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ECAS

(Environmental Compliance Assessment System)

ENVIRONMENTAL COMPLIANCE ASSESSMENT REPORT

WALTER REED ARMY MEDICAL CENTER

1-16 February 1999



Prepared by:

U.S. Army Center for Health Promotion and Preventive Medicine
Aberdeen Proving Ground, MD 21010-5422

Distribution limited to U.S. Government agencies only; protection of privileged information evaluating another command; April 99. Requests for this document must be referred to Commander, U.S. Army Medical Command, ATTN: MCHO-CL-W, 2050 Worth Road, Fort Sam Houston, TX 78234-6000.



REPLY TO
ATTENTION OF

DEPARTMENT OF THE ARMY
U.S. ARMY CENTER FOR HEALTH PROMOTION AND PREVENTIVE MEDICINE
6158 BLACKHAWK ROAD
ABERDEEN PROVING GROUND, MARYLAND 21010-5422

62 APR 1996

MCHB-TS-EHM (40)

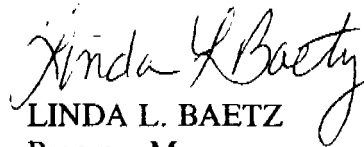
MEMORANDUM FOR Commander, U.S. Army Medical Command, ATTN: MCHO-CL-W,
2050 Worth Road, Fort Sam Houston, TX 78234-6000

SUBJECT: Environmental Compliance Assessment System (ECAS), Environmental
Compliance Assessment Report, Walter Reed Army Medical Center, Washington DC,
1-16 Feb 1996

One copy of the subject report is enclosed. The Executive Summary is provided as Chapter 1 of the report. The point of contact for this report is Mr. Eric Haukdal, the team leader for the Walter Reed ECAS assessment. He may be reached at DSN 584-8555 or commercial (410) 436-8555. Additional comments or concerns may be directed to the undersigned at DSN 584-3651 or commercial (410) 436-3651.

FOR THE COMMANDER:

Encl


LINDA L. BAETZ
Program Manager
Hazardous and Medical Waste

CF:
CDR, WRAMC, ATTN: MCAT-GC-E (w/encl)
CDR, USAEC, ATTN: SFIM-AEC-ECP (w/encl)
CDR, USAEC, ATTN: SFIM-AEC-TIC (w/encl)
CDR, USACHPPM-N (w/encl)

Readiness thru Health

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CHAPTER 1

EXECUTIVE SUMMARY

1.1 INTRODUCTION.

The Environmental Compliance Assessment System (ECAS) Program supports the Total Army (Active Army, Army Reserve, and Army National Guard). The ECAS Program is centrally funded by Headquarters, Department of the Army (HQDA) and centrally managed by the U.S. Army Environmental Center (AEC). The HQDA established the ECAS program as a tool for assisting Army installation commanders in achieving, maintaining, and monitoring environmental compliance.

The objectives of the ECAS at Walter Reed Army Medical Center (WRAMC) were: (1) to provide a "snapshot in time" evaluation of WRAMC's environmental compliance status; (2) to identify specific deficiencies as well as systemic weaknesses of WRAMC's environmental program; and (3) to suggest realistic corrective actions that would help WRAMC achieve, maintain, and monitor environmental compliance. To accomplish this objective, the ECAS assessment team employed sampling strategies to obtain a representative view of WRAMC's activities and tenants. This Environmental Compliance Assessment Report (ECAR) should be used as a tool to continue WRAMC's commitment to improving environmental programs and complying with environmental laws and regulations.

A matrixed team composed of military and civilian Army personnel from the U.S. Army Center for Health Promotion performed the onsite ECAS assessment during 1-16 February 1999. Separate Draft Findings Review Meetings were held for each ECAS media area before the media's assessor left WRAMC. The ECAS team leader, the ECAS team media representative(s), and personnel from the WRAMC Environmental Office attended these meetings.

1.2 SUMMARY OF FINDINGS

This ECAR presents the findings and corrective actions developed during the assessment. A total of 115 findings were identified at WRAMC. Table 1-1 (page 1-2) presents a summary of findings by media type, finding category, and finding class.

Table 1-1 Summary of Findings, WRAMC, 1999.

Media Area	Regulatory			Management			Total
	I	II	III	POS	MP	H/S	
A Air Emissions	7		2		1		10
C Cultural Resources	2		1				3
HM Hazardous Materials			4		1	5	10
HW Hazardous Waste	21		1		1		23
NR Natural Resources							0
O1 Environmental Impacts			2				2
O2 Environmental Noise							0
O3 Installation Restoration							0
O4 Pollution Prevention			2	1			3
O5 Program Management			1		7		8
PM Pesticides			7			1	8
PO Petroleum, Oil, Lubricants	4		2	1			7
SO Solid Waste	3		4		1		8
ST Storage Tanks					1		1
T1 Polychlorinated Biphenyls	1						1
T2 Asbestos	1		3		1		5
T3 Radon			1				1
T4 Lead-Based Paint	1		1		1		3
WA Wastewater	10	2			1		13
WQ Water Quality			9				9
TOTALS	50	2	40	2	15	6	115

1.3 FOLLOW-UP ACTIVITIES.

WRAMC and MEDCOM must now complete the Installation Corrective Action Plan (ICAP), a tracking system and funding strategy for the corrective actions contained in this ECAR. The purpose of the ICAP is to serve as a planning document for WRAMC and MEDCOM to use in funding and executing the chosen corrective actions. For each finding in the ECAR, the ICAP is intended to identify corrective actions, schedules, and required resources for correcting the deficiencies.

CHAPTER 2

BACKGROUND AND SCOPE

2.1 ENVIRONMENTAL COMPLIANCE ASSESSMENTS: GENERAL.

2.1.1 Objectives.

The ECAS evolved from the Department of the Army's recognition that Army installations needed assistance in complying with the vast array of environmental legislation. The objective of ECAS is to assist installation commanders in achieving, maintaining, and monitoring compliance with Federal, State, local, Department of Defense (DOD), and Army environmental regulations. The ECAS process provides a framework for the installation to identify and track compliance deficiencies. As a result, an installation's overall environmental program can be developed or improved. Of great benefit to the installation is the fact that ECAS not only identifies deficiencies, but also provides suggested corrective actions and targets resources to implement solutions.

2.1.2 Roles and Responsibilities.

The U.S. Army Environmental Center (AEC) manages the ECAS program by developing budgets and the ECAS work plan, overseeing ECAS software development, providing tracking and trend analysis, and providing ECAS training. Army assessment teams, such as USACHPPM and contracted environmental companies, perform the onsite assessments and produce the ECAR. Since the second implementation round of ECAS, (FY 1995-1997), major commands (MACOMs) have had an increased role in the ECAS assessment and the Installation Corrective Action Plan (ICAP) process. The MACOM and the installation select the corrective actions, negotiate schedules, and co-sign the ICAP.

2.2 WRAMC BACKGROUND INFORMATION.

2.2.1 Geographic Information. The main post of Walter Reed Army Medical Center is located in Northern Washington DC between Rock Creek Park and Georgia Avenue near the Maryland and District of Columbia boundary. The installation also has two additional areas, the Forest Glen Annex (which houses many support activities) and the Glen Haven Annex (a housing area). Both annexes are located in Montgomery County, Maryland.

2.2.2 Mission. The WRAMC provides medical care and treatment for members of all branches of the Armed Forces and their dependents. The WRAMC's mission has three facets: health care, education, and research. In addition to the medical center, there are three tenant research facilities located on post. These facilities are the Walter Reed Army Institute of Research (WRAIR), the Armed Forces Institute of Pathology (AFIP), and the U.S. Army Institute of Dental Research (USAIDR).

2.3 THE ECAS ASSESSMENT TEAM.

The ECAS assessment at WRAMC was performed by a matrixed team comprised of Army personnel (military and civilian) from USACHPPM, MEDCOM, and the contractor Horne Engineering. Table 2-1 (page 2-3) contains a list of team members, their educational backgrounds, and their areas of responsibilities during the assessment.

2.4 THE ECAS ASSESSMENT PROCESS AT WRAMC.

2.4.1 General.

The ECAS team used the following protocols to develop findings during the assessment: The Environmental Assessment and Management (TEAM) Guide (September 1997), the Washington DC Supplement to the TEAM Guide (January 1999), the Maryland Supplement to the TEAM Guide (January 1999), and the Active Army Supplement to the TEAM Guide (September 1997). The TEAM Guide and its supplements were written by the U.S. Army Corps of Engineers (USACE) Construction Engineering Research Laboratories (CERL). Version 2.0 (January 1999) of the Windows Compliance Assessment and Sustainment Software (WINCASS) was used to build the findings database and the draft corrective action plan contained in Appendix C of this ECAR.

2.4.2 Scoping Visit.

The ECAS team leader, Eric Haukdal, conducted a scoping visit at WRAMC from 4-5 January, 1999. The team leader met with the WRAMC Commanding General, the Garrison Commander, WRAMC Directors, Tenant Activity Commanders, and the Chief of the Environmental Office to provide an entrance briefing and define the scope of the on-site assessment. The team leader also made administrative and logistical arrangements, coordinated with selected activities, acquired background information, and determined the data management requirements.

2.4.3 Onsite Assessment.

During the 2-week onsite assessment (1-12 February 1999), the team visited and inspected various activities and facilities, reviewed records, and interviewed personnel in an effort to determine the compliance status of WRAMC. During this time, findings were developed and entered into a database using the WINCASS. The ECAS team and the Environmental Office Staff met periodically during the assessment to discuss each day's findings, exchange information, identify any problems encountered, and plan the schedule for the following days. The team leader performed quality control on all findings submitted by the team. Before leaving WRAMC, each team member briefed the Environmental Office Staff on the specific findings in his or her area of responsibility.

Table 2-1 WRAMC ECAS Assessment Team.

PERSONNEL	EDUCATION	RESPONSIBILITY
Eric Haukdal USACHPPM	BS - Civil Engineering	Team Leader
Susan Grice USACHPPM		Administrative Support
Dominique Aulgur USACHPPM	BA - Environmental Studies	Hazardous Waste, Pollution Prevention, PCBs
Linda Baetz USACHPPM	BS - Chemistry	Environmental Program Management
Carl Bouwkamp USACHPPM	BS - Fisheries and Wildlife MS - Natural Resources	Natural Resources, Environmental Impacts
Frank Carcirieri USACHPPM	BS - Geography	Air Emissions
Heather Evenden USACHPPM	BS - Environmental Protection	Air Emissions
David Gaines USACHPPM	BS - Entomology MS - Entomology PhD - Entomology	Pest Management
Gilbert Gonzalez MEDCOM	BS - Engineering Science MS - Environmental Science	Environmental Program Management
CPT Sean Marshall USACHPPM	BS - Environmental Engineering	Water Quality
1LT Kopriva Martin USACHPPM	BS - Environmental Engineering	Hazardous Materials, Asbestos, Radon, Lead-Based Paint
Ken Mioduski USACHPPM	BA - Chemistry MA - Applied Science (Env Engr)	Hazardous Waste, Pollution Prevention, PCBs
Julie Mueller Horne Engineering	BA - History MA - Historic Preservation	Cultural Resources
William Sproul USACHPPM	BS - Civil Engineering	Solid Waste, Installation Restoration
Richard Valcourt USACHPPM	BS - Civil Engineering	Storage Tanks, POLs, Waste Water

2.4.4 Draft Findings Review.

At the end of the on-site assessment, separate Draft Findings Review Meetings were held for each ECAS media area before the media's assessor left WRAMC. Mr. Eric Haukdal (ECAS team leader), the ECAS assessors, LTC Martha Sanders (Chief, WRAMC Environmental Office), and various personnel from the WRAMC Environmental Office attend these meetings. A Draft Findings Report was produced at the completion of the onsite assessment. The Draft Findings Report, including any substantial changes made during the Draft Findings Reviews, was provided to WRAMC and MEDCOM prior to the ECAS team's departure.

2.4.5 Exit Briefing.

The ECAS team leader held an exit briefing on 16 February 1999. Personnel attending the meeting included: the WRAMC Commanding General, the WRAMC Garrison Commander; the WRAMC Directorate Chiefs, Tenant Organization Commanders, and the Chief of the WRAMC Environmental Office and other members of the WRAMC Environmental Oversight Committee. During the exit briefing, the ECAS team leader presented an overview of the assessment process as well as a summary of the findings.

2.4.6 Draft Report Review and Comment Period.

The WRAMC Environmental Office, the MEDCOM, and the AEC reviewed the Draft Findings Report and provided comments by the end of the 4-week review and comment period. The ECAS team leader reviewed these comments and incorporated them into this final report.

2.4.7 Installation Corrective Action Plan.

Appendix C contains the Installation Corrective Action Plan (ICAP) framework. The ICAP is a planning document which is used as a funding identifier and tracking system for the corrective actions specified in the ECAR. It was developed and can be maintained using version 2.00 of WINCASS. The MEDCOM may periodically request WRAMC to submit a report on the status of the ICAP.

2.5 SAMPLING STRATEGY AND SITES EVALUATED.

2.5.1 Sampling Strategy.

Because of the large number of laboratories and other activities at WRAMC, the ECAS team was unable to perform a 100% post-wide assessment. As a result, a sampling strategy had to be implemented. Sampling focused on WRAMC's environmentally significant activities, operations covered under environmental permits, previous non-compliance issues, installation and MEDCOM areas of concern, and random sites.

The ECAS assessment team used many WRAMC documents to help develop the sampling strategy. Documents such as air emissions inventories, hazardous waste management plans, spill plans, water and wastewater system diagrams, the Integrated Natural Resource Management Plan, and the Environmental Compliance Assessment Report from the previous

ECAS were useful in determining which organizations and locations conducted environmentally significant activities that should be visited. In addition, WRAMC Environmental Office Staff was able to provide information about specific operations/activities which was useful in helping the assessment team members determine which sites to visit.

2.5.2 Specific Sites Evaluated.

Appendix B lists the buildings and activities evaluated by the ECAS team during the assessment.

CHAPTER 3

ECAS FINDINGS AND CORRECTIVE ACTIONS

This chapter contains the findings developed by the assessment team during the onsite assessment. All findings are categorized as either Regulatory Issues or Management Issues. Regulatory Issues represent a direct violation of Federal, State, or local laws or a violation of DOD Directives or Army Regulations. Regulatory Issues are then divided into three classes; Class I, Class II, and Class III. Management Issues include actions that are not necessarily governed by regulations but, never the less, have important environmental ramifications. Management Issues are also divided into categories which include: Positive Actions, Management Practices, and Health and Safety. Note that some Management Issues under the Health and Safety Classification do have regulatory citations associated with them. However, these citations are not environmental in nature and are, therefore, not categorized as Regulatory Issues for the purposes of this report.

The following paragraphs describe in detail each of the subcategories associated with the findings.

REGULATORY ISSUES

- | | |
|------------------|---|
| Class I | Indicates current noncompliance with a Federal, State, or local environmental regulation, permit, compliance agreement, consent order, or NOV. |
| Class II | Indicates future noncompliance with a Federal, State, or local environmental regulation, permit, compliance agreement, or consent order. Usually used in the context of complying with a future regulatory deadline or meeting annual requirements (such as testing or training). |
| Class III | Indicates either noncompliance with DOD Directives, Army Regulations, MACOM Regulations, or Installation Regulations. |

MANAGEMENT ISSUES

Positive	Indicates that the installation had surpassed the regulatory requirements or that the installation had been proactive in meeting the requirements or improving environmental programs.
Mgmt Practices	Areas of recommended good management practice in the absence of regulatory requirements.
Health/ Safety	Regulatory criterion cited was an Occupational Safety and Health Act (OSHA) regulation, a National Fire Protection Act (NFPA) requirement, or a Department of Transportation (DOT) regulation. These findings are not generally eligible for environmental funding under the Environmental Program Requirements (EPR) process.

3.1 AIR EMISSIONS MANAGEMENT.

The Walter Reed Army Medical Center (WRAMC), Air Management Program is lacking in several areas. Information from the Air Management Program and information collected from the site assessment conflict. Verbal agreements between the WRAMC Air Management Program, the State of Maryland, and the District of Columbia are not always documented in writing.

Title V permit applications have been secured for the WRAMC Main Post and the Forest Glen Annex. However, several of the sources covered by the Title V permit applications are not in compliance. Some of these sources include boilers that are not permitted, malfunctioning Continuous Emission Monitors, boilers without quarterly reports being submitted to Maryland Department of Environment, and generators which have not been tested for visible emissions.

The Forest Glen Annex DRAFT Emission Inventory (May 1998) is missing several air emission sources. These air emission sources include above ground and below ground storage tanks, chillers using R-22 refrigerant, and boilers. The DRAFT Ozone Depleting Chemicals (ODC) Control Plan (July 1998) does not have an accurate inventory of ODC refrigerants or ODC containing equipment.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: FAC001

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.005.06.DC 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Boiler Plant

Organization: DPW

Building Number: W-15

SUMMARY CONDITION STATEMENT:

Air emission source does not have required permit or approval.

REGULATORY CITATION:

D.C. Mun. Reg., Title 20, Sections 200.1, 200.2, and 200.11

REGULATORY REQUIREMENT:

Facilities must meet construction and operating permit requirements

FINDING DESCRIPTION:

Boilers 1, 2, 3, and 4 at the Walter Reed-Main Post, Department of Public Works (DPW), Boiler Plant (Bldg 15) have rating capacities of 122.2, 122.2, 74.8, and 78.7 MBtu, respectively. The District of Columbia (DC) Environmental Regulation Administration requires boilers of these capacities to have operating permits; however, these boilers currently do not have operating permits.

