction.

_____

_____

_____

_____

_____

(Attach additional sheets as necessary)

Tentative Destruction Date:_____ Destroy Record?

_____ _____ ☐ Yes ☐ No

Department Manager Date

_____ _____ ☐ Yes ☐ No

Quality Assurance Manager Date

_____ _____ ☐ Yes ☐ No

Facility Manager Date

Comments:_____

_____

_____

The above document(s) have been destroyed, unless noted otherwise.

Destruction Method: _____

Documents Destroyed _____

Document Control Specialist Signature/Date

US ECOLOGY, INC. PROCEDURE	NUMBER: QAP-18.01
	REVISION NUMBER: 3
TITLE: INTERNAL AUDIT	EFFECTIVE DATE:
	Page 1 of 10

Prepared By:

Douglas Greffin Date: 7/3/03

Douglas Greffin
Quality Assurance and Regulatory Compliance Coordinator

Reviewed and Approved By:

Date: 16 Jul 03

Michael R. Ault
Facility Manager

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US ECOLOGY, INC.
PROCEDURE CHANGE RECORD

TITLE: **INTERNAL AUDITS**

PROCEDURE NUMBER: QAP 18.01

REVISION NUMBER: 3

PAGE/PARAGRAPH AFFECTED: All

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B	AUDIT ATTENDANCE SHEET
C	AUDIT FINDING FORMS
D	AUDIT OBSERVATION FORM
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1.0 PURPOSE

The purpose of this Quality Assurance Procedure (QAP) is to define the methods for planning, executing, reporting, and follow-up of internal audits.

2.0 SCOPE

This QAP applies to the Richland Washington Low-Level Radioactive Waste disposal facility. This QAP shall support the performance of quality assurance internal audits

3.0 REFERENCES

3.1 ANSI/ASQC A3-1987, Quality Terminology

3.2 NUREG 1293, Revision 1, Quality Assurance Guidance for a Low-Level Radioactive Waste Disposal Facility

3.3 QAP 1.01, Stop Work Order

3.4 QAP 2.03, Quality Assurance Auditor Qualification

3.5 QAP 17.01, QA Records

3.6 Richland Facility Standards Manual (FSM)

4.0 DEFINITIONS

4.1 Audit – A planned, independent, and documented activity performed to determine by investigation, examination, or evaluation of objective evidence, the adequacy of and compliance with established procedures, instructions, and drawings, or other applicable documents.

4.2 Audit, Internal – An audit of those portions of an organization's quality assurance program retained under its direct control and within its organizational structure.

4.3 Audit Finding - A significant deficiency, such as failure to develop, document or implement effectively any applicable element of a quality assurance or compliance program.

4.4 Audit Observation - a statement of subjective opinion based on the auditor's experience or technical background. This includes conditions that are potentially adverse to quality or safety.

4.5 Audit Team – The group of individuals conducting an audit under the direction of a team leader.

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4.6 Auditee – The organization to be audited.

4.7 Auditor – Individual who performs a portion of an audit, including Lead Auditor, technical Specialist and other such as management representatives and auditors in training.

4.8 Corrective Action – Measures taken to rectify conditions adverse to quality and, where necessary, to preclude reoccurrence.

4.9 Independence – Freedom from bias and external influences.

5.0 RESPONSIBILITIES

5.1 The Quality Assurance and Regulatory Compliance Coordinator (QA&RCC) or designee is responsible for developing the internal audit schedule, approval of audit plans, closure of audit findings, and maintenance of audit records.

The QA&RCC or designee is responsible for assigning an auditor to each internal audit. Auditors shall be qualified or certified, as appropriate, in accordance with the following:

5.1.1 Facility Standards Manual section 5.1.2, Auditor Qualification, or

5.1.2 Facility Standards Manual section 5.3.2, Auditor Qualification, or

5.1.3 QAP 2.03, Lead Auditor Qualification

5.2 Auditors are responsible for implementing the requirements of this procedure, which includes but are not limited to:

- Planning of audits,
- Conducting audits,
- Reporting audit results, and
- Following-up on corrective actions, to ensure satisfactory resolution.

5.3 Company employees and subcontractors are responsible for supporting facility audits by providing auditors with requested information during the audit, and implementing and documenting appropriate corrective action in a timely manner.

6.0 RECORDS

6.1 The following are quality assurance records that comprise the audit file. These records are classified as "Lifetime Records" for retention purposes and shall be controlled in accordance with QAP 17.01, QA Records.