FINDING COMMENTS:

On November 17, 1997, the DC Department of Consumer and Regulatory Affairs, Environmental Regulation Administration sent notification of their review of the emission testing performed on the boilers. The notification states, in detail, numerous discrepancies and inconsistencies in the emission report such as: plant personnel not adhering to the requirements stipulated in the approved test protocol; discrepancies with actual start and end dates; discrepancies in Continuous Emission Monitors' (CEMS) calibration times; operating status of boilers as being "on" or "off"; boilers sharing the same stack being run simultaneously and sometimes fired on different fuels; and submittal of partial daily emission data.

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

According to the DC. Environment Regulation Administration, the emission tests did not follow DC Environmental Regulation Administration approved protocol and had many discrepancies and inconsistencies. In addition, because the CEMS were not certified, testing could be completed in accordance with the protocol.

COMPLIANCE CORRECTIVE ACTION:

Install and certify a continuous emissions monitoring system and ensure that plant personnel perform testing in accordance with the protocol approved by the DC Environmental Regulation Administration.

Estimated Cost: \$50,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	Yes - ECAS Finding ID: A-WBM-03 Walter Reed-Main Post Boiler Plant (Bldg 15), 1996.
Previous NOV?	No

IRF COMMENTS:

The installation is currently negotiating with a new contractor to repair the CEMS equipment. This issue is expected to be resolved by July 1999.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: FAC002

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.005.06.DC 05

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Boiler Plant

Organization: DPW

Building Number: W-15

SUMMARY CONDITION STATEMENT:

Air emission source does not meet permit conditions.

REGULATORY CITATION:

DC Mun. Reg., Title 20, Sections 200.1, 200.2, and 200.11

REGULATORY REQUIREMENT:

Facilities must meet construction and operating permit requirements

FINDING DESCRIPTION:

Boilers 1, 2, 3, and 4 at the Walter Reed-Main Post, Department of Public Works (DPW), Boiler Plant (Bldg 15), have rating capacities of 122.2, 122.2, 74.8, and 78.7 MBtu, respectively. According to DC source monitoring requirements, these rating capacities require the boilers to have a pollutant monitoring system. These boilers do have Continuous Emission Monitors (CEMS) and Opacity Monitors, however, they do not function properly.

FINDING COMMENTS:

The fact that the monitors do not function properly contributed to the DC Environmental Regulation Administration's decision not to grant a permit for the boilers. (See Finding FAC001)

ROOT CAUSE - RF3:

Systems, facility, equipment, or part failure.

ROOT CAUSE JUSTIFICATION:

Emission monitoring equipment, required by the DC source monitoring requirements, are installed on the boilers but do not function properly.

COMPLIANCE CORRECTIVE ACTION:

Repair or replace existing CEMS. Reapply and retest for an operational permit.

Estimated Cost: \$500,000

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

A new system is being procured that include the certification of the CEMS. This issue is expected to be resolved by July 1999.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: FAC004

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.001-02.TEAM 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Boiler Plant

Organization: WRAIR

Building Number: F-511

SUMMARY CONDITION STATEMENT:

Installation is not in compliance with Title V permit.

REGULATORY CITATION:

40 CFR 70.1

REGULATORY REQUIREMENT:

Installations/CW facilities which have major sources are required to apply for CAAA90 Title V Permits.

FINDING DESCRIPTION:

Boilers 6 and 7 at the Walter Reed, (Forest Glen Annex), Walter Reed Army Institute of Research (WRAIR), Boiler Plant (Bldg 511), each have rating capacities of 20.9 MBtu. These boilers are subject to the Forest Glen Title V permit application. The Title V permit application is currently the Forest Glen permit shield. The permit shield serves as Forest Glen's operational permit. Forest Glen must operate under the terms stipulated in its application until the state issues Forest Glen a Title V Facilities Operating Permit. According to the Title V permit application, Section 3B-1, Requirement No. 2, the boilers are required to pass opacity standards. Opacity monitors are installed on the boilers but do not function properly. These opacity monitors are the means by which the visible emissions are measured from the boilers and thus utilized for compliance with the Title V permit application requirements.

FINDING COMMENTS:

ROOT CAUSE - RF3:

Systems, facility, equipment, or part failure.

ROOT CAUSE JUSTIFICATION:

Visible emission standards for the Title V permit application cannot be met because the opacity monitors installed on the boilers are not functioning properly.

COMPLIANCE CORRECTIVE ACTION:

Repair or replace existing opacity monitors.

Estimated Cost: \$100,000

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

Note that the current opacity monitors are not sufficient to adequately measure opacity for the purposes of the Title V permit. As a result, they must be replaced rather than repaired.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: FAC005

FINDING REFERENCE:

Protocol: Air Emissions Management
URC: AE.002.XI.Team 99
Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Laundry
Organization: DOL
Building Number: F-606

SUMMARY CONDITION STATEMENT:

Good management practice for air emissions management.

REGULATORY CITATION:

Management Practice (MP)

REGULATORY REQUIREMENT:

Good management practices should be applied whenever possible.

FINDING DESCRIPTION:

The two lint exhaust vents exiting from the laundry facility at the Walter Reed (Forest Glen Annex) Laundry (Bldg 606) showed evidence of particulate discharges in the form of lint particles and lint balls. The laundry facility is not subject to the Title V permit application. The evidence of lint particulate suggests the lint collection system is not efficiently removing lint.

FINDING COMMENTS:

The lint removal system vent at the laundry facility is exhausting lint to the atmosphere. The manufacturer of the lint removal system has stated that additional water spray nozzles are required to enhance the efficiency of the system.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

I

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: FAC006

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.001.02.TEAM 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Boiler Plant

Organization: WRAIR

Building Number: F-511

SUMMARY CONDITION STATEMENT:

Installation is not in compliance with Title V permit.

REGULATORY CITATION:

40 CFR 70.1

REGULATORY REQUIREMENT:

Installations/CW facilities which have major sources are required to apply for CAAA90 Title V Permits.

FINDING DESCRIPTION:

The two generators at the Walter Reed, (Forest Glen Annex), Walter Reed Army Institute of Research (WRAIR), Boiler Plant (Bldg 511), have rating capacities of 750 kW. These generators are subject to the Walter Reed, (Forest Glen Annex), Title V pen-nit application requirements. The Title V permit application, Section 3B-2, Requirement No. 1, require the generators to have visible emission testing. The generators have not been tested for visible emissions. The Title V permit application is currently the Forest Glen permit shield. The permit shield serves as the Forest Glen operational permit. Forest Glen must operate under the terms stipulated in its application until the state issues Forest Glen a Title V Facilities Operating Permit.

FINDING COMMENTS:

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

The permit application requires the generators to have visible emission testing. Visible emission testing has not been performed on the generators. The Environmental Office was aware of the requirement but did not act upon it.

COMPLIANCE CORRECTIVE ACTION:

Have the generators opacity tested by a certified opacity reader.

Estimated Cost: \$300.00

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

Currently, no operators are qualified to perform visible emission testing. As a corrective action, several boiler plant personnel will attend Smoke School to receive training on visible emission testing. After successful completion of the training, the personnel will test the generators.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: FAC007

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.001.02.TEAM 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Boiler Plant

Organization: WRAIR

Building Number: F-511

SUMMARY CONDITION STATEMENT:

Installation is not in compliance with Title V permit.

REGULATORY CITATION:

40 CFR 70.1

REGULATORY REQUIREMENT:

Installations/CW facilities which have major sources are required to apply for CAAA90 Title V Permits.

FINDING DESCRIPTION:

Boilers 6 and 7 at the Walter Reed, Forest Glen Annex, Walter Reed Army Institute of Research (WRAIR), Boiler Plant (Bldg 511), each have rating capacities of 20.9 MBtu. These boilers are subject to the Forest Glen Title V permit application. The Title V permit application is currently the Forest Glen permit shield. The permit shield serves as the Forest Glen operational permit. Forest Glen must operate under the terms of its application until the state issues Forest Glen a Title V Facilities Operating Permit. According to the Title V permit application, Section 3B-1, Requirement No. 7, a quarterly report concerning the boilers must be submitted to the Maryland Department Environment (MDE). Quarterly reports have not been submitted to MDE. One of the requirements for the quarterly report are daily fuel usage records. The boilers do not have fuel meters installed. Without fuel meters, daily fuel usage information is not available.

FINDING COMMENTS:

ROOT CAUSE - RF1:

Design is inadequate.

ROOT CAUSE JUSTIFICATION:

Compliance with the Title V permit application is not possible without fuel meters to monitor usage rates.

COMPLIANCE CORRECTIVE ACTION:

Install fuel meters on boilers 6 and 7. Submit quarterly reports in accordance with the Forest Glen Title V permit application, Section 3B-1, Requirement No. 7.

Estimated Cost: \$440,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

A project for design is currently awaiting funding. The design estimate is \$40,000 and the construction estimate is \$400,000.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: HLE001

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.001.03.ARMY 02

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The emissions inventory is incomplete and/or inadequate

REGULATORY CITATION:

AR 40-5, para 11-4b and AR 200-1, para 6-3 a(1)

REGULATORY REQUIREMENT:

Preventive Medicine personnel at each installation are required to conduct and maintain an up-to-date emissions inventory listing all stationary sources of air pollution and inspect stationary air pollution sources periodically to assess compliance with a

FINDING DESCRIPTION:

The Forest Glen Draft Air Emission Inventory (AEI), dated May 1998, does not include all the air emission sources found at the Forest Glen Annex. The following air emission sources must be added to the Draft AEI to ensure completeness and accuracy of the inventory. Emission sources to be added for Building 511 include: one 1500-gal diesel, above ground storage tank (AST); two 500-gal No. 2 Fuel Oil underground storage tanks (USTs); and two York chillers each using R-22 refrigerant with a charge of 680 lbs each. Three new boilers each with heating capacities of 2 Million British Thermal Units per hour (MBTU/hr) were installed in Building 163 and must also be included in the current AEI. Additionally, the WRAMC Environmental Office had not finalized the Forest Glen Air Emissions Inventory. The Forest Glen Draft AEI has inconsistencies related to the air emission sources found at the Forest Glen Annex. Examples of inconsistencies include: Table 3-2, "Emission Source Listing by Building" was not included in the draft; Table 3-5, "Internal Combustion Source Emission Factors" was found on page 3-3-2, not page 3-3-3 as provided in the "List of Tables" page ii; and page 13 (handwritten), "Incinerators" in the AEI Calculations section should be eliminated. The incinerator at Building 54 (AFIP) has been inactive for 4 years and is scheduled to be disconnected in the summer of 1999.

FINDING COMMENTS:

The regulatory requirement states that Preventive Medicine must maintain the inventory. However, at WRAMC, this responsibility has been delegated to the Environmental Office. To eliminate duplication efforts, use the most recent Air Emissions Inventory to complete the annual emissions certification statement. Also, According to the contractor developing the inventory, throughput data for all air sources must be provided by the WRAMC Environmental Office before a final report can be issued. At the end of the Air Emissions Inventory report, "Data Format Required for AEI Calculations" section, there are summary sections for each air emission source (i.e. boilers, generators, degreasing, ethylene oxide sterilizers etc). At the end of each specific air source section, there is a list of questions from the contractor to the WRAMC Environmental Office requesting additional data in order to complete various tables and charts within each air source section. These questions must be answered by the Environmental Office and all tables must be completed before a final Air Emissions Inventory can be prepared.

ROOT CAUSE - PL3:

System is not in place to properly coordinate the review and acceptance of new and/or updated plans and/or procedures with appropriate agencies.

ROOT CAUSE JUSTIFICATION:

The Environmental Office has not submitted comments or recommended changes for the Draft Air Emissions Inventory to the contractor because no system is in place within the Environmental Office to ensure this occurs.

COMPLIANCE CORRECTIVE ACTION:

Ensure that the Air Emissions Inventory is complete and accurate. In addition, ensure that all sources are identified in the Air Emissions Inventory.

Estimated Cost: \$0.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	Yes - January 1996 ECAS, Finding Number A-WBM-08.
Previous NOV?	No

IRF COMMENTS:

The AEI will be reviewed and updated during an upcoming USACHPPM site visit.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: HLE003

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.001.02.TEAM 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Installation is not in compliance with Title V permit.

REGULATORY CITATION:

40 CFR 70.1

REGULATORY REQUIREMENT:

Installations/CW facilities which have major sources are required to apply for CAAA90 Title V Permits.

FINDING DESCRIPTION:

The Title V Part 70 Permit Application for the Forest Glen Annex of the Walter Reed Army Medical Center does not accurately reflect the air emission sources. In order for the Maryland Department of Environment (MDE) to issue the Forest Glen Annex a Title V Facility Operating Permit, all air emission sources must be included and identified to MDE. The following air emission sources must be added to the current April 1998 Title V permit application to provide an accurate representation of all sources. Boilers # 2 & 3 (with heating ratings of 4.3 MBtu/hr and 5.5 MBtu/hr, respectively) were located in Building 163. These boilers were removed within the past three weeks and replaced with three new boilers each with heating capacities of 2 MBTU/hour, which are not included in the permit application. Two York chillers located in Building 511, each using 680 lbs of R-22 refrigerant, are not included in the permit application; page C-5 and C-6, the building number found in the permit application for the GSA Motor Pool (Building 605) is listed as Building 4117, this should be corrected to read, "Building 605." One Carrier Chiller found in Building 163 using R- 11 refrigerant is not listed in the permit application. An incorrect regulatory citation (for boilers B6-B13) is found on page II-68 (requirement No. 1), which relates to maximum sulfur content of distillate fuels. The citation should read as COMAR 26.11.09.07 (A)(2)(b). Information which relates to the permit numbers for boilers on the Forest Glen Annex are not correctly listed in the Title V permit application. The construction permit issued by MDE (permit # 15-5-1086 N) for two Bryan Boilers located at Building 178 - lists the heating capacities as 1.1 MBTU/hr. whereas the Title V permit application states the heating capacity as 1.2455 MBtu/hr. Also, permit # 15-4-1346-1347N states the heating capacities for the two Cleaver Brooks Boilers in Building 511 as 20 MBtu/hr, while the boiler identification plate lists the heating

capacity as 20.992 MBtu/hr. Additionally, as required by the Title V permit application, T-BACT analysis must be conducted for the groundwater separator (Building 500) to demonstrate that the facility is not endangering human health. The Environmental Office did not perform the required T-BACT analysis to analyze volatile organic emissions.

FINDING COMMENTS:

ROOT CAUSE - PL3:

System is not in place to properly coordinate the review and acceptance of new and/or updated plans and/or procedures with appropriate agencies.

ROOT CAUSE JUSTIFICATION:

The Environmental Office has not submitted any data relating to emission source changes or provided any administrative corrections for the Forest Glen Title V permit to the Maryland Department of Environment because no system is in place within the Environmental Office to ensure this occurs.

COMPLIANCE CORRECTIVE ACTION:

Ensure that correspondence is established between MDE and the Environmental Office when modifications are made to any air emission sources, new sources are installed, or administrative changes in the Title V permit application are required.

Estimated Cost: \$0.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: HLE004

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.085.02.ARMY 03

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

ODC elimination projects/plans have not been implemented.

REGULATORY CITATION:

AR 200-1, para 5-2a, 5-3b

REGULATORY REQUIREMENT:

Army activities are required to establish, fund, and implement projects to meet the goal of eliminating ODCs altogether from the Army's inventory .

FINDING DESCRIPTION:

The inventory portion of the Walter Reed Army Medical Center's Draft Ozone Depleting Chemicals (ODC) Control Plan, dated July 1998, is incomplete. The contractor states that the inventory was not required to be validated; therefore, the Draft ODC Control Plan is 80% complete. The data for the inventory was provided by WRAMC. Missing data found within the ODC Control Plan includes ODC sources in Buildings 2, 12, 40, 500, and 511.

FINDING COMMENTS:

Walter Reed did not have a complete inventory of all Ozone Depleting Chemicals (ODC) equipment and ODC substances. However, the Environmental Office is in the process of drafting a Scope of Work (SOW) specifically addressing ODC Inventory and Program Management. Currently, the SOW includes contracting for an installation-wide inventory of all ODCs used and ODC equipment located at the Main Post and the Forest Glen Annex. Also, the SOW identifies that the inventory will include specific parameters within an ODC database to provide a more complete and descriptive identification system for each piece of ODC equipment. Personnel training and development of record keeping procedures are also requirements stated in the SOW. Review of electronic correspondence between WRAMC and the contractor reveals that additional funds are required to do a complete physical inventory of all ODCs used (i.e., ODC containing equipment and recycling/recovery equipment located on both the Main Post and the Forest Glen Annex).

ROOT CAUSE - RS2:

Contract deliverables are not properly identified and/or delivered.

ROOT CAUSE JUSTIFICATION:

The exact deliverable content was not made clear between the contractor and WRAMC for the ODC Control Plan. The contract language did not specify that the data provided by WRAMC was incomplete. Due to this error, the required deliverables were not met by the contractor and the ODC Control Plan contains many errors and is missing required data. At the time of the assessment, the draft ODC Control Plan, does not properly reflect the ODC sources found on the installation.

COMPLIANCE CORRECTIVE ACTION:

Finalize the SOW and develop a database management system for tracking ODC equipment, maintenance and refrigerant used throughout the installation.

Estimated Cost: \$0.

Conduct a complete physical inventory of all ODC equipment and ODCs used and update the current ODC Control Plan with accurate data

Estimated Cost: \$50,000.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: HLE005

FINDING REFERENCE:

Protocol: Air Emissions Management

URC: AE.001.02.TEAM 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Installation is not in compliance with Title V permit.

REGULATORY CITATION:

40 CFR 70.1

REGULATORY REQUIREMENT:

Installations/CW facilities which have major sources are required to apply for CAAA90 Title V Permits.

FINDING DESCRIPTION:

The Title V Permit Application for the Walter Reed Army Medical Center (WRAMC) Main Post does not accurately reflect the air emission sources. In order for the DC Air Resources Management Division (ARMD) to issue a Title V Facility Operating Permit, all air emission sources must be included and identified to ARMD. The following air emission sources must be revised in the May 1996 Title V permit application. One Kerosene underground storage tank (UST), [emission source 007-OB] located at Building 1, has been removed and must be deleted from the Title V permit application. Also, emission source 00E-01 (Swimming Pool Chlorination) must be deleted since this source was removed from Building 88 in 1997. Compliance plans found in "Section P" of the permit application should be reviewed.

FINDING COMMENTS:

Coordination between ARMD and WRAMC Environmental Office relating to air emission issues is ongoing. WRAMC should ensure ARMD is aware of all changes and modifications to the Title V permit, including any equipment malfunctions which cause non-compliance with the permit application. WRAMC should maintain documentation and conversation records between ARMD and the Environmental Office to qualify negotiations regarding air emission sources, especially about the boilers located at Building 15.

ROOT CAUSE - PL3:

System is not in place to properly coordinate the review and acceptance of new and/or updated plans and/or procedures with appropriate agencies.

ROOT CAUSE JUSTIFICATION:

The Environmental Office has not submitted administrative corrections for the Main Post Title V permit application to ARMD because no system is in place within the Environmental Office to ensure this occurs.

COMPLIANCE CORRECTIVE ACTION:

Ensure that correspondence is established between ARMD and the Environmental Office when modifications are made to any air emission sources, new sources are installed, or administrative changes in the Title V permit application are required.

Estimated Cost: \$0.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.2 CULTURAL RESOURCES MANAGEMENT.

The Cultural Resources program on the main post of Walter Reed Army Medical Center (WRAMC) has made significant strides since the 1996 ECAS assessment. Communication and coordination among the offices that deal with the installation's historic resources has improved to the point where the consideration of cultural resources has become almost routine. This can be attributed to extensive training that has occurred since 1996, as well as the positive attitude of the staff towards the protection of the post's historic heritage. Nonetheless, there are issues that have not been entirely resolved since the previous assessment.

The installation remains without an Integrated Cultural Resources Management Plan (ICRMP). Although one has been contracted and a draft has been completed, it is unclear when the ICRMP will be ready for distribution at WRAMC. Until such time, the installation is operating without formalized standard operating procedures for cultural resources.

The installation is also without a Programmatic Agreement for routine maintenance. Such an agreement would alleviate the amount of coordination and paperwork that is currently required among the installation, the State Historic Preservation Office, and the Advisory Council on Historic Preservation.

Finally, it appears that there are still projects that are not properly coordinated through the National Historic Preservation Act Section 106 review process. Although these projects are a small minority of the projects that are initiated at WRAMC, the fact that there are still projects for which there is not Section 106 coordination remains problematic and is non-compliant with a Federal regulation.

It should be noted that an ECAS assessment of the cultural resources program, as it pertains to the Forest Glen section, was not conducted per instructions from the U.S. Army Environmental Center.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: JAM001

FINDING REFERENCE:

Protocol: Cultural Resources Management

URC: CR.001.06.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation has not prepared an ICRMP.

REGULATORY CITATION:

DODI 4715.3, para D3(c) and Enclosure 7; AR 200-4, para 4-1 and 4-2

REGULATORY REQUIREMENT:

CRMPs are required to contain information needed to make appropriate decisions about cultural resources management.

FINDING DESCRIPTION:

The installation does not have an Integrated Cultural Resources Management Plan (ICRMP) in place. A draft ICRMP has been prepared and is in review; however, it appears that the final document is still several months away from being ready to disseminate.

FINDING COMMENTS:

The draft ICRMP is very comprehensive and contains the information required by AR 200-4 and recommended in DA PAM 200-4.

ROOT CAUSE - RS1:

Supplies have been ordered but have not been received.

ROOT CAUSE JUSTIFICATION:

The ICRMP has been contracted and a draft document has been prepared. It is currently undergoing government review at the Corps of Engineers and is expected to be ready for dissemination before the fall.

COMPLIANCE CORRECTIVE ACTION:

It is recommended that the installation continue to monitor the progress of the draft ICRMP to move the document through the review process as quickly as possible. Once it has been completed, it is suggested that training be provided to all possible users so that the document will be used to its fullest potential. Furthermore, copies should be provided to all possible users.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - The previous ECAS stated that there was no ICRMP (CR-JAM-03; 1996).

Previous NOV?

No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: JAM002

FINDING REFERENCE:

Protocol: Cultural Resources Management

URC: CR.005.02.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Construction, repair, or demolition actions have been undertaken without an assessment of the effect on National Register included or eligible property.

REGULATORY CITATION:

36 CFR 800.1

REGULATORY REQUIREMENT:

Prior to the start of a new undertaking, installations/CW facilities are required to take into account the effects of the undertaking on property included in or eligible for the National Register of Historic Places

FINDING DESCRIPTION:

The National Historic Preservation Act Section 106 review process is not initiated for every project that requires it. This process requires consultation among the proponent, the State Historic Preservation Office and sometimes the Advisory Council on Historic Preservation regarding the effects of the project on National Register listed or eligible properties.

Although the majority of the projects planned at Walter Reed are undergoing Section 106 review, it is apparent that at least a few are slipping through the internal check and are proceeding without the proper paperwork. An example is the installation of security bollards at vehicular entrances to the post.

FINDING COMMENTS:

As noted, communication and coordination among the offices that have responsibility for historic resources at Walter Reed has improved significantly over the past three years. Some of this can be attributed to extensive cultural resources training that has taken place and some of it has to do with the positive attitude of the staff toward complying with the National Historic Preservation Act. These two elements combined have helped reduce the number of projects for which Section 106 compliance is not initiated. Nonetheless, there are still projects that seem to be planned without the proper coordination. Continued training and communication, as well as the implementation of the Integrated Cultural Resources Management Plan when it is done should help eliminate this problem.

ROOT CAUSE - PT3:

Regulatory policy is misinterpreted.

ROOT CAUSE JUSTIFICATION:

It appears that minor, less expensive and less complex projects sometimes fall between the cracks for environmental review. Also, it appears that there are times when it has been assumed that because some historic preservation reviews have been completed (such as review by the Commission of Fine Arts or the National Capital Planning Commission), Section 106 is not required.

COMPLIANCE CORRECTIVE ACTION:

It is recommended that a tracking system or checklist be established to all projects. This system would remind the environmental and planning staff which reviews have been completed and which remain to be done.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	Yes - This problem was identified during the 1996 ECAS evaluation (CR-JAM-01)
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: JAM003

FINDING REFERENCE:

Protocol: Cultural Resources Management

URC: CR.005.02.TEAM 98

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

There is no Programmatic Agreement controlling Section 106 compliance.

REGULATORY CITATION:

36 CFR 800.1

REGULATORY REQUIREMENT:

Prior to the start of a new undertaking, installations/CW facilities are required to take into account the effects of the undertaking on property included in or eligible for the National Register of Historic Places

FINDING DESCRIPTION:

The installation has no Programmatic Agreement covering routine maintenance (i.e. repointing of mortar, roof repairs, painting, etc.) of historic resources. Such an agreement would alleviate the workload of the Cultural Resources Manager by decreasing the amount of correspondence and coordination required with the State Historic Preservation Office.

FINDING COMMENTS:

The Cultural Resources Manager understands that having a Programmatic Agreement (PA) would alleviate Section 106 workload. As soon as the Integrated Cultural Resources Management Plan is approved, work will begin to develop a PA for routine maintenance.

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

Although funds have been expended for several cultural resources PAs for Walter Reed, none have addressed routine maintenance. The staff decided to wait until the Integrated Cultural Resources Management Plan was done before preparing a routine maintenance PA.

COMPLIANCE CORRECTIVE ACTION:

A Programmatic Agreement covering routine maintenance issues as described in the draft Integrated Cultural Resources Management Plan should be developed and signed. Such an agreement would alleviate the workload of the Cultural Resources Manager and could expedite routine projects.

Estimated Cost: \$10,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	Yes - 1993 ECAS Finding Number NHPA-02
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.3 HAZARDOUS MATERIALS MANAGEMENT.

The installation has effective hazardous materials management. All of the tenant organizations have greatly improved their hazardous materials management since the last ECAS. There were some problems associated with the storage of incompatible materials but this was due to the large amount of hazardous materials awaiting turn-in. The only organization visited by the ECAS team that did not have a hazardous communications (HAZCOM) program was the Directorate of Public Works (DPW). DPW employees work with a large and varying amount of hazardous materials and it is important that all of these employees receive effective HAZCOM training and are made aware of the requirements of the HAZCOM program.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV006

FINDING REFERENCE:

Protocol: Hazardous Materials

URC: HM.004.05.ARMY 04

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Chiller Rm, Basement

Organization: AFIP

Building Number: W-54

SUMMARY CONDITION STATEMENT:

Existing aboveground hazardous material storage facilities/systems are not upgraded for secondary containment.

REGULATORY CITATION:

AR 200-1, para 3-3a(4) and 4-3d

REGULATORY REQUIREMENT:

Hazardous materials storage and handling areas are required to be designed and operated to prevent/minimize spill damage.

FINDING DESCRIPTION:

One 55-gal drum and three 45-gal drums of scale remover were stored without containment adjacent to an open floor drain in the basement chiller room of the Armed Forces Institute of Pathology. This material is highly corrosive. Any accidental spill entering the collection system could damage it.

FINDING COMMENTS:

There was no visual evidence of past spills at this location.

Note that a worked order was submitted to the facility plumber and the drain was capped shortly after the assessment.

ROOT CAUSE - RS1:

Supplies have been ordered but have not been received.

ROOT CAUSE JUSTIFICATION:

The facilities manager was aware of the issue and had requested that the drain be capped. However, the work order had not been completed.

COMPLIANCE CORRECTIVE ACTION:

Have the drain capped to prevent spills from enter the collection system.

Estimated Cost: \$25

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - Armed Forces Institute of Pathology
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV007

FINDING REFERENCE:

Protocol: Hazardous Materials

URC: HM.004.05.ARMY 04

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Mech Room, Basement

Organization: AFIP

Building Number: W-54

SUMMARY CONDITION STATEMENT:

Existing aboveground hazardous material storage facilities/systems are not upgraded for secondary containment.

REGULATORY CITATION:

AR 200-1, para 3-3a(4) and 4-3d

REGULATORY REQUIREMENT:

Hazardous materials storage and handling areas are required to be designed and operated to prevent/minimize spill damage.

FINDING DESCRIPTION:

Seven drums of scale remover were stored adjacent to an open wet well in the basement mechanical room of the Armed Forces Institute of Pathology. This material is highly corrosive but was stored without any secondary containment. Any accidental spill entering the collection system could cause damage to the collection system.

FINDING COMMENTS:

There was no visual evidence of any spills entering the wet well.

ROOT CAUSE - RS3:

Control and oversight does not exist over purchased materials, equipment, and services supporting the day-to-day operations and maintenance activities.

ROOT CAUSE JUSTIFICATION:

Lack of secondary containment was an oversight by facility personnel. They were unaware that the drums were located near an open wet well.

COMPLIANCE CORRECTIVE ACTION:

Provide secondary containment pallets for the drums or construct a containment berm around the wet well to prevent accidental spills from entering the wastewater collection system. Estimated cost for containment: \$300/containment pallet; Estimated cost for berm:\$18/ft of 3-in concrete berming.

Estimated Cost: \$300

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - Armed Forces Institute of Pathology
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

Temporary containment was established around the open wet well within 2 days of this finding. The DPW is working with a contractor to provide a pennant fix by installing double insulated containers.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV008

FINDING REFERENCE:

Protocol: Hazardous Materials

URC: HM.004.05.ARMY 04

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Photo Shop, Rm E071

Organization: AFIP

Building Number: W-54

SUMMARY CONDITION STATEMENT:

Existing aboveground hazardous material storage facilities/systems are not upgraded for secondary containment.

REGULATORY CITATION:

AR 200-1, para 3-3a(4) and 4-3d

REGULATORY REQUIREMENT:

Hazardous materials storage and handling areas are required to be designed and operated to prevent/minimize spill damage.

FINDING DESCRIPTION:

Eight 5-gal containers of developer, pre-bleach, fixer, and replenisher were connected to a Kodak E6 processor in the Armed Forces Institute of Pathology, Photography Shop, room E071. These containers were elevated, did not have secondary containment, and were positioned next to an open floor drain. Any spill or leakage would discharge to the sanitary sewer. The floor leading to the drain showed signs of previous spills and the drain itself showed signs of corrosion. However, the containers were not currently leaking.

FINDING COMMENTS:

ROOT CAUSE – RF1:

Design is inadequate.

ROOT CAUSE JUSTIFICATION:

The design is inadequate because it could allow photographic fixer to enter the drain.

COMPLIANCE CORRECTIVE ACTION:

Elevate the drain 1 to 2 inches from the floor using PVC pipe.

Estimated Cost: \$50

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - Armed Forces Institute of Pathology
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

A work order has been initiated to cap one to the floor drains and to raise the other. Reference service ticket number 99070-006.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV019

FINDING REFERENCE:

Protocol: Hazardous Materials

URC: HM.004.05.ARMY 04

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: WRAIR

Organization: WRAIR

Building Number: W40

SUMMARY CONDITION STATEMENT:

Existing aboveground hazardous material storage facilities/systems are not upgraded for secondary containment.

REGULATORY CITATION:

AR 200- 1, para 3-3 a(4) and 4-3d

REGULATORY REQUIREMENT:

Hazardous materials storage and handling areas are required to be designed and operated to prevent/minimize spill damage.

FINDING DESCRIPTION:

Two 275 gal tanks containing Phosphoric acid and cage wash compound were stored adjacent to an open floor drain in the Walter Reed Army Institute of Research 4th Floor cage washing area. These materials are highly corrosive and were stored without secondary containment. Any accidental spill entering the collection system could cause damage to it.

FINDING COMMENTS:

Since identifying this finding, the WRAIR personnel were actively seeking a replacement tank and containment system.

ROOT CAUSE - RF1:

Design is inadequate.

ROOT CAUSE JUSTIFICATION:

The threat of spills or leaks from these tanks was over-looked and so a containment system was never constructed.

COMPLIANCE CORRECTIVE ACTION:

Remove and replace existing tanks with smaller tanks having double wall construction or secondary containment features.

Estimated Cost: \$6,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - Walter Reed Army Institute of Research
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

This finding has been corrected.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: KMM001

FINDING REFERENCE:

Protocol: Hazardous Materials

URC: HM.015.01.TEAM 01

Finding Category: Health and Safety

FACILITY INFORMATION:

Facility Type: General

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

Facilities engaged in the laboratory use of hazardous chemicals do not have a Chemical Hygiene Plan.

REGULATORY CITATION:

(29 CFR 1910.1450(e)).

REGULATORY REQUIREMENT:

Installations/CW facilities engaged in the laboratory use of hazardous chemicals (see definitions) are required to have a Chemical Hygiene Plan

FINDING DESCRIPTION:

There is no Chemical Hygiene Plan for any of the laboratories at WRAMC hospital with the exception of DPALS and DCI.

FINDING COMMENTS:

The WRAMC Safety Office should develop a Chemical Hygiene Plan that provides information on the laboratory use of hazardous chemicals and distribute this plan to all laboratories in the facility.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM002

FINDING REFERENCE:

Protocol: Hazardous Materials
URC: HM.001.02.TEAM 50
Finding Category: Health and Safety

FACILITY INFORMATION:

Facility Type: Photo Shop, Rm E071
Organization: AFIP
Building Number: W-54

SUMMARY CONDITION STATEMENT:

MSDSs are not readily available.

REGULATORY CITATION:

29 CFR 1910.1200(b)(3)(ii), 1910.1200(b)(4)(ii), 1910.1200(b)(6), 1910.1200(g)(1), and 1910.1200(g)(8)

REGULATORY REQUIREMENT:

Installations/CW facilities are required to have on file an MSDS for each hazardous chemical stored and used at the installation/CW facility

FINDING DESCRIPTION:

All employees did not have immediate access to material safety data sheets (MSDSs). The MSDSs were kept in a locked room to which only supervisors had access.

FINDING COMMENTS:

Material safety data sheets should be made readily available to all employees. MSDSs should be moved to an open area that is accessible to all employees. An effective means of making MSDSs available to all workers is to create a "Right to Know" station in the work area that contains all MSDSs and safety SOPs.