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- Audit Plan
- Audit Checklist
- Audit Report
- Audit Finding Form
- Audit Observation Form
- Audit Attendance Roster
- Auditor/Auditee Correspondence

6.2 Document Control shall maintain copies of all audits, including response documentation. Audit records shall be maintained in accordance with this policy and the records management procedure QAP 17.01.

7.0 PROCEDURE/REQUIREMENTS

7.1 Audit Scheduling

7.1.1 The QA&RCC in conjunction with input from the Manager of Operations and Facility Manager shall develop the internal audit schedule. The schedule should reflect a minimum of six (6) months in advance and shall be distributed to all affected facility managers.

> NOTE
> Internal audits shall be performed at a minimum of every 24 months from the previous audit, unless approved otherwise in writing by the Manager of Operations

7.1.2 Internal audits shall be scheduled in a manner that provides coverage and coordination with ongoing and anticipated project activities. This includes reasonable notification to participating auditors. Portions of the quality assurance internal audit conducted in conjunction with the facility management audit shall be unannounced.

7.1.3 In addition to regularly scheduled audits; additional audits may be scheduled as necessary for reasons such as:

7.1.3.1 A significant change(s) has occurred in the functional areas of a program, such as License amendment, reorganization, etc.

7.1.3.2 A systematic independent audit of a program's effectiveness is considered desirable, or

7.1.3.3 As necessary to verify implementation of corrective action.

7.2 Audit Planning

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7.2.1 The QA&RCC shall assign a auditor before the planning stage of each audit. Auditors shall be independent of the organization to be audited, a.k.a. auditee.

7.2.2 The QA&RCC is responsible for providing the auditor relevant information regarding past performance of the auditee, such as previous audit reports and checklist or applicable reference material, such as regulations, standards, copies of licenses, etc.

7.2.3 The auditor shall assure that members of the audit team are qualified, as appropriate, and orientated with the auditee's organization as well as applicable reference material.

7.2.4 The auditor shall obtain a unique audit number from Document Control. The audit number shall be placed on all quality-related documentation associated with the audit, i.e., audit plan, checklist, report, and correspondence. The QA&RCC shall maintain ultimate responsibility for the audit log.

7.2.5 The auditor shall coordinate the proposed audit schedule with the auditee to assure that appropriate management and personnel will be represented during the audit and that auditable work has been or is being performed.

7.2.6 The auditor shall then develop an audit plan and for announced audits, a notification memo. The audit plan shall contain the following information as a minimum, and shall be approved prior to distribution.

7.2.6.1 Purpose of the audit,
7.2.6.2 Scope of the audit (e.g. Product, System, or Program Audit),
7.2.6.3 Audit personnel,
7.2.6.4 Reference material, and
7.2.6.5 Audit agenda (i.e., pre-audit conference, audit periods, breaks, post audit conference, etc.).

7.2.7 For announced audits the auditor shall forward the notification memo and approved audit plan to Document Control for distribution. For unannounced audits, the audit plan will be forwarded to document control at the time of the audit

7.2.8 Document Control shall then distribute a copy of the audit plan and notification memo (if required) to the auditee, QA&RCC, and Manager of Operations. Document Control will retain the original audit plan.

7.2.9 The auditor shall utilize an audit checklist during the performance of the audit. An example of a checklist is illustrated on Appendix A. The checklist is an instrumental component of the audit that provides for an

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effective, thorough and uniform audit. The audit checklist should reflect the criteria within the scope of the audit, concentrating more on criteria that is of greater concern or importance to the audit. The auditor should employ any or all of the following auditing methods during the audit:

7.2.9.1 Review of compliance documentation, such as policies, procedures, licenses, for completeness and accuracy,

7.2.9.2 Examination in work areas for evidence of implementation to compliance documents,

7.2.9.3 Examination of personnel training and qualification records where special skills are required, and

7.2.9.4 Examination of selected work that has been accepted and comparison of findings with applicable requirements and the previous basis of acceptance.

7.3 Audit Performance

7.3.1 A pre–audit conference consisting of the audit team and auditee's management shall be conducted. During the pre-audit conference the scope of the audit is confirmed, auditor(s) introduced, counterparts are identified, the sequence of the audit is discussed, channels of communication established, escorts are arranged if necessary, and tentative plans for a post–audit conference is made. The Audit Attendance Sheet, Appendix B, shall be maintained for conferences and contacts made during audit.