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM003

FINDING REFERENCE:

Protocol: Hazardous Materials
URC: HM.045.01.TEAM 01
Finding Category: Health and Safety

FACILITY INFORMATION:

Facility Type: DPALS
Organization: WRAMC Hospital
Building Number: W-2

SUMMARY CONDITION STATEMENT:

Compressed gas containers are improperly handled/stored.

REGULATORY CITATION:

29 CFR 1910.101

REGULATORY REQUIREMENT:

The in-plant storage, handling, and utilization of all compressed gases in cylinders, portable tanks, rail tankers, or motor vehicles must be done according the Compressed Gas Association Pamphlet P-1-1-1965

FINDING DESCRIPTION:

There is an unsecured nitrogen compressed gas cylinder in Room 2B44.

FINDING COMMENTS:

DPALS personnel should ensure that all compressed gas cylinders are secured at all times. Compressed gas cylinders should be placed in a location that has equipment suitable to secure the cylinders.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM005

FINDING REFERENCE:

Protocol: Hazardous Materials

URC: HM.002.51.TEAM 51

Finding Category: Health and Safety

FACILITY INFORMATION:

Facility Type: DPALS, T2 Rm 262

Organization: WRAMC Hospital

Building Number: W-T2

SUMMARY CONDITION STATEMENT:

Flammable liquids are improperly stored.

REGULATORY CITATION:

NFPA 30-1993, section 4-5.5.3.

REGULATORY REQUIREMENT:

Not more than ten gallons of class 1 and class 2 flammable liquids combined shall be stored in a single fire area, outside of a flammable storage cabinet.

FINDING DESCRIPTION:

Forty gallons of flammable liquid are stored in the open storage area of Building T2, room 262.

FINDING COMMENTS:

All flammable liquids in excess of 10 gallons must be stored in the flammable storage cabinets that are located in room 262. DPALS personnel must move the 40 gallons of flammable liquids into the flammable storage cabinets and ensure that all flammable liquids are stored in these cabinets.

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM006

FINDING REFERENCE:

Protocol: Hazardous Materials

URC: HM.010.01.TEAM 01

Finding Category: Health and Safety

FACILITY INFORMATION:

Facility Type: Admin

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

There is no written hazard communication program.

REGULATORY CITATION:

29 CFR 1910.1200(b)(1) and 1910.1200(e)(1)

REGULATORY REQUIREMENT:

Installations/CW facilities are required to have a written hazard communication program that is designed to provide all employees with information about the hazardous chemicals to which they are exposed

FINDING DESCRIPTION:

There is no written hazardous communications (HAZCOM) program for DPW. There are several hazardous materials management problems throughout DPW due to the lack of a HAZCOM program. DPW personnel throughout the installation do not receive hazardous communications training because there is no HAZCOM program that mandates this training. As a result, material safety data sheets (MSDSs) are not available at all DPW shops. In addition, incompatible materials are stored in flammable storage cabinets and DPW workers use lead-based paints without being instructed on the health and environmental hazards associated with this type of paint.

FINDING COMMENTS:

The DPW must develop a HAZCOM program and ensure DPW employees receive adequate HAZCOM training. The DPW should consult with the installation safety office to develop appropriate HAZCOM training.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

Note that Preventive Medicine is responsible developing the post-wide HAZCOM program and the DPW should not develop a separate one.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

The DPW should consult with preventive medicine or the installation safety office to ensure that its personnel receive HAZCOM training. In addition the DPW must be responsible for ensuring that all applicable MSDSs are available in its areas.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM004

FINDING REFERENCE:

Protocol: Hazardous Materials
URC: HM.035.01.TEAM 01
Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: T2, Room 152-A
Organization: WRAMC Hospital
Building Number: W-2

SUMMARY CONDITION STATEMENT:

Flammable/combustible liquids are not stored according to good management practices.
(MP)

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Specific management practices should be considered when storing and handling flammable/combustible materials (MP) [April 1995]

FINDING DESCRIPTION:

Over 30 gallons of flammable liquids and 20 kilograms of caustic materials are stored together. These items are currently awaiting turn-in to the environmental office but, in the interim, are being stored without regard to compatibility. This finding occurred in Building T-2 rooms 152-A, 155, and 262.

FINDING COMMENTS:

Incompatible materials should be segregated at all times. DPALS personnel should use compatibility charts to segregate and properly store all of the materials that are to be turned in.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.4 HAZARDOUS WASTE MANAGEMENT.

The Walter Reed Army Medical Center (WRAMC) Hazardous Waste (HW) Program is comprised of two distinct elements - the Environmental Office and the Industrial Hygiene Office. The Environmental Office is responsible for properly managing hazardous wastes through two of their less than (<) 90 day storage sites operated at the WRAMC - Main Post area (Bunker 54) and the Forest Glen Annex (Bldg 515). Hazardous waste generators transport their wastes to these storage areas on a weekly basis. From there, the Environmental Office contracts disposal through the Ft. Meade DRMO. Hazardous waste manifests are properly maintained by the Environmental Office. The Industrial Hygiene Office has been tasked to serve as quality assurance/quality control (QA/QC) over the HW program. This entails making periodic inspections of waste generation points and any storage areas, reviewing documentation, and providing hazardous waste management training to necessary personnel.

WRAMC - Main Post was visited by the U.S Environmental Protection Agency (EPA) and the District of Columbia's Environmental Health Administration for a joint review of the HW Program during March 1998. A Complaint, Compliance Order, and Notice of Opportunity for Hearing was issued on 30 September 1998. In this, they cited numerous instances of the mismanagement of hazardous waste at the generation/storage sites. The Environmental Office and Industrial Hygiene Office have been working to correct deficiencies and provide guidance to reduce future noncompliance. Independent of this process, the WRAIR is scheduled to move and consolidate its laboratories in a single complex at the Forest Glen Annex and is cleaning house. As a result, the volume of hazardous waste being generated has increased dramatically. So much so, that the Environmental Office temporarily stopped accepting wastes into their < 90 storage sites due to lack of space. Additionally, an amnesty day, in preparation for this assessment, was held allowing various installation activities to turn-in excess items. As a result, a temporary storage area has been established within the Rumbaugh Garage. This has resulted in a number of findings related to the improper labeling, storage, transportation, and characterization of wastes at the Rumbaugh Garage and Forest Glen Annex locations.

The HW Program is hampered by the fact that the installation exists in two separate regulating jurisdictions. WRAMC - Main Post is located in the District of Columbia and the Forest Glen Annex is located within the State of Maryland. As such, guidance provided in the Hazardous Waste Management Plan (HWMP) must be structured to address the dissimilarities between the two jurisdictions. The HWMP currently does not adequately address these and provides guidance which may result in the hazardous generators at the Forest Glen Annex being out of compliance with regard to the < 90 day Storage Site designation.

Training is currently limited to on-the-job (OTJ) training. An Environmental Action Plan is being drafted which will detail various levels of environmental stewardship training required by installation personnel. This, coupled with a reinstitution of the hazardous waste management training program, should effectively minimize HW mismanagement at the generator level.

Periodic reviews/inspections of generation sites will effectively reinforce this training and build a strong base for the proper management of HW. Inspections/site monitoring are currently limited to tenant activities performing their own site assessments. All HW generation and storage sites should be inventoried and monitored by the Environmental Office or Preventive Medicine on a periodic basis. However, this is not currently occurring.

One of the major management short comings associated with the HW management program involves the lack of coordination between the Environmental Office and the Industrial Hygiene Office. Although, some HW generators do routinely contact and coordinate activities with the Environmental Office and Industrial Hygiene Office, there are no routine interactions between these two offices and generator sites with regards to training and site monitoring/inspection. Through training and monitoring of these sites, the quantity of HW generated and non-compliance issues should be effectively reduced.

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: KAM002

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.080.04.TEAM 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: General

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

LQG storage areas for hazardous waste are not maintained and operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

REGULATORY CITATION:

40 CFR 262.34(a)(4) and 265.30 through 265.37

REGULATORY REQUIREMENT:

Generator storage areas for hazardous waste must be designed, constructed, maintained, and operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

FINDING DESCRIPTION:

Many hazardous waste storage areas located at Walter Reed Army Medical Center (WRAMC) do not comply with 40 CFR 262.34. Currently, weekly inspections are not being conducted and spill plans have not been put in place. The hazardous waste storage areas identified in this finding include: 2B44, 4743a, 4D49, 1J43, 262 (Bldg T2), and 233 (Bldg T2).

FINDING COMMENTS:

This finding consists of 2 distinct deficiencies: the lack of spill plans and the lack of weekly training. Although each of these deficiencies represents a separate regulatory violation, they were combined under one Summary Condition Statement to portray the general mismanagement of this site. For each of the deficiencies, the following list provides the regulatory citation as well as the ECAS Protocol Checklist Item Number and the corresponding Summary Condition Statement number.

Spill Plan: 40 CFR 232.34(a)(4); HW.065.01.TEAM; 01

Weekly Inspections: 40 CFR 232.34(a)(1)(i); HW.080.03.TEAM; 01

ROOT CAUSE - TP4:

the training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their supervisors. Although this OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

Provide copies of site-specific spill plans at each of these locations. In addition, have personnel who work in each area conduct (and document) weekly inspections.

Estimated Cost: \$0

Update the Installation Hazardous Waste Management Plan to describe all < 90 day accumulation area requirements. Then, establish a post-wide training program to inform employees of the plan's requirements. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$2,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM003

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.080.03.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Laboratories

Organization: AFIP

Building Number: W-54

SUMMARY CONDITION STATEMENT:

No weekly inspection of LQG hazardous waste storage area.

REGULATORY CITATION:

40 CFR 262.34(a)(1)(i) and 265.174

REGULATORY REQUIREMENT:

Generator personnel must conduct weekly inspections of container storage areas.

FINDING DESCRIPTION:

Many hazardous waste storage areas located throughout the Armed Forces Institute of Pathology (AFIP) have monthly, rather than weekly, inspections of hazardous waste storage areas. Hazardous waste storage areas that were identified during the assessment include the following rooms: 5041, 4106, 2006, 2008, 2012, 2014, 2096, 2084, 2072, 3102, 3100, M093, B049, B080, and the still room.

FINDING COMMENTS:

At the storage sites visited, hazardous wastes (HW) are labeled accordingly, dated, and stored in such a manner as to prevent spillage. Personnel have received training regarding the safe handling, labeling, and disposal of hazardous waste.

Note that the AFIP safety officer indicated that the frequency of inspection of the waste generation and storage areas would be changed to weekly.

ROOT CAUSE - TP4:

The training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their supervisors. Although OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

Increase the frequency of inspections to weekly.

Estimated Cost: \$0

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: . \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - AFIP
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM004

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.080.03.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: NeuroSci Section

Organization: WRAIR

Building Number: W-40

SUMMARY CONDITION STATEMENT:

No weekly inspection of LQG hazardous waste storage area.

REGULATORY CITATION:

40 CFR 262.34(a)(1)(i) and 265.174

REGULATORY REQUIREMENT:

Generator personnel must conduct weekly inspections of container storage areas.

FINDING DESCRIPTION:

Inspections of less than (<) 90 day hazardous waste storage areas located within the Neuroscience Chemistry Section of the Walter Reed Army Institute of Research (WRAIR) were not being conducted weekly. Section personnel indicated that inspections occurred monthly. Records of these inspections are maintained by the appointed safety officer of the section. The rooms associated with the Neuroscience Chemistry Section of WRAIR which were visited by the assessors include: 3057, 3063, 3069, 3077, 3079, and 3081.

FINDING COMMENTS:

ROOT CAUSE - TP4:

The training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their supervisors. Although OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

Increase the frequency of inspection to weekly.

Estimated Cost: \$0

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - WRAIR
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM006

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.055.01.TEAM 04

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Room B040

Organization: WRAIR

Building Number: W-40

SUMMARY CONDITION STATEMENT:

Containers of hazardous waste at LQG are improperly labeled.

REGULATORY CITATION:

40 CFR 262.34(a)(2), 262.34(a) (3), and 262.34(b)

REGULATORY REQUIREMENT:

Generators may accumulate hazardous waste onsite for 90 days or less without a permit or interim status provided they meet certain conditions.

FINDING DESCRIPTION:

A 1 -L waste container without the starting accumulation date was found in a flammable storage cabinet located in room B040 at WRAIR (Bldg 40). The container held approximately 1 L of liquid (mineral spirits) and was labeled as hazardous waste. All hazardous waste containers should be labeled with the waste accumulation start date.

FINDING COMMENTS:

ROOT CAUSE - TP4:

The training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their supervisors. Although OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

Establish procedures to ensure that hazardous waste containers are closed and properly labeled with the words "Hazardous Waste," and the accumulation start date is written on the label.

Estimated Cost: \$0

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?

Yes

Has finding been addressed Before?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed the labeling and dating of hazardous waste containers as a primary finding on WRAMC.

Previous NOV?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed the labeling and dating of hazardous waste containers as a primary finding on WRAMC.

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM007

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.070.04.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Histo Lab Rm 4731

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

Containers of hazardous waste at LQGs are open when waste is not being added.

REGULATORY CITATION:

40 CFR 262.34(a)(1)(i) and 265.173

REGULATORY REQUIREMENT:

Containers at generators must be closed during storage and handled in a safe manner

FINDING DESCRIPTION:

An open container of waste which was not in use was found in the Histology Laboratory, room 4731 at WRAMC. The 1-gal container is used to collect formalin waste from laboratory processes occurring in the same room. The container is routinely left open with a funnel in the opening. All waste containers should be closed when not in use.

FINDING COMMENTS:

ROOT CAUSE - TP4:

The training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their supervisors. Although OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

Establish procedures to ensure that hazardous waste containers are closed and properly labeled with the words "Hazardous Waste," and the accumulation start date is written on the label.

Estimated Cost: \$0

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed open containers of hazardous waste containers as a finding on WRAMC.

Previous NOV?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed open containers of hazardous waste containers as a finding on WRAMC.

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM008

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.055.01.TEAM 04

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Room 4D49

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

Containers of hazardous waste at LQG are improperly labeled.

REGULATORY CITATION:

40 CFR 262.34(a)(2), 262.34(a) (3), and 262.34(b)

REGULATORY REQUIREMENT:

Generators may accumulate hazardous waste onsite for 90 days or less without a permit or interim status provided they meet certain conditions.

FINDING DESCRIPTION:

A 1-gal waste container that was improperly labeled was located in room 4D49 at the WRAMC Hospital. The container held approximately 1 gal of liquid which was identified by laboratory personnel as Wright Stain/Methanol waste. The label neither contained the word "Hazardous Waste" nor the accumulation start date. All waste containers should be labeled with the words, "Hazardous Waste," and with the waste accumulation start date.

FINDING COMMENTS:

ROOT CAUSE - TP4:

The training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their supervisors. Although OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

Establish procedures to ensure that hazardous waste containers are closed and properly labeled with the words "Hazardous Waste," and the accumulation start date is written on the label.

Estimated Cost: \$0

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed the labeling and dating of hazardous waste containers as a primary finding on WRAMC.

Previous NOV?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed the labeling and dating of hazardous waste containers as a primary finding on WRAMC.

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM009

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.055.01.TEAM 08

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Bldg T2 Room 227

Organization: WRAMC Hospital

Building Number: W-T2

SUMMARY CONDITION STATEMENT:

LQG exceeds hazardous/acute waste accumulation limitations.

REGULATORY CITATION:

40 CFR 262.34(a)(2), 262.34(a) (3), and 262.34(b)

REGULATORY REQUIREMENT:

Generators may accumulate hazardous waste onsite for 90 days or less without a permit or interim status provided they meet certain conditions.

FINDING DESCRIPTION:

A bottle of waste acetonitrile (500-mL), dated 17 February 1998, was found in a flammable storage cabinet located in Building T2, room 227 of Walter Reed Army Medical Center (WRAMC). All wastes are required to be disposed of within 90 days or less unless the owning facility applies for a 30-day extension or is a permitted transport, storage, & disposal facility (TSDF).

FINDING COMMENTS:

ROOT CAUSE - TP4:

The training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their super-visors. Although OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

Establish procedures to ensure that the integrity of containers for hazardous waste are maintained, containers are closed, containers are properly labeled with the words "Hazardous Waste," and the accumulation start dates are written on the label.

Estimated Cost: \$0

All hazardous waste (HW) generators should follow guidance detailed within the Installation Hazardous Waste Management Plan. Installation hazardous waste management guidance states that all waste generators on WRAMC - Main Post must turn-in wastes over to the Environmental Office within 30 days.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?

Yes

Has finding been addressed Before?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed WRAMC - MP as an unpermitted TSD due to HW accumulation dates in excess of 90 days.

Previous NOV?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed WRAMC - MP as an unpermitted TSD due to HW accumulation dates in excess of 90 days.

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM010

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.070.04.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Solvent Recycling Rm

Organization: AFIP

Building Number: W-54

SUMMARY CONDITION STATEMENT:

Containers of hazardous waste at LQGs are open when waste is not being added.

REGULATORY CITATION:

40 CFR 262.34(a)(1)(i) and 265.173

REGULATORY REQUIREMENT:

Containers at generators must be closed during storage and handled in a safe manner

FINDING DESCRIPTION:

Three 5-gal hazardous waste containers were found open in the new solvent recycling room at AFIP. There was a separate dedicated waste container for each of three solvent recyclers. A still bottom discharge hose discharges wastes into each container via an 1-inch diameter hose. The waste containers were not in use and the hose from the stills did not adequately seal the container such that it could be considered closed.

FINDING COMMENTS:

Note that once this finding was discovered, personnel indicated that they were going to wrap foil around the openings to reduce evaporation until custom lids could be obtained.

ROOT CAUSE - TP4:

The training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their supervisors. Although OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

Establish procedures to ensure that hazardous waste containers are closed and properly labeled with the words "Hazardous Waste," and the accumulation start date is written on the label.

Estimated Cost: \$0

Seal the container with a cap specifically designed for the insertion of a hose.

Estimated Cost: \$ 10

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?

Yes - AFIP

Has finding been addressed Before?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed open containers of hazardous waste containers as a finding on WRAMC.

Previous NOV?

Yes - The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed open containers of hazardous waste containers as a finding on WRAMC.

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM012

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.070.01.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Loading Dock

Organization: WRAIR

Building Number: W-40

SUMMARY CONDITION STATEMENT:

Hazardous waste containers at LQGs designated as empty are not actually empty.

REGULATORY CITATION:

40 CFR 261.7

REGULATORY REQUIREMENT:

Empty containers at generators previously holding hazardous wastes must meet the regulatory definition of empty before they are exempted from hazardous waste requirements

FINDING DESCRIPTION:

A 55-gal drum containing caustic material was disposed as a solid waste when it did not meet the definition of empty. The drum was located on the loading dock behind the Walter Reed Army Institute of Research (WRAIR) (Bldg 40) next to the dumpsters. The contents in the drum appeared to makeup 5% of the total volume. The drum was capped and originated from the cage wash area located within WRAIR.

FINDING COMMENTS:

ROOT CAUSE - TP4:

The training program is not effective.

ROOT CAUSE JUSTIFICATION:

As new employees, personnel who handle hazardous waste receive on-the-job (OTJ) training from their supervisors. Although OTJ training is sufficient to satisfy the regulations, it does not currently provide periodic refresher training. In addition, it does not provide a mechanism to inform all personnel about new and/or upcoming regulatory or procedural changes.

COMPLIANCE CORRECTIVE ACTION:

When employees are trained on hazardous waste disposal procedures, the training should include the definition for empty containers as pertains to the Resource Conservation and Recovery Act.

Estimated Cost: \$0

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - WRAIR
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM013

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.055.03.TEAM 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: X-Ray Room

Organization: WRAIR

Building Number: F-511

SUMMARY CONDITION STATEMENT:

Hazardous wastes generated at a LQG are not disposed of to an approved facility.

REGULATORY CITATION:

40 CFR 262.12(c)

REGULATORY REQUIREMENT:

Generators must not offer their waste to transporters or TSDFs that have not received an USEPA identification number.

FINDING DESCRIPTION:

Characteristic hazardous waste is being disposed of down the drain within the X-Ray room rm 114) in Bldg 511 of the Walter Reed Institute of Research (WRAIR). Spent fixer is being processed through a 2-3 L passive silver recovery unit. The most recent analysis results (Jan 99) for the effluent leaving the recovery unit showed that the effluent contains 7.8 mg/L silver. This exceeds the silver toxicity characteristic level of 5 mg/L.

FINDING COMMENTS:

Although this should not be a standard procedure, characteristic wastes can be discharged to publicly owned treatment works (POTW) if discharge permit requirements are met at the designated waste water sampling point.

ROOT CAUSE - PR3:

No formal mechanism exists to investigate, report, correct, track, or monitor environmental problems or incidents.

ROOT CAUSE JUSTIFICATION:

The personnel within the laboratory believed that the contractor maintaining and servicing the silver recovery unit was resolving all issues regarding the process. In addition, the Environmental Division was maintaining the analytical results showing that the discharge from the silver recovery unit failed the toxicity characteristic leaching procedure (TCLP), but failed to inform WRAIR personnel of this situation.

COMPLIANCE CORRECTIVE ACTION:

Collect all effluents from the processor and have these disposed transported to a silver recovery unit on Forest Glen that is currently removing silver to levels below TCLP requirements (5.0 mg/L).

Estimated Cost: \$0

Collect the effluent and contract out disposal of the used fixer to a permitted hazardous waste recycler.

Estimated Cost: \$250

Cease use of the X-ray film processor. Consult with the Environmental Division about finding an alternate silver recovery unit and/or company for use with this processor which will meet regulatory guidelines.

Estimated Cost: \$5,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - WRAIR
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM014

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.060.01.TEAM 05

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Hazardous waste training for LQG personnel is inadequate/incomplete.

REGULATORY CITATION:

40 CFR 262.34(a)(4) and 265.16(a) through 265.16(c)

REGULATORY REQUIREMENT:

All installation/CW facility personnel who handle hazardous waste must meet certain training requirements.

FINDING DESCRIPTION:

Installation personnel do not receive initial or annual refresher training in hazardous waste management from the Environmental Office or from the Industrial Hygiene Office. Currently, new employees receive their initial training via on-the-job training and/or through initial orientation training via their respective organization. Refresher training is not conducted.

FINDING COMMENTS:

Although it is important that employees receive training specific to their organization, training on current hazardous waste management practices will serve to make persons aware of installation wide policies and procedures and recent changes within Federal and State/Local regulations. This would also serve to increase and improve communication between the hazardous waste generation/storage sites and the Environmental Division and Industrial Hygiene Office.

ROOT CAUSE - MO2:

Environmental planning is not afforded the same priority as other organizational functions.

ROOT CAUSE JUSTIFICATION:

Because of the many compliance issues/problems at WRAMC, Industrial Hygiene personnel are unable to devote time to training hazardous waste management personnel. In this respect, training is not afforded the same priority as other environmental functions.

COMPLIANCE CORRECTIVE ACTION:

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM017

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.075.01.TEAM XI

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Hazardous waste is not transferred to a < 90 day storage site or permitted storage area.

REGULATORY CITATION:

40 CFR 262.34(c)

REGULATORY REQUIREMENT:

Generators may accumulate as much as 55 gal of hazardous waste or 1 qt of acutely hazardous waste in containers at or near any point of initial generation without complying with the requirements for onsite storage if specific standards are met.

FINDING DESCRIPTION:

A majority of the Walter Reed Institute of Research (WRAIR) laboratories located at Forest Glen Annex have dated their hazardous waste (HW) containers and have exceeded the accumulation time of 3 days by up to a week.

FINDING COMMENTS:

ROOT CAUSE - PL2:

Environmental management plans and/or procedures are inadequate.

ROOT CAUSE JUSTIFICATION:

This is a result of guidance provided within the Installation Hazardous Waste Management Plan (HWMP). The HWMP does not adequately address hazardous waste management requirements for the State of Maryland. Guidance within the HWMP requires that all hazardous waste generators place an accumulation start date when the first drop of waste is placed in the waste container. The HWMP then states that the generating site has 30 days to deliver the waste container to the Environmental Division for disposal. However, according to Maryland law, this date signifies the beginning of the three-day timeframe in which the hazardous waste must be transferred to a less than (<) 90 storage site or to a permitted treatment, storage, and disposal facility (TSDF). If wastes are stored for up to 30 days, hazardous waste generation points will no longer be defined as hazardous waste accumulation points but as <90 day storage sites.

COMPLIANCE CORRECTIVE ACTION:

Write an additional chapter for the HWMP which specifically addresses Maryland hazardous waste accumulation point and storage area management for the Forest Glen Annex.

Estimated Cost: \$1,000.

Provide immediate hazardous waste accumulation point management guidance to all Forest Glen activities generating hazardous waste. Periodic reviews/inspections should be conducted thereafter to ensure these guidelines are properly implemented.

Estimated Cost: \$2,500

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM020

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.010.01.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Veterinary

Organization: Veterinary Clinic

Building Number: F-156

SUMMARY CONDITION STATEMENT:

Known waste stream has not been characterized as to potential classification as hazardous waste.

REGULATORY CITATION:

40 CFR 261.3, 261.4(b), 261.21 through 261.24, and

REGULATORY REQUIREMENT:

Installations/CW facilities that generate solid wastes must determine if the wastes are hazardous wastes.

FINDING DESCRIPTION:

The Veterinary clinic located in Bldg 156 at the Forest Glen Annex may be discharging characteristic hazardous waste down the drain. Spent fixer is being processed through a 2-3 L passive silver recovery unit. Although this unit has not been tested, it is the same type of recovery unit which is located in Bldg 515 (finding KAMO 13) which is currently discharging above regulatory limit of 5 mg/L and is maintained by the same contractor.

FINDING COMMENTS:

The film processor is used infrequently. The Veterinary Clinic is prepared to collect effluent samples for submittal to the Environmental Division for metals analyses the next time it is in use. Although this should not be a standard procedure, characteristic wastes can be discharged to publicly owned treatment works (POTW) if discharge permit requirements are met at the designated waste water sampling points.

ROOT CAUSE – MR1:

Environmental responsibilities are not clearly defined for all activities and personnel.

ROOT CAUSE JUSTIFICATION:

The personnel within the veterinary clinic believed that the contractor maintaining and servicing the silver recovery unit was resolving all issues regarding the process.

COMPLIANCE CORRECTIVE ACTION:

Collect effluent samples the next time the film processor is used. If the results of these samples exceed the regulatory limit of 5 mg/L for silver, an alternative means of removing silver from or disposing of the used fixer will need to be implemented. See finding KAM013.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

Samples of the fluids were collected on 18 February 1999 (the first time the processor was used since obtaining the sample containers). The samples were submitted on 19 February 1999. Currently awaiting results.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA001

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.010.01.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Pharmacy

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

Known waste stream has not been characterized as to potential classification as hazardous waste.

REGULATORY CITATION:

40 CFR 261.3, 261.4(b), 261.21 through 261.24

REGULATORY REQUIREMENT:

Installations/CW facilities that generate solid wastes must determine if the wastes are hazardous wastes.

FINDING DESCRIPTION:

Expired hazardous waste pharmaceuticals, such as Epinephrine and Cytotoxics, are not identified as such. As a result, they are collected by the used pharmaceutical contractor rather than being turned in to the Defense Reutilization and Marketing Office for disposal as hazardous waste.

FINDING COMMENTS:

By contract requirements, the pharmaceutical contractor is not allowed to accept and dispose of hazardous waste pharmaceuticals. Notification was sent informing the Environmental Science Officer of this and stressing that any pharmaceuticals which are classified as hazardous waste upon expiration must be disposed through DRMO.

ROOT CAUSE - TP1:

Environmental awareness training is not provided.

ROOT CAUSE JUSTIFICATION:

As evidenced by the letter mentioned in the comments section, procedures are in place to properly dispose of these pharmaceuticals. However, the pharmacy personnel were under the impression that all expired pharmaceuticals could be turned in to the contractor for disposal. The finding is most likely a result of these personnel not receiving training on the proper procedures.

COMPLIANCE CORRECTIVE ACTION:

Characterize all wastes to determine whether they are hazardous. Characterization may be based on process knowledge and/or analytical testing. Issue guidance on the proper management and disposal of hazardous waste. Properly label hazardous waste containers and dispose of waste accordingly.

Estimated Cost: \$0

Provide training to ensure the pharmacy personnel understand how to characterize expired pharmaceuticals and how to properly manage them accordingly.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA002

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.070.04.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: DPALS, Rm 2-2B55

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

Containers of hazardous waste at LQGs are open when waste is not being added.

REGULATORY CITATION:

40 CFR 262.34(a)(1)(i) and 265.173

REGULATORY REQUIREMENT:

Containers at generators must be closed during storage and handled in a safe manner

FINDING DESCRIPTION:

A one gallon hazardous waste collection container, not in current use, was not closed with a lid. This container is used to collect waste Crystal Violet stain after slides are stained. A hose is running from the slide staining basin to this bottle. The hose stays in the bottle at all times whether slides are being stained or not.

FINDING COMMENTS:

ROOT CAUSE – TP1:

Environmental awareness training is not provided.

ROOT CAUSE JUSTIFICATION:

All personnel spoken to indicated that there is no training provided on hazardous waste management issues. Departmental personnel attempt to follow internal Standard Operating Procedures and supervisors provide on-the-job training. However, no official training exists.

COMPLIANCE CORRECTIVE ACTION:

Provide training to ensure the personnel understand how to manage hazardous waste properly.

Estimated Cost: \$0

Seal the container with a cap specifically designed for the insertion of a hose.

Estimated Cost: \$5

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA003

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.080.04.TEAM 02

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

LQG storage areas for hazardous waste are not designed/constructed and/or maintained/operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

REGULATORY CITATION:

40 CFR 262.34(a)(4) and 265.30 through 265.37

REGULATORY REQUIREMENT:

Generator storage areas for hazardous waste must be designed, constructed, maintained, and operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

FINDING DESCRIPTION:

Approximately fifty 55-gal drums of hazardous waste were stored on the first level of the Rumbaugh parking garage. These drums were not labeled with the words "Hazardous Waste" or the accumulation start date. At least five drums were not identified with the contents and at least two were marked as "Unknown" for a content description. At least 10 drums were not capped, but rather, still had the dispensing mechanisms in the bung hole. At least 25 percent of the drums were rusted and dented. In addition, there was not sufficient aisle space between the drums nor was there any telephone or two-way radio communication device available in case of emergency.

FINDING COMMENTS:

This finding consists of 5 distinct deficiencies: improper labeling, open containers, containers in poor condition, insufficient aisle space between containers, and the absence of emergency communication equipment. Although each of these deficiencies represents a separate regulatory violation, they were all combined under one general Summary Condition Statement (see above) to portray the overall mismanagement of this site. For each of the deficiencies, the following list provides the regulatory citation as well as the ECAS Protocol Checklist Item Number and the corresponding Summary Condition Statement number:

Improper Labeling: 40 CFR 262.34(a)(2)&(3); HW.055.01.TEAM; 05
Open Containers: 40 CFR 262.34(a)(1)i; HW.070.04.TEAM; 01

Container in Poor Condition: 40 CFR 262.34(a)(1)i; HW.070.02.TEAM; 01
Inadequate Aisle Space: 40 CFR 262.34(a)4; HW.080.04.TEAM; 14
Lack of Communication Equipment: 40 CFR 262.34(a)4; HW.080.04.TEAM; 04

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

This problem resulted from an absence of internal departmental procedures for collecting and storing large quantities of hazardous waste. To prepare for this compliance assessment, departments throughout the installation turned-in large quantities of hazardous materials that they had previously been storing. Because the quantities were so large, the installation hazardous waste manager was unable to appropriately manage these wastes.

COMPLIANCE CORRECTIVE ACTION:

Conduct regular installation and departmental inspections to assure unused products and hazardous wastes are turned-in and disposed on a regular basis to the hazardous waste manager. This will prevent an excess accumulation of waste products and allow the hazardous waste manager to dispose of the waste stream in a timely manner.

Estimated Cost: \$0

Establish a procedure to ensure that all containers from a large hazardous waste turn-in are properly managed. This includes making sure they are all in good condition, properly labeled, closed, and stored with enough aisle space in-between. This also includes ensuring access to two-way communication at the storage area.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	Yes - The District of Columbia's Environmental Protection Agency has cited the installation for not labeling hazardous waste containers.

IRF COMMENTS:

All wastes were removed from Rumbaugh Garage (temporary storage area approved by DQ by 2/28/99).

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA007

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.080.04.TEAM 02

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: HW Storage Shed

Organization: WRAMC Environmental Office

Building Number: F-515

SUMMARY CONDITION STATEMENT:

LQG storage areas for hazardous waste are not designed/constructed and/or maintained/operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

REGULATORY CITATION:

40 CFR 262.34(a)(4) and 265.30 through 265.37

REGULATORY REQUIREMENT:

Generator storage areas for hazardous waste must be designed, constructed, maintained, and operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

FINDING DESCRIPTION:

Approximately thirty-five 55-gal hazardous waste drums and thirty-two 55-gal drums containing lead-based paint chips were stored outside, next to the hazardous waste containment building at Forest Glen. These drums were not labeled with the words "Hazardous Waste" or the accumulation start date. At least 5 drums were not capped and still had the dispensing mechanisms in the bung hole instead. At least 25 percent of the drums were rusted and dented and one drum was leaking. There were also 30-40 black trash bags on the ground which contained lead paint chips. These bags were also not labeled with hazardous waste warning labels or accumulation start dates. There was no available aisle space to inspect any of the drums. A telephone or two-way communication radio equipment was not available on-site in case of emergency. Spill contingency plan, spill response equipment and fire equipment were not accessible immediately since they were locked within Building 515.

FINDING COMMENTS:

This finding consists of 8 distinct deficiencies: improper labeling, open containers, containers in poor condition, insufficient aisle space between containers, spill contingency plan, the absence of emergency communication, the absence of fire fighting equipment, and the absence of spill response equipment. Although each of these deficiencies represents a separate regulatory violation, they were all combined under one general Summary Condition Statement (see

above) to portray the overall mismanagement of this site. For each of the deficiencies, the following list provides the regulatory citation as well as the ECAS Protocol Checklist Item Number and the corresponding Summary Condition Statement number:

Improper Labeling: 40 CFR 262.34(a)(2)&(3); HW.055.01.TEAM; 05
Open Containers: 40 CFR 262.34(a)(1)i; HW.070.04.TEAM; 01
Container in Poor Condition: 40 CFR 262.34(a)(1)i; HW.070.02.TEAM; 01
Inadequate Aisle Space: 40 CFR 262.34(a)4; HW.080.04.TEAM; 14
Lack of Communications Equipment: 40 CFR 262.34(a)4; HW.080.04.TEAM; 04
Lack of Spill Response Equipment: 40 CFR 262.34(b); HW.080.04.TEAM; 08
Lack of Fire Fighting Equipment: 40 CFR 262.34(b); HW.080.04.TEAM; 05
Lack of Spill Contingency Plan: 40CFR262.34(a)(4); HW065.1.TEAM;01

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans.