7.3.2 Audits shall be performed within the scope of the audit plan and checklist. For each checklist question, the auditor shall verify by the appropriate method the material or objective evidence available to determine the auditee's conformance with the applicable criteria or QA program requirements.

7.3.3 If during the conduct of the audit, it is concluded that investigation outside the scope of the audit plan is necessary, the auditor shall notify the auditee of the intended deviation. If circumstances, such as auditor or auditee schedules do not allow a deviation from the audit scope, a follow–up audit or surveillance should be scheduled within 30 calendar days.

7.3.4 Specific documents reviewed and related comments shall be documented on the audit checklist. Where possible, copies of objective evidence should be physically attached or referenced on the checklist to permit subsequent analysis.

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7.3.5 Auditor's comments on the checklist should be presented in a clear, concise and non-subjective manner, whereby enabling other auditors to determine the status of each item based on the information recorded on the checklist.

7.3.6 Potential findings or observations encountered during the audit shall be reviewed with the auditee to assure that all objective evidence pertinent to the area evaluated has been made available for review, and to provide an opportunity for the auditee to clarify any misunderstandings. Conditions requiring prompt corrective action are to be reported immediately to the auditee's management. Where the continuation of the activity would jeopardize the quality of the activity or adversely affect a subsequent activity, a Stop Work Order (SWO) should be issued in accordance with procedure QAP 1.01.

7.3.7 At the conclusion of the audit, a post–audit conference shall be held with the auditee. As a minimum, the following shall be discussed and/or provided:

- Synopsis of audit results,
- Audit finding(s) and/or observations,
- Copies of all applicable forms, audit findings and/or observations, including instructions, and
- Auditee responsibilities regarding any follow-up actions, including timeframes for completion.

7.4 Audit Reporting

7.4.1 The audit report should be prepared by the auditor within 30 days of the post-audit conference, unless an extension is approved by the QA&RCC. The audit report shall be signed by the auditor and issued. The audit report shall include:

- Cover sheet that contains the name of auditee, audit number, audit date(s), auditor's signature.
- Introduction that contains the purpose and date of the audit, description of audit scope, and identification of the audit team and those interviewed during the audit;
- Previous audit status;
- Pre-audit and post-audit conference attendees and contacts;

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- Summary of results, including observations, findings, recommendations, positive or negative trends,
- Copies of findings and/or observations.

7.4.2 The audit report shall be distributed to the following, as a minimum:

7.4.2.1 Auditee

7.4.2.2 Manager of Operations

7.4.2.3 QA&RCC

7.4.2.4 Facility Manager, and

7.4.2.5 Document Control

7.5 Audit Response

7.5.1 The management of the audited organization shall review and investigate the audit findings and/or observations to the extent necessary to provide an appropriate response.

7.5.2 The preliminary corrective action statements on the audit finding forms should be completed during the post-audit conference.

7.5.3 Audit responses shall be documented on the appropriate forms and returned to the auditor within the time established at the post-audit conference or they will be considered delinquent.

7.5.4 In the event that corrective action cannot be taken immediately, the audited organization's response shall include a mutually agreeable completion date(s) for corrective action.

7.5.5 The auditor shall track finding and observation responses to assure that commitments made by the auditee are completed.

7.5.6 The auditor is responsible for evaluating the auditee's response for adequacy, including the presence of a corrective action completion schedule. Evaluation results should be forwarded to the auditee within ten (10) working days following receipt. Copies of closed audit findings and/or observations should also accompany the auditor's response.

7.5.7 If the response(s) is considered to be inadequate, the auditor shall contact the auditee to agree upon an adequate response(s). If/when the response(s) is adequate, the auditor shall document this acceptance and sign the appropriate audit response, i.e., finding/observation.

7.6 Audit Follow-up

7.6.1 Within thirty (30) working days after the established corrective action completion date the auditor may schedule a follow–up visit of the auditee to determine if corrective action has been implemented and whether it remains effective.

7.6.2 If the follow–up visit determines that corrective action taken is incomplete or not implemented as stated, the finding or observation shall remain open and could be considered delinquent and measures to implement a SWO may be warranted. If the follow–up determines the corrective action is complete, the auditor shall document these results on the appropriate finding and/or observation.