ROOT CAUSE JUSTIFICATION:

This problem resulted from an absence of internal departmental procedures for collecting and storing large quantities of hazardous waste. To prepare for this compliance assessment, departments throughout the installation turned-in large quantities of hazardous materials that they had previously been storing. Because the quantities were so large, the installation hazardous waste manager was unable to appropriately manage these wastes.

COMPLIANCE CORRECTIVE ACTION:

Conduct regular installation and departmental inspections to assure unused products and hazardous wastes are turned-in and disposed on a regular basis to the hazardous waste manager. This will prevent an excess accumulation of waste products and allow the hazardous waste manager to dispose of the waste stream in a timely manner.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

All cited wastes were removed by 3/05/99 for off-site disposal.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA019

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.100.01.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Hazardous waste is transported, or offered for transport without a manifest.

REGULATORY CITATION:

40 CFR 263.10(a), 263.10(b), 263.11, 263.20(a)

REGULATORY REQUIREMENT:

Transporters of hazardous waste that is required to be manifested must have an USEPA identification number and must comply with manifest management requirements.

FINDING DESCRIPTION:

Approximately thirty-five 55-gal hazardous waste drums were transported by Environmental Office personnel without a manifest to Forest Glen, MD from the WRAMC, DC installation.

FINDING COMMENTS:

To transport any hazardous waste (HW) to Forest Glen, WRAMC must have a HW transport license. In addition, because Forest Glen does not have a TSDF, any waste taken there must be placed in a transfer facility and may only remain there for less than 10 days. Prior to transporting waste to the transfer facility, it must be packaged according to 49 CFR parts 173, 178, and 179 and manifested. Note that these requirements also apply to wastes transported from Forest Glen to WRAMC.

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

This problem resulted from an absence of internal departmental procedures for collecting and storing large quantities of hazardous waste. To prepare for this compliance assessment, departments throughout the installation turned-in large quantities of hazardous materials that they had previously been storing. because the quantities were so large, there was no more available storage space at the Rumbaugh parking garage. As a result, the excess waste was hurriedly transported to the waste storage area at Forest Glen.

COMPLIANCE CORRECTIVE ACTION:

Establish a procedure to ensure all containers from a large hazardous waste turn-in are properly managed. This includes making arrangements for both storage and disposal.

Estimated Cost: \$0

Transport hazardous waste in accordance with Federal and State Department of Transportation (DOT) regulations. Hazardous waste must be transported by a licensed transporter with a valid USEPA identification number, to a facility (TSDF) permitted by the EPA and/or State to receive, treat, store, or dispose of hazardous waste.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA020

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.080.04.TEAM 11

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: HW Storage Building

Organization: WRAMC Environmental Office

Building Number: W-54

SUMMARY CONDITION STATEMENT:

Required equipment is not tested and maintained as necessary to ensure proper operation in an emergency.

REGULATORY CITATION:

40 CFR 262.34(a)(4) and 265.30 through 265.37

REGULATORY REQUIREMENT:

Generator storage areas for hazardous waste must be designed, constructed, maintained, and operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

FINDING DESCRIPTION:

The fire extinguisher in the hazardous waste storage building has lost its charge, the indicator dial was on red.

FINDING COMMENTS:

ROOT CAUSE - PS3:

Appropriate review and follow-up of self-assessments/inspections execution and results are not conducted.

ROOT CAUSE JUSTIFICATION:

The safety equipment in the building is not regularly inspected.

COMPLIANCE CORRECTIVE ACTION:

Establish regular procedures to inspect the safety equipment and keep all items in working order.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA023

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.080.04.TEAM 02

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Loading Dock

Organization: WRAIR

Building Number: W-40

SUMMARY CONDITION STATEMENT:

LQG storage areas for hazardous waste are not designed/constructed and/or maintained/operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

REGULATORY CITATION:

40 CFR 262.34(a)(4) and 265.30 through 265.37

REGULATORY REQUIREMENT:

Generator storage areas for hazardous waste must be designed, constructed, maintained, and operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.

FINDING DESCRIPTION:

Several hundred bottles of various chemical wastes were stored in a storage room by the WRAIR loading dock. One container was not capped with a lid and was dated with an accumulation start date of 1987. There was not enough aisle space available to conduct safety inspections. A two-way communications system was not on-site.

FINDING COMMENTS:

This finding consists of 4 distinct deficiencies: a two-way communications system, open containers, insufficient aisle space between containers, and keeping wastes for an excess of 90 days. Although each of these deficiencies represents a separate regulatory violation, they were all combined under one general Summary Condition Statement (see above) to portray the overall mismanagement of this site. For each of the deficiencies, the following list provides the regulatory citation as well as the ECAS Protocol Checklist Item Number and the corresponding Summary Condition Statement number:

Lack of Communications Equipment: 40CFR 262.34(a)4; HW.080.04.TEAM; 04

Open Containers: 40 CFR 262.34(a)(1)i; HW.070.04.TEAM; 01

Inadequate Aisle Space: 40 CFR 262.34(a)4; HW.080.04.TEAM; 14

Day Accumulation Limit: 40 CFR 262.34(a)(2)(3); HW.055.01TEAM; 08

Note also that these wastes were not segregated according to chemical hazard (a good management practice).

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

This problem resulted from an absence of internal departmental procedures for collecting, characterizing, and storing large quantities of hazardous waste. WRAIR is preparing to move to the new facility at Forest Glen and many laboratories within the organization have been turning in large quantities of hazardous and non-hazardous materials that they have previously been storing. Because the quantities are so large, the installation hazardous waste manager is unable to accept all wastes at one time each week from WRAIR for disposal with DRMO.

COMPLIANCE CORRECTIVE ACTION:

Conduct regular installation and departmental inspections to assure unused products and hazardous wastes are turned-in and disposed of regularly to the hazardous waste manager. This will prevent an excess accumulation of waste products and allow the hazardous waste manager to dispose of the waste stream in a timely manner.

Estimated Cost: \$0

Establish a procedure to ensure that all containers from a large hazardous waste turn-in are properly managed. This includes making sure all containers are in good condition, properly labeled, closed, and stored with enough aisle space in-between. This also includes ensuring access to a two-way communication system at the storage area as well as appropriate spill and fire equipment.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA024

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.010.01.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Veterinary

Organization: Veterinary Clinic

Building Number: F-156

SUMMARY CONDITION STATEMENT:

Known waste stream has not been characterized as to potential classification as hazardous waste.

REGULATORY CITATION:

40 CFR 261.3, 261.4(b), 261.21 through 261.24, and

REGULATORY REQUIREMENT:

Installations/CW facilities that generate solid wastes must determine if the wastes are hazardous wastes.

FINDING DESCRIPTION:

Expired Epinephrine glass vials are disposed in the sharps containers and not as a hazardous waste. One I -gal container of waste Propylene Glycol, one I -gal container of waste Formalin, five 16-ounce containers of waste Hydrogen Peroxide and two I -gal containers of waste Iodine were found in the dumpster behind the Veterinary clinic.

FINDING COMMENTS:

ROOT CAUSE - TP1:

Environmental awareness training is not provided.

ROOT CAUSE JUSTIFICATION:

The Veterinary personnel did not know that expired Epinephrine needs to be disposed as a hazardous waste. For the chemicals found in the dumpster, the staff did not know how to characterize them. -

COMPLIANCE CORRECTIVE ACTION:

Characterize all wastes to determine whether they are hazardous. Characterization may be based on process knowledge and/or analytical testing. Issue guidance on the proper management and disposal of hazardous waste. Properly label hazardous waste containers and dispose of waste accordingly.

Estimated Cost: \$0

Provide training to ensure the pharmacy personnel understand how to characterize expired pharmaceuticals and how to properly manage them accordingly.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

The propylene glycol, used formalin, and Iodine were disposed of correctly according to State of Maryland Laws. The Hydrogen Peroxide was removed from the dumpster and turned into the Environmental Office with the completed disposal form.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: KAM015

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.070.02.TEAM 04

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Bldg 511, Room 132A

Organization: WRAIR

Building Number: F-511

SUMMARY CONDITION STATEMENT:

Hazardous waste containers at LQGs are leaking.

REGULATORY CITATION:

40 CFR 262.34(a)(1)(i) and 265.171

REGULATORY REQUIREMENT:

Containers used to store hazardous waste at generators must be in good condition and not leaking

FINDING DESCRIPTION:

A 1-L container of hazardous waste (excess fixer) was found leaking in room 132A of Bldg 511 (WRAIR). The bottle was laying on its side in a cart and was leaking from around the cap.

FINDING COMMENTS:

Note that the leaking container was set upright once it was discovered.

ROOT CAUSE - RF2:

Error occurred in equipment or material selection.

ROOT CAUSE JUSTIFICATION:

The leak was the result of the lid of the container being caught on the edge of the cart it was on. This resulted in a minor leak.

COMPLIANCE CORRECTIVE ACTION:

Store hazardous waste containers in the upright position and ensure that the cap is securely closed.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - WRAIR
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM016

FINDING REFERENCE:

Protocol: Hazardous Waste Management

URC: HW.002.XI.Tearn X2

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Hazardous waste generation points in WRAMC-MP and the Forest Glen Annex have not been identified and are not being inspected.

REGULATORY CITATION:

Management Practice (MP)

REGULATORY REQUIREMENT:

All hazardous waste generation points should be identified and monitored on a periodic basis for compliance with Federal, State/Local, and Army regulations.

FINDING DESCRIPTION:

Neither the Environmental Division nor Industrial Hygiene personnel are aware of all the hazardous waste generation points located at each of the buildings located within the Walter Reed Army Medical Center - Main Post (WRAMC-MP) Area and the Forest Glen Annex. In addition, waste generation and storage areas located within the various activities are not periodically or regularly monitored.

FINDING COMMENTS:

Although hazardous wastes can be traced back to the laboratory which generated the waste, there has been no attempt to visit the generation sites in order to ascertain compliance with hazardous waste regulations. The Complaint, Compliance Order, and Notice of Opportunity for Hearing issued by the U.S. Environmental Protection Agency, Region III issued 30 September 1998, listed a number of findings which were specific to laboratories located within various activities on WRAMC-MP. All such sites should be visited on a periodic basis to ascertain compliance and gauge the effectiveness of hazardous waste training. Through monitoring and training, there will be increased awareness at the waste generation points. This should not only enhance the overall management of the waste generation/storage areas, but should reduce the overall quantity and dramatic influxes of hazardous waste generated and turned in to the Environmental Division for disposal.

MISCELLANEOUS INFORMATION:

Tenant Organization? No -

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.5 NATURAL RESOURCES MANAGEMENT.

The Master Planning Branch as an additional duty is managing the Natural Resource Management Program. Individuals overseeing the program are not trained specialist in Natural Resources and are being over-whelmed by the work load attributed by National Environmental Act (NEPA), Cultural Resource and Natural Resource responsibilities. An additional staff position has been identified to manage these duties.

A draft Integrated Natural Resources Management Plan (INRMP) was developed by a contractor. However, the Office of the Assistant Secretary of the Army, Installations, Logistics & Environment (Memorandum of November 9, 1998 Subject: Implementation of Sikes Act Improvement Amendments) has determined that Walter Reed and Forest Glenn does not require such a plan. As a good management practice however, many of the INRMP actions should still be implemented.

There were no findings in this category during this ECAS assessment.

3.6 ENVIRONMENTAL IMPACTS.

The Master Planning Branch as an additional duty is managing the National Environmental Act (NEPA) Program. Individuals overseeing the program are not trained specialist in NEPA and are being over-whelmed by the workload attributed by NEPA, Cultural Resources and Natural Resource responsibilities. An additional staff position has been identified to manage these duties.

The organization of NEPA related documentation was inadequate to ensure that issues were being sufficiently addressed. Documentation such as Records of Environmental Consideration, Environmental Assessments, and Findings of No Significant Impact were scattered, unorganized or missing.

A standard operating procedure on the NEPA process was being drafted and several members of the Directorate of Public Works and the Environmental Office were being trained in the NEPA process.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: CAB003

FINDING REFERENCE:

Protocol: Other Environmental Issues - NEPA

URC: 01.005.06.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Master Planning

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

EAs for projects that have not been canceled or delayed are not accompanied by an FNSI or followed by an NOI.

REGULATORY CITATION:

AR 200-2, para 5-5

REGULATORY REQUIREMENT:

All EAs must prompt either the preparation of an FNSI or an NOI to file an EIS .

FINDING DESCRIPTION:

The Master Planning Branch did not have Findings of No Significant Impact (FONSIs) or a Notices of Intent (NOIs) for any of the Environmental Assessments (EA) conducted over the past few years except for one.

FINDING COMMENTS:

ROOT CAUSE - PR1:

A tracking system for key regulatory compliance deadlines (e.g., permit renewals) does not exist or is inadequate.

ROOT CAUSE JUSTIFICATION:

The filing of documents and the tracking of required procedures were not adequate to document that the National Environmental Policy Act process was correctly followed.

COMPLIANCE CORRECTIVE ACTION:

Make sure that all Environmental Assessments are followed by either a FONSI or a NOI before proceeding with the project. It is also important to keep the documents together and accessible.

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - 1996 ECAS Finding No. 01 -DEP-01 regarding
a September 1990 Environmental Assessment for the
Forest Glen Master Plan.

Previous NOV?

No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: CAB004

FINDING REFERENCE:

Protocol: Other Environmental Issues - NEPA

URC: 01.005.02.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Master Planning

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Environmental review of Army projects is not always timely.

REGULATORY CITATION:

AR 200-2, para 2-6a

REGULATORY REQUIREMENT:

Army units are required to integrate environmental review concurrently with other planning and decision-making actions.

FINDING DESCRIPTION:

The Chief of the DPW Master Planning Branch was not always notified of projects that might have environmental or cultural resource impacts while they were in the early stages of development.

FINDING COMMENTS:

Note that at the time of the assessment, Master Planning Branch personnel were developing a standard operating procedure for the implementation of the NEPA process.

ROOT CAUSE - PL3:

System is not in place to properly coordinate the review and acceptance of new and/or updated plans and/or procedures with appropriate agencies.

ROOT CAUSE JUSTIFICATION:

There is no procedure in place to keep projects on hold until environmental consideration can be documented.

COMPLIANCE CORRECTIVE ACTION:

Continue to develop and execute the SOP for implementation of the NEPA process in the early stages of work orders.

Estimated Cost: Minimal.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	Yes
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

3.7 ASSESSOR'S RESPONSE TO REVIEWS:

ENVIRONMENTAL NOISE.

The WRAMC does not conduct any activities that generate noise to such a degree that could impact the surrounding environment or community.

3.8 INSTALLATION RESTORATION PROGRAM.

The Installation Restoration Program is managed by the Environmental Division and is currently involved with responding to requests from the U.S. Environmental Protection Agency (EPA) and the District of Columbia. Personnel are working several issues including: establishing criteria to perform a cleanup at a PCB site, collecting documentation and/or hiring a contractor to develop documentation that fulfills Preliminary Assessment requirements, and determining if there is interest in establishing a Restoration Advisory Board.

There is a site adjacent to the Rumbaugh Garage (located on the Main Post) known to be contaminated from transformer fluid that leaked over an unknown period of time. The site is contaminated with PCBs and Environmental Division personnel are working with the District of Columbia to establish criteria to perform cleanup.

The EPA has requested documentation from WRAMC that can be used by their staff to score WRAMC and determine if the installation should be placed on the National Priorities List (NPL). The letter is dated January 26, 1998 and has just been brought to the attention of the Environmental Division over the past month. The original letter was mailed to WRAMC last year and was placed in a file by the chief, DPW at that time, without taking any action to provide a response.

The District of Columbia has requested that WRAMC develop a Restoration Advisory Board (RAB) to provide a forum for interested parties to discuss cleanup activities at WRAMC. The Commanding General held a community meeting with the RAB being one of the issues discussed. A survey was provided to those in attendance and was also sent around to local residences. Based on response to the survey, a RAB does not seem viable at this time but should be considered if future cleanup actions take place.

An Installation Action Plan was provided to MEDCOM in FY 1998 identifying the need to perform cleanup at the Rumbaugh Garage site. Submission of this report resulted in receipt of \$329,000 to perform the work.

There is one ongoing cleanup project including a pump and treat process removing fuel oils from groundwater around Building 500, Forest Glen. Environmental Division personnel are in the process of incorporating recommendations to move recovery wells and adjust pumping rates as provided in a report by the U.S. Army Center for Health Promotion and Preventive Medicine.

There were no findings in this category during this ECAS assessment.

3.9 POLLUTION PREVENTION.

The pollution prevention program is not being effectively implemented. The P2 program has not received the attention necessary to fully investigate/implement all opportunities detailed in the P2 plan. Several initiatives, though, have been partially implemented. For example, used oil and antifreeze generated at the AAFES Service Station and Autocraft Shop are recycled and the Armed Forces Institute of Pathology actively recycles used xylene and ethanol generated by their laboratory operations. Also, the Walter Reed Army Institute of Research is actively investigating recycling their used xylene and ethanol.

Currently, a large number of excess non-hazardous chemicals are being turned in to the Environmental Office as hazardous waste. No attempt is made to minimize this. As a result, costs associated with the disposal of this non-hazardous material are up to 10 times higher. Some wastes, such as the used oil being generated in the Directorate of Logistics and Directorate of Public Works motorpools and maintenance activities, could be managed of free of charge through the Closed Loop Program run through DRMO. Others wastes or excess materials could be redistributed internally via the Hazardous Substance Management System.

P2 should be elevated to the level of a subcommittee of the Environmental Oversight Committee.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM018

FINDING REFERENCE:

Protocol: Other Environmental Issues - Pollution Prevention

URC: O4.001.15.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Pollution prevention is not actively occurring at the installation.

REGULATORY CITATION:

AR 200- 1, para 4-2c, 4-2d, and 10-2c

REGULATORY REQUIREMENT:

Pollution prevention will occur at installations through prevention, reduction, reuse, and treatment .

FINDING DESCRIPTION:

There is no active process currently in place to minimize the introduction of non-hazardous materials/wastes into the hazardous waste stream as hazardous waste. Tenant activities located at Walter Reed Army Medical Center - Main Post (WRAMC-MP) area and Forest Glen complex are currently labeling all excess chemicals as hazardous waste when turning in for disposal.

FINDING COMMENTS:

ROOT CAUSE - PP5:

Environmental considerations are not adequately integrated into accomplishments of military missions.

ROOT CAUSE JUSTIFICATION:

The practice of labeling all excess chemicals as hazardous wastes reduces the chance and perception of the improper disposal of any given chemical. However, this process results in increased disposal costs which can range from 10 to 50 times more than the cost of disposing general solid waste. These considerations should be integrated into the general mission of the WRAMC-MP and Forest Glen facilities.

COMPLIANCE CORRECTIVE ACTION:

Conduct a cost-benefit analysis to evaluate potential reductions in hazardous waste disposal costs via alternative disposal methods - internal redistribution, resale through DRMO, etc. This may only be feasible after hazardous waste management training has been provided/completed.

Estimated Cost: \$0

Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

The P2 coordinator will advise the Hazardous Waste Manager to develop and issue non-regulated waste labels for non-regulated waste containers.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: KAM019

FINDING REFERENCE:

Protocol: Other Environmental Issues - Pollution Prevention

URC: O4.001.14.ARMV 02

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation Pollution Prevention Program is inadequate for implementing the Pollution Prevention Plan.

REGULATORY CITATION:

AR 200-1, para 10-3a(2)

REGULATORY REQUIREMENT:

Installations are required to establish a Pollution Prevention Program to implement the Pollution Prevention Plan .

FINDING DESCRIPTION:

The Pollution Prevention Plan has not been effectively implemented. Currently, various waste streams throughout the installation are handled by two separate mechanisms, half is turned in to the Environmental Division for disposal via the DRMO as HW and half is recycled/recovered on WRAMC. Within the AAFES service station and the Auto Hobby Shop, for example, used oil and antifreeze are recycled. At the DOL and DPW motorpools and maintenance shops, used oil and antifreeze are turned in as HW.

FINDING COMMENTS:

Note that disposing of used oil and antifreeze as hazardous wastes does not violate any regulations. However, from a waste minimization stand point, these practices fall at the bottom of the pollution prevention hierarchy.

ROOT CAUSE - MO2:

Environmental planning is not afforded the same priority as other organizational functions.

ROOT CAUSE JUSTIFICATION:

Because of the many compliance issues/problems at WRAMC, Environmental Office personnel are unable to devote time to prevention measures. In this respect, P2 planning is not afforded the same priority as other environmental functions.

COMPLIANCE CORRECTIVE ACTION:

Establish a P2 subcommittee under the Environmental Overwatch Committee. The subcommittee should have the responsibility of developing, coordinating, and tracking P2 initiatives and activities. The subcommittee members should be comprised of persons from the following WRAMC activities: Environmental Division, Directorate of Public Works, Directorate of Logistics, Safety, Director of Contracting, and Preventive Medicine.

Estimated Cost: \$0

Provide P2 training to installation personnel. Training should identify those areas where P2 initiatives are being implemented. It should also identify employee responsibilities which will help make the P2 program successful.

Estimated Cost: \$5,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: LLB002

FINDING REFERENCE:

Protocol: Other Environmental Issues - Pollution Prevention

URC: O4.002.03.ARMY 01

Finding Category: Positive Performance

FACILITY INFORMATION:

Facility Type: Solvent Recycling Rm

Organization: AFIP

Building Number: W-54

SUMMARY CONDITION STATEMENT:

The installation has gone above and beyond statutory and regulatory requirements.
(Positive)

REGULATORY CITATION:

[Added January 1999].

REGULATORY REQUIREMENT:

Installations should go above and beyond statutory and regulatory compliance

FINDING DESCRIPTION:

The 2-person Safety and Environmental (S&E) Staff at AFIP have instituted a recycling program for used xylene and alcohol. This program has reduced solvent procurement and disposal costs. The S&E Office has tried different distillation equipment to find one most suited to their needs. Additionally, this program will be expanded to include used xylene and alcohol throughout WRAMC to benefit the entire installation.

FINDING COMMENTS:

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - AFIP
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.10 ENVIRONMENTAL PROGRAM MANAGEMENT.

Since the previous ECAS, the Environmental Office has been removed as a division under the Directorate of Public Works and has been placed directly under the Garrison Commander. Establishing a separate Environmental Office has resolved many of the historical organizational problems associated with WRAMC's environmental program. However, poor internal communications and personnel disputes among the staff (conditions which have existed for several years) continue to impede the ability of the Environmental Office to effectively function. In addition to these internal conflicts, the existing staffing levels within the Environmental Office are insufficient to effectively execute the assigned environmental programs.

Great strides in the improvement of the environmental program management has occurred since the last ECAS (FY96). Command emphasis on environmental issues has increased the awareness of garrison and tenant staff. Attendance at the EEOC and EOC has dramatically increased and the focus of these committees has changed to address and solve environmental problems. The draft Environmental Action Plan and the draft Environmental Management Plan identify roles and responsibilities, and establish the guidelines and goals for an effective program.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: LLB001

FINDING REFERENCE:

Protocol: Other Environmental Issues - Program Management

URC: 05.006.01.ARMY 06

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Environmental staffing is not sufficient to preclude compliance deficiencies.

REGULATORY CITATION:

AR 200- 1, para 1-27a(3)

REGULATORY REQUIREMENT:

Each installation is required to request sufficient staffing to perform the required environmental compliance activities.

FINDING DESCRIPTION:

Walter Reed Environmental Office does not have sufficient staff to support their environmental program. This has been a finding in the past 2 ECAS assessments (FY93 and FY96). Since the last ECAS, several contractors were brought on board to assist with the preparation of a response to an EPA questionnaire. Although this interim measure has been very effective, a permanent solution for the staffing shortage is needed.

FINDING COMMENTS:

Note that a high grade exemption was submitted to MEDCOM for approval of a GS-14 environmental engineering position to serve as the Chief of the WRAMC Environmental Office.

ROOT CAUSE – MO1:

Environmental management lacks sufficient organizational stature, independence, and authority (i.e., levels within organization, Environmental Compliance Officer [ECO]).

ROOT CAUSE JUSTIFICATION:

Current staffing levels are less than during the FY96 ECAS. When the office was moved from under the DPW, the Environmental Office Chief position was not included. The current Chief is a Medical Service Corps (MSC) Officer assigned to U.S. Army Center for Health Promotion and Preventive Medicine and detailed to this position. There is no civilian or military authorization for this position.

COMPLIANCE CORRECTIVE ACTION:

Hire 2 or more employees (in addition to the existing contract personnel) and continue with a recruitment action for a permanent chief of the Environmental Office.

Estimated Cost: \$275,000/yr

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - FY 1993 ECAS

Previous NOV?

No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: LLB003

FINDING REFERENCE:

Protocol: Other Environmental issues - Program Management

URC: 05.008.03.ARMY 11

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Inadequate communication within the environmental office.

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Communication and relationships between the environmental staff and operations personnel should promote environmental stewardship.

FINDING DESCRIPTION:

The current environmental staff is plagued with internal disputes and personality conflicts. These conflicts have elevated to the point that they are significantly affecting the management of the environmental program. The Chief of the Environmental Office is spending a great amount of time dealing with personnel issues, counseling employees, and preparing disciplinary actions, rather than focusing on the environmental problems at WRAMC.

FINDING COMMENTS:

The Chain of Command should continue with documented counseling of problem employees to eliminate inappropriate behavior at the work site. Pursue progressive forms of discipline to include termination, if appropriate behavior is not corrected.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: LLB004

FINDING REFERENCE:

Protocol: Other Environmental issues - Program Management

URC: O5.006.04.ARMY 01

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Personnel are not held accountable for environmental performance (MP)

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Personnel responsible for environmental management should be held accountable for their performance and the performance of those they manage .

FINDING DESCRIPTION:

Due to past supervisory neglect (employees not receiving annual performance appraisals for an extended period of time), environmental office personnel were not held accountable for effective execution of assigned program areas (e.g., record keeping, timely response to regulatory agencies, etc.).

FINDING COMMENTS:

The current chief of the environmental office has made a concerted effort to complete performance appraisals, prepare new performance standards, and assign and monitor employee performance.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: LLB005

FINDING REFERENCE:

Protocol: Other Environmental Issues - Program Management

URC: O5.001.02.ARMY 01

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Management is not designed/conducted to prevent noncompliance and recurrence of noncompliance, preclude/minimize regulatory enforcement actions, promote good public relations, and/or address systemic weaknesses (MP).

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Management and organization of paper work, materials, and personnel should be done in a manner that prevents noncompliance and recurrence of noncompliance, precludes/minimizes regulatory enforcement actions .

FINDING DESCRIPTION:

Although the Environmental Office has been reorganized within the past year, environmental oversight and execution still remain fragmented in some areas. Several key environmental programs (cultural and natural resources) still remain within the DPW. For example, the solid waste program, which only requires oversight by the Environmental Office, is located within the Environmental Office instead of the DPW.

FINDING COMMENTS:

Some minor changes would improve the overall continuity of the environmental program. The solid waste and recycling programs should be operated within the DPW with active oversight provided by the environmental office. The cultural and natural resource and NEPA programs should be moved under the environmental office with the resources to execute the program. Additionally, oversight of the hazardous waste program is provided by the Industrial Hygiene Division. Resources for the oversight of the hazardous waste program should be transferred to the Environmental Office.

MISCELLANEOUS INFORMATION:

Tenant Organization? No
Has finding been addressed Before? No
Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: GJG001

FINDING REFERENCE:

Protocol: Other Environmental Issues - Program Management

URC: O5.002.02.ARMY 01

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation has not established issue-specific policies for major environmental issues.

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

The installations should establish issue-specific policies for major environmental issues and widely distribute these policies .

FINDING DESCRIPTION:

Currently, the Environmental Office and the DPW have not established policies that delineate their respective responsibilities for many environmental issues. Areas such as boiler plant operation, solid waste recycling, and solid waste management would greatly benefit from a document that explicitly outlines their responsibilities. The function of the Environmental Office is to oversee environmental compliance to help ensure DPW operations comply with environmental standards.

FINDING COMMENTS:

The Environmental Office has made great strides by preparing a draft Environmental Action Plan and an Environmental Management Plan. These plans need to be finalized, distributed, and implemented at the garrison and tenant organizations. They will help assign responsibilities and establish goals.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: GJG002

FINDING REFERENCE:

Protocol: Other Environmental Issues - Program Management

URC: O5.007.03.ARMY 03

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The process for identifying and evaluating environmental training needs is inadequate/incomplete (MP).

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

There should be a process in place to identify and evaluate environmental training needs for all personnel.

FINDING DESCRIPTION:

While the installation has a program in place to provide some environmental training to all personnel through the Birth Month Annual Review (BMAR), the amount of training has decreased over the past year (from 8 hrs to 4 hrs). Also the portion of environmental awareness training should be increased to include waste disposal and other environmental issues. Supervisors are not always provided with the names of personnel who did not attend the required BMAR training.

FINDING COMMENTS:

This training is tracked by the WRAMC Director of Medical Administration Operations (Performance Improvement Office). Training reports should be provided to all supervisors.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: GJG003

FINDING REFERENCE:

Protocol: Other Environmental Issues - Program Management

URC: 05.002.01.ARMY j4

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Headquarters

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Top management did not prepare and publish an environmental policy statement.

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Top management should clearly communicate its commitment to environmental protection through the issuance of formal statements and policies that explicitly state environmental goals and expectations, with full compliance as a minimum goal.

FINDING DESCRIPTION:

WRAMC does not have a written Environmental Policy Statement.

FINDING COMMENTS:

The Installation Commander needs to develop and issue a clear environmental policy statement communicating the installation's commitment to environmental protection. Management's commitment to environmental protection needs to be stated in mission statements, annual reports, general environmental policy, and broadly disseminated materials. Note that all personnel contacted have commented on the increased command emphasis which has been evident over the past year. To solve WRAMC's environmental problems, this emphasis must be continued.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	Yes
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: GJG004

FINDING REFERENCE:

Protocol: Other Environmental Issues - Program Management

URC: 05.002.j2.ARMJ j3

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

There is inadequate coordination and support between the Environmental Division, the DPW and the DOC to maintain environmental compliance (MP).

REGULATORY CITATION:

Management Practice (MP)

REGULATORY REQUIREMENT:

Coordination and support between the Environmental Division, the DPW, and the DOC should be promoted in order to maintain environmental compliance (MP) [February 1999].

FINDING DESCRIPTION:

Maintenance and construction projects are not always coordinated with the Environmental Office to ensure environmental issues are identified. A specific example of this lack of coordination involves projects accomplished through the Job Order Contracting and/or painting program. The Environmental Office is not routinely informed when the lead-based paint line item of the contract is used. Additionally, contract oversight by a qualified Contracting Officer Representative who has had appropriate environmental training is lacking.

FINDING COMMENTS:

A memorandum of agreement among the Environmental Office, the DPW, and the Directorate of Contracting needs to be developed to ensure all projects that have the potential to adversely affect, the environment are coordinated with the Environmental Office.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.11 PESTICIDES MANAGEMENT.

The pest management program at the Walter Reed Army Medical Center is well managed. The pesticide handling facilities are well designed and have all the required features. Good records are kept for all "in-house" operations, and the staff regularly requests and obtains records from the contract pest management operations they are aware of. Several pesticide regulation violations were found which resulted mostly from poor communication (information sharing) between the different activities involved in pest management. Tenant activities are often unaware of regulations that require the review, approval and monitoring of pest management contracts and the reporting of pest management operations. Because these regulations are found in documents regarding pest management rather than contracting procedures, they are often overlooked by personnel in activities where pest management is not a primary mission. Efforts should be made to ensure that all future installation pest management contracts are submitted through the correct channels, monitored by the appropriate personnel, and that all pest management operations are reported to the IPMC.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DAG001

FINDING REFERENCE:

Protocol: Pesticide Management

URC: PM.040.01.ARMY 02

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Preventive Medicine

Organization: WRAMC

Building Number: W-1

SUMMARY CONDITION STATEMENT:

DOD required records of pest management operations are incomplete and/or inadequate.

REGULATORY CITATION:

DODI 4150.7, para 5.3.22.7, Enclosure 4, para E4.1.10; AR 420-76, para 4-4b, 4-4c(1) and 4-4c(3) through 4-4c(5); Pest Management Measures of Merit: Guidance for Satisfying Data-Call Requirement [Revised June 1998].

REGULATORY REQUIREMENT:

Specific records are required to be kept as a part of the pest management process

FINDING DESCRIPTION:

The Preventive Medicine service at the Walter Reed Army Medical Center did not submit copies of their monthly pest surveillance records to the Installation Pest Management Coordinator (IPMC) for inclusion in the monthly pest management reports. Personnel within Preventive Medicine conducted regular pest and sanitary surveillance of food handling facilities and informed the Directorate of Public Works (DPW) Pest Control Shop when pest infestations were detected, but were unaware of the requirement to share records of all surveillance hours with the IPMC for inclusion in pest management records.

FINDING COMMENTS:

Note that T13 MED 561 Sections 1-4 also apply.

Note: Preventive Medicine personnel indicated that they would begin providing the IPMC with surveillance records as soon as possible.

ROOT CAUSE - TP3:

Inadequate training needs analysis.

ROOT CAUSE JUSTIFICATION:

Although personnel at Preventive Medicine did contact personnel at the DPW pest control shop, about pest infestations, they were unaware of the requirement to submit all monthly surveillance records to the IPMC to be used in the installation's pest management reports.

COMPLIANCE CORRECTIVE ACTION:

Have Preventive Medicine personnel send copies of their monthly surveillance reports to the Installation Pest Management Coordinator.

Estimated Cost: Negligible

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DAG002

FINDING REFERENCE:

Protocol: Pesticide Management

URC: PM.040.01.ARMY 02

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Veterinary

Organization: Veterinary Clinic

Building Number: F-156

SUMMARY CONDITION STATEMENT:

DOD required records of pest management operations are incomplete and/or inadequate.

REGULATORY CITATION:

DODI 4150.7, para 5.3.22.7, Enclosure 4, para E4.1.10; AR 420-76, para 4-4b, 4-4c(1) and 4-4c(3) through 4-4c(5); Pest Management Measures of Merit: Guidance for Satisfying Data-Call Requirement [Revised June 1998].

REGULATORY REQUIREMENT:

Specific records are required to be kept as a part of the pest management process

FINDING DESCRIPTION:

The Veterinary Service at the Walter Reed Army Medical Center did not submit copies of their monthly pest surveillance records to the Installation Pest Management Coordinator (IPMC) for inclusion in the monthly pest management report. Personnel within the Veterinary Service conducted regular pest and sanitary surveillance at the Commissary but were not aware of the requirement to share records of all surveillance hours with the IPMC for inclusion in installation pest management records.

FINDING COMMENTS:

Note that TB MED 561 Sections 1-4 also apply.

Note that the Veterinary Service personnel indicated that they would begin at once to provide the IPMC with surveillance reports.

ROOT CAUSE - TP3:

Inadequate training needs analysis.

ROOT CAUSE JUSTIFICATION:

Veterinary Service personnel were not aware that records of all pest surveillance hours should be provided to the Installation Pest Management Coordinator for inclusion in the installation's pest management records.

COMPLIANCE CORRECTIVE ACTION:

Have the Veterinary Service personnel send copies of all monthly pest surveillance to the Installation Pest Management Coordinator for inclusion in the installation's monthly pest management report.

Estimated Cost: Negligible

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

This finding has been corrected since the assessment. Veterinary Service personnel have begun submitting forms starting with those from January 1999.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DAG003

FINDING REFERENCE:

Protocol: Pesticide Management

URC: PM.040.01.ARMY 02

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Army Corps

Organization: Army Corps of Engineers

Building Number: F-172

SUMMARY CONDITION STATEMENT:

DOD required records of pest management operations are incomplete and/or inadequate.

REGULATORY CITATION:

DODI 415 0.7, para 5.3.22.7, Enclosure 4, para E4.1.10; AR 420-76, para 4-4b, 4-4c(1) and 4-4c(3) through 4-4c(5); Pest Management Measures of Merit: Guidance for Satisfying Data-Call Requirement) [Revised June 1998].

REGULATORY REQUIREMENT:

Specific records are required to be kept as a part of the pest management process

FINDING DESCRIPTION:

The Army Corps of Engineers overseeing the construction of the new Walter Reed Army Institute for Research (WRAIR) building at the Walter Reed Army Medical Center, Forest Glen Annex, did not submit a report on pesticide applications made at the construction site to the Installation Pest Management Coordinator (IPMC). Army Corps of Engineers personnel were unaware that all pest management operations on the installation must be reported to the IPMC for inclusion in installation pest management records.

FINDING COMMENTS:

Note that the Army Corps of Engineers indicated that they would provide the IPMC with records of the pest management operation as soon as possible.

ROOT CAUSE - MR2:

Environmental responsibilities are not clearly defined in the job description.

ROOT CAUSE JUSTIFICATION:

Army Corps of Engineers were not aware of any regulations stating that records of all pesticide applications and pest management operations must be submitted to the IPMC for inclusion in installation pest management records. This army regulation is found in DODI 4150.7 and AR 420-76, but is not normally included or cited in any of the Army Corps of Engineers references.

COMPLIANCE CORRECTIVE ACTION:

Require that Army Corps of Engineers personnel contracting pest management services for construction projects on Army installations submit records of all pest management operations and pesticide usage to the IPMC for inclusion in the installation pest management records.

Estimated Cost: Negligible

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DAG005

FINDING REFERENCE:

Protocol: Pesticide Management

URC: PM.001.07.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: WRAIR

Organization: WRAIR

Building Number: W-40

SUMMARY CONDITION STATEMENT:

Pest control contracts are not reviewed by appropriate personnel prior to advertisement for bid.

REGULATORY CITATION:

AR 420-76, para 3-4k, 3-12c, 3-12d, 4-3a, and 4-3c

REGULATORY REQUIREMENT:

Contracts for installation pest control services must be reviewed and approved prior to advertisement for bid.

FINDING DESCRIPTION:

The contract for pest management at the Walter Reed Army Institute for Research (WRAIR) facilities had not been reviewed or approved by the Major Command (MACOM) Pest Management Consultant (PMC). Regulations require that all pest management contracts be reviewed and approved by the MACOM PMC prior to submission for bid.

FINDING COMMENTS:

ROOT CAUSE - PL3:

System is not in place to properly coordinate the review and acceptance of new and/or updated plans and/or procedures with appropriate agencies.

ROOT CAUSE JUSTIFICATION:

WRAIR personnel were not aware of the requirement that all pest management contracts must be reviewed by the MACOM PMC prior to submission for bid.

COMPLIANCE CORRECTIVE ACTION:

Have all installation pest management contracts reviewed by the MACOM PMC prior to submission for bid.

Estimated Cost: Negligible

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DAG006

FINDING REFERENCE:

Protocol: Pesticide Management

URC: PM.001.07.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Commissary

Organization: Commissary

Building Number: F-162

SUMMARY CONDITION STATEMENT:

Pest control contracts are not reviewed by appropriate personnel prior to advertisement for bid.

REGULATORY CITATION:

AR 420-76, para 3-4k, 3-12c, 3-12d, 4-3a, and 4-3c

REGULATORY REQUIREMENT:

Contracts for installation pest control services must be reviewed and approved prior to advertisement for bid.

FINDING DESCRIPTION:

The contract for pest management at the Commissary building at the Walter Reed Army Medical Center, Forest Glen Annex, had not been reviewed or approved by the Major Command (MACOM) Pest Management Consultant (PMC). Regulations require that all pest management contracts be reviewed and approved by the MACOM PMC prior to submission for bid

FINDING COMMENTS:

ROOT CAUSE - PL3:

System is not in place to properly coordinate the review and acceptance of new and/or updated plans and/or procedures with appropriate agencies.

ROOT CAUSE JUSTIFICATION:

Commissary personnel were not aware of the requirement that all pest management contracts must be reviewed by the MACOM PMC prior to submission for bid and assumed that the contractor was approved by the Army Medical Command because it had contracts at Army installations within other MACOMs.

COMPLIANCE CORRECTIVE ACTION:

Have all installation pest management contracts reviewed by the MACOM PMC prior to submission for bid.

Estimated Cost: Negligible

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes -
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DAG007

FINDING REFERENCE:

Protocol: Pesticide Management

URC: PM.001.07.ARMY 02

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: WRAIR

Organization: WRAIR

Building Number: W-40

SUMMARY CONDITION STATEMENT:

Contract pest control services are not monitored by a qualified individual.

REGULATORY CITATION:

AR 420-76, para 3-4k, 3-12c, 3-12d, 4-3a, and 4-3c

REGULATORY REQUIREMENT:

Contracts for installation pest control services must be reviewed and approved prior to advertisement for bid.

FINDING DESCRIPTION:

The contract for pest management at Walter Reed Army Institute for Research (WRAIR) facilities was not under the oversight of a Quality Assurance Evaluator (QAE) certified for pest management. Regulations require that all pest management contract services be monitored by QAEs having certification in appropriate categories of pest management.

FINDING COMMENTS:

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

WRAIR personnel were not aware of the requirement that all pest management contracts must be monitored by a QAE with appropriate certification in pest management.

COMPLIANCE CORRECTIVE ACTION:

Designate a person who has the appropriate certification in pest management to serve as the Quality Assurance Evaluator (QAE) monitoring contract pest management services.

Estimated Cost: \$1,000 per year

Have personnel who are monitoring the services of a pest management contract trained and certified in the appropriate categories of pest management.

Estimated Cost: \$5,000 for training and certification.

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DAG008

FINDING REFERENCE:

Protocol: Pesticide Management

URC: PM.001.07.ARMY 02

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Commissary

Organization: Commissary

Building Number: F-162

SUMMARY CONDITION STATEMENT:

Contract pest control services are not monitored by a qualified individual.

REGULATORY CITATION:

AR 420-76, para 3-4k, 3-12c, 3-12d, 4-3a, and 4-3c

REGULATORY REQUIREMENT:

Contracts for installation pest control services must be reviewed and approved prior to advertisement for bid.

FINDING DESCRIPTION:

The contract for pest management at the Commissary building at the Walter Reed Army Medical Center Forest Glen Annex was not under the oversight of a Quality Assurance Evaluator (QAE) certified for pest management. Regulations require that all pest management contract services be monitored by QAEs having certification in appropriate categories of pest management.

FINDING COMMENTS:

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

Commissary personnel were not aware of the requirement that all pest management contracts must be monitored by a QAE with appropriate certification in pest management.

COMPLIANCE CORRECTIVE ACTION:

Designate a person who has the appropriate certification in pest management to serve as the Quality Assurance Evaluator (QAE) monitoring contract pest management services.

Estimated Cost: \$1,000 per year

Have personnel who are monitoring the services of a pest management contract trained and certified in the appropriate categories of pest management.

Estimated Cost: \$5,000 for training and certification

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: DAG004

FINDING REFERENCE:

Protocol: Pesticide Management
URC: PM.002.xl.TEAM 01
Finding Category: Health and Safety

FACILITY INFORMATION:

Facility Type: Roads and Grounds
Organization: DPW
Building Number: W-18

SUMMARY CONDITION STATEMENT:

Pesticide applicators are not participating in a regular medical surveillance program.

REGULATORY CITATION:

29 CFR 1910.120 (f); AR 40-5, paragraph 10-15

REGULATORY REQUIREMENT:

All government pesticide applicators should participate in a regular medical surveillance program and be tested to establish a baseline blood cholinesterase level.

FINDING DESCRIPTION:

Two pesticide applicators working for Directorate of Public Works (DPW) Roads and Grounds have not been seen by Occupational Health for physical exams or testing for baseline blood cholinesterase levels. All pesticide applicators or pest management personnel who come in contact with pesticides should participate in regular medical surveillance by Occupational Health and undergo testing to establish baseline blood cholinesterase levels.

FINDING COMMENTS:

Suggested Corrective Action: Submit names of untested pesticide application personnel to Occupational Health so that they may be scheduled for medical surveillance and testing. Estimated cost: \$1,500 per year per person.

Note that since the discovery of this finding, the names of untested pest management personnel have been submitted to Occupational Health so that appointments can be made for testing and medical surveillance.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.12 PETROLEUM, OILS, AND LUBRICANTS MANAGEMENT.

The Walter Reed Army Medical Center's (WRAMC's) Petroleum, Oils, and Lubricants (POL) program has thus far been successful in preventing significant petroleum spill incidents. However, the POL Management Program could be more effective by involving formal personnel training and ensuring spill response procedures are in place at all potential spill locations.

WRAMC is deficient in developing its POL spill response requirements. The installation needs to update the Spill Prevention, Control, and Countermeasure Plan (SPCCP). This plan should have been updated in 1998 to meet the Federal 3-year review requirement. WRAMC also needs to prepare and maintain a certificate of "Non-Substantial Harm" with supporting calculations on file in accordance with 40 CFR 112. The installation has plans to include this certificate in the revised SPCCP. Finally, WRAMC needs to update the Spill Contingency Plan and train pertinent facility personnel on spill response procedures to ensure proper actions in the event of a spill.

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: RAV016

FINDING REFERENCE:

Protocol: POL Management

URC: PO.005.03.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The Federally required SPCC Plan has not been reviewed at least once every 3 yr.

REGULATORY CITATION:

40 CFR 112.1 (d) and 112.5 (b)

REGULATORY REQUIREMENT:

Each SPCC plan must be reviewed at least once every 3 yr

FINDING DESCRIPTION:

The Spill Prevention, Control and Countermeasures Plan (SPCCP) is outdated. This plan was last reviewed and approved by a Professional Engineer on May 19, 1995. The SPCCP requires updating every three years or whenever significant operational changes have occurred.

FINDING COMMENTS:

A draft letter was found which suggested that the SPCCP was reviewed and ready for command approval in June 1997. However, the plan was never forwarded for command approval and thus, not finalized.

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

The SPCCP is currently under revision by a contractor.

COMPLIANCE CORRECTIVE ACTION:

Review and update the SPCCP as required. Have the update certified by a Professional Engineer and ensure copies of the updated plan are distributed to appropriate facilities and activities.

Estimated Cost: \$5,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

CPW is now updating the SPCCP and ISCP and combining them into one Installation Response Plan.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV017

FINDING REFERENCE:

Protocol: POL Management

URC: PO.002.X2.TEAM 99

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The facility does not maintain a "Certificate of Non-Substantial Harm" or supporting calculations on file.

REGULATORY CITATION:

40 CFR 112.20, appendix C

REGULATORY REQUIREMENT:

Non-transportation related facilities that do not meet the criteria for a facility of "Substantial Harm" shall complete and maintain a "Certification of Non-Substantial Harm" and supporting calculations on file.

FINDING DESCRIPTION:

A certificate of "Non-Substantial Harm" and its supporting calculations are not maintained. The installation does not appear to meet the "Substantial Harm" criteria (total oil storage capacity greater than 1 million gals or reportable spill of 10,000 gals within the past 5 years) is therefore not required to prepare a Facility Response Plan. However, a "Non-Substantial Harm" certificate is required.

FINDING COMMENTS:

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

The SPCCP is currently undergoing revision. The "Certification of Non-Substantial Harm" and the supporting calculations will be incorporated into the revised SPCCP.

COMPLIANCE CORRECTIVE ACTION:

Maintain a "Certificate of Non-Substantial Harm" and supporting calculations on file in the revised SPCCP.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: DBA025

FINDING REFERENCE:

Protocol: POL Management

URC: PO.060.01.TEAM 03

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Supply Storage

Organization: DPW

Building Number: F-601

SUMMARY CONDITION STATEMENT:

Used oil is not tested to determine if it exceeds any of the allowable limits of constituents and/or properties.

REGULATORY CITATION:

REGULATORY REQUIREMENT:

Depending on the constituents of the used oil, facilities are required to handle used oil as a hazardous waste or according to specific used oil requirements

FINDING DESCRIPTION:

An unlabeled 5-gal plastic container was found in the DPW supply and storage area. The staff identified it as waste oil contaminated with dirt and other solvents, not suitable for recycling purposes.

FINDING COMMENTS:

ROOT CAUSE - TP1:

Environmental awareness training is not provided.

ROOT CAUSE JUSTIFICATION:

Personnel stated that hazardous waste or other environmental training is not provided.

COMPLIANCE CORRECTIVE ACTION:

Ensure that all containers or storage tanks designated for the accumulation/storage of used oil for recycling are labeled with the words "Used Oil." Ensure that any fill ports associated with storage tanks are also labeled with the words "Used Oil."

Estimated Cost: \$0

Provide training to ensure the personnel understand how to characterize hazardous waste and how to properly manage it.

Estimated Cost: \$0

PREVENTION OF POLLUTION INITIATIVE:

Contact DRMO to participate in the Closed Loop Program. This program supplies re-refined oil and also picks up used oil to be re-refined again. WRAMC can realize substantial savings by participating in this program.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

The Environmental Office will ensure that all used oil tanks will have labels on signs saying "Used Oil".

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: DBA026

FINDING REFERENCE:

Protocol: POL Management

URC: PO.065.06.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Containers of used oil and/or fill pipes used to transfer used oil are incorrectly labeled.

REGULATORY CITATION:

40 CFR 279.22 (c)

REGULATORY REQUIREMENT:

The label USED OIL must be clearly marked on containers used to store used oil and fill pipes used to transfer used oil into underground storage facilities

FINDING DESCRIPTION:

An aboveground 500-gal tank collecting used oil was labeled with the words "Used Oil" and also the words "Waste Oil." This tank was purchased by the Environmental Office and placed at the AAFES Service garage at Forest Glen.

FINDING COMMENTS:

ROOT CAUSE - PT3:

Regulatory policy is misinterpreted.

ROOT CAUSE JUSTIFICATION:

COMPLIANCE CORRECTIVE ACTION:

Ensure that all containers or storage tanks designated for the accumulation/storage of used oil are labeled with the words "Used Oil". Ensure that any fill ports associated with storage tanks are also labeled with the words "Used Oil".

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

The Environmental Office will ensure that the tank is properly labeled.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV020

FINDING REFERENCE:

Protocol: POL Management

URC: PO.005.03.ARMY 04

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Copies of the ISCP have not been provided to pertinent facility personnel.

REGULATORY CITATION:

(AR 200-1, para 3-3b(2) and 3-3d(2)) [Citation Revised June 1998].

REGULATORY REQUIREMENT:

Installations are required to prepare spill contingency procedures to respond to spills on Army property or caused by Army actions

FINDING DESCRIPTION:

An Installation Spill Contingency Plan, dated October 1995, has not been distributed to personnel working at potential spill sites. This plan requires some minor revisions and should be updated with the correct names and phone numbers of spill response personnel before distribution.

FINDING COMMENTS:

Spill contingency procedures are being incorporated into the new Spill Prevention, Control, and Countermeasures Plan.

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

The Environmental Staff assumed that all individuals will call the Fire Department when a spill occurs and thus a wide distribution of the ISCP was unnecessary.

COMPLIANCE CORRECTIVE ACTION:

Ensure that the ISCP is distributed to all applicable facilities.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

The Environmental Office will ensure copies of the ISCP are distributed.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: RAV025

FINDING REFERENCE:

Protocol: POL Management
URC: PO.005.06.ARMY 01
Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration
Organization: WRAMC Environmental Office
Building Number