7.6.3 When audit corrective actions become delinquent, the auditor shall notify the QA&RCC in writing. The auditor and QA&RCC shall then evaluate delinquency and determine the appropriate corrective action, including initiation of a SWO.

7.7 Audit Closure

7.7.1 Following closure of all findings and observations, the auditor shall issue a formal notification of closure to the auditee.

7.7.2 The auditor is responsible for submitting a legible copy of the entire audit file, to include but not limited to the documents listed in Section 6.1 of this procedure, to Document Control.

AUDIT CHECKLIST

US Ecology, Inc.

AUDIT CHECKLIST

Audit No. _____

Page _____ of _____

No.	Checklist Item Description	Ref.	Summary and Comments	Results
			_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ Signature:_____ Date: _____	

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APPENDIX B
Page 1 of 1
AUDIT ATTENDANCE SHEET

US Ecology, Inc.	AUDIT ATTENDANCE SHEET	AUDIT NO.

	DATE	PLACE
A. ATTENDED PRE–AUDIT CONFERENCE		
B. CONTACTED DURING AUDIT		
C. ATTENDED POST—AUDIT CONFERENCE		

NAME	*	ORGANIZATION	TITLE

INDICATE A,B,C, AS APPLICABLE

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APPENDIX C

AUDIT FINDING

US Ecology, Inc.			AUDIT FINDING
AUDIT NO. 1	FINDING NO. 2	AUDIT TITLE 3	AUDITOR 4

REQUIREMENT:

5

FINDING/RECOMMENDATION

6

PRELIMINARY CORRECTIVE ACTION STATEMENT

7

COMMITMENT DATE 8	SIGNATURE—RESPONSIBLE FOR CORRECTIVE ACTION 9	DATE (SIGNED) 10

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AUDIT FINDING RESPONSE

US Ecology, Inc.	AUDIT FINDING RESPONSE	
	AUDIT NUMBER 11	FINDING NUMBER 12

IDENTIFY THE UNDERLYING ROOT CAUSE:

13

ACTIONS TAKEN TO PREVENT RECURRENCE:

14

INVESTIGATION OF PREVIOUSLY PERFORMED WORK WHICH MAY BE AFFECTED:

15

INVESTIGATION OF AREAS, EXTERNAL TO THE AUDIT WHERE THE DEFICIENCY MAY EXIST:

16

RESPONSIBLE MANAGER: SIGNATURE _____ DATE: _____

US ECOLOGY COMPLIANCE DEPARTMENT

RESPONSE EVALUATION: ☐ Adequate ☐ Inadequate

COMMENTS:

17

AUDITOR SIGNATURE DATE

FOLLOW-UP ACTION(S):

18

VERIFIED:

19

AUDITOR SIGNATURE DATE

CLOSURE

20

QA&RCC SIGNATURE DATE:

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AUDIT OBSERVATION

US Ecology, Inc.		AUDIT OBSERVATION	
AUDIT NO.	AUDIT TITLE	OBSERVATION NO.	AUDITOR
ACTIONEE		ACTIONEE'S ORGANIZATION	
OBSERVATION:			
RESPONSE:			
SIGNATURE - RESPONSIBLE FOR CORRECTIVE ACTION		DATE:	
DATE COMPLETED		AUDITOR SIGNATURE	
COMMENTS:			

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APPENDIX E
Page 1 OF 2
FINDING FORM COMPLETION INSTRUCTIONS

Auditor Instructions (Page 1 of 2)

Block 1) Enter the audit number obtained from Document Control.
Block 2) Enter the sequential finding number (i.e., One, Two, etc.)
Block 3) Enter audit title (Quality Assurance Program Audit).
Block 4) Enter Auditor(s) name.
Block 5) Enter the requirement violated, include the document number and revision, specific section or paragraph, and enter the appropriate text from the requirement, and
Block 6) Describe the deficiency. A recommendation for resolution may be presented, however, is not required.

Respondent (Auditee) Instructions (Page 1 of 2)

Block 7) Identify a preliminary corrective action statement or plan.
Block 8) Establish a commitment date for completion of the corrective action.
Block 9 & 10) Auditee signs and dates their preliminary corrective action plan.

Auditor Instructions (Page 2 of 2)

Block 11) Enter the audit number.
Block 12) Enter the sequential finding number (same a page 1)

Respondent (Auditee) Instructions (Page 2 of 2)

Block 13) Enter the underlying root cause. Unless required otherwise, the following root cause method may be used.

Keep asking "Why" until you satisfy the three root cause attributes. Don't focus on the symptoms; focus on permanent corrective action that eliminates the root cause. The three root cause attributes are:

a.) A solution that prevents reoccurrence
b.) A solution that is within our control; and
c.) A solution that allows us to meet our other objectives (i.e., operating the facility economically).

NOTE: The respondent may determine root cause by other means, e.g., Barrier or Change Analysis, Cause and Effect Analysis, Process Flow Analysis, or Brainstorming. The root cause analysis method must be appropriate to the type of deficiency (e.g., programmatic or systematic).

FINDING FORM COMPLETION INSTRUCTIONS

Block 14) Enter the action(s) taken to prevent recurrence. This action should eliminate or prevent recurrence of the deficiency.

Block 15) Investigate previously performed work that may be affected by the finding and document the result.

Block 16) Investigate areas external to the audit where the deficiency may exist and document the result. The manager responsible for the corrective action investigation shall sign and date the form and return the original to the auditor(s).

Auditor Instructions (Page 2 of 2)

Block 17) Evaluate the adequacy of the corrective action response and check the appropriate box. Incomplete or inadequate corrective action responses shall be returned to the responsible manager for resolution. The auditor shall then sign and date signifying acceptance of the corrective action response.

Block 18) The auditor should identify any follow-up actions that are necessary to verify completion of the corrective action.

Block 19) The auditor shall verify the completion of all corrective action. Following a satisfactory evaluation, the auditor shall sign and date the block and return the finding form to the QA&RCC or designee for closure.

Block 20) The QA&RCC or designee shall review the finding and associated documentation and determine if the corrective action taken and follow-up action are adequate and completed. Unsatisfactory results shall be corresponded to the auditor. Following an acceptable evaluation the QA&RCC or designee shall sign and date the form and transmit a copy to the affected organization.

MATERIAL IDENTIFICATION CONTROL

The identification and control of items as it applies to waste transportation, receipt and disposal is addressed in specific facility operating procedures.

It is the responsibility of each facility manager or his designee and the corporate QA department to ensure via audits and surveillances that these operating procedures are complied with.

Documents generated as a result of procedure implementation shall be maintained at the facilities and shall be subsequently processed as QA records.

QAI 8.01 Rev. 0	APPROVED BY John R. Eash EFF. DATE 7-10-92

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CONTROL OF PROCESSES

US Ecology does not perform special processes such as welding, heat treating, or nondestructive examination. When special processes are deemed necessary to support site and/or facility operations, the process is subcontracted.

It is the responsibility of each facility manager to ensure that the subcontractor personnel and procedures are qualified to applicable codes and standards. Approval of these qualifications by corporate QA is required prior to commencing work.

It is the responsibility of the corporate QA department to ensure that surveillances of special processes are performed and docuemnted: Subcontractor special process procedures, personnel qualifications and surveillance reports shall be maintained in the project file and subsequently processed as QA records.

TEST PLANNING AND CONTROL

When testing is required to verify conformance with design requirements, subcontractors are retained by US Ecology to plan, execute, document, and evaluate tests and test results.

Subcontractor procedures or established procedures such as ASTM methods which will be employed during the test activity are reviewed and approved by appropriate US Ecology personnel prior to the commencement of work.

When deemed necessary, implementation of the subcontractor's procedures is verified by the US Ecology QA Department. Verification may be by audit or surveillance and is documented. These documents are maintained as QA records in the applicable project file.

HANDLING STORAGE AND SHIPPING

Handling and interim storage instructions are defined in facility operating procedures. Shipping instructions as they relate to casks and the return of casks provided by others is addressed in cask operating manual and facility procedures.

Corporate QA shall ensure that periodic surveillance are conducted to verify compliance with facility procedures and cask operating manuals.

Documents generated as a result of handling, storage and shipping activities shall be maintained at the facilities. These documents shall later be processed as QA records.

INSPECTION AND TEST STATUS IDENTIFICATION

Inspection methods, statusing and acceptance criteria of waste shipments are defined in facility operating procedures. For other quality related items received at the facility, tags or physical markings are applied to the item to indicate its acceptance or rejection.

In the event that the status of a test is required, the subcontractor shall be responsible for indicating the status of any test being performed (see QAI 11.01).

Inspection and test status documentation shall be maintained at the facility and later be processed as QA records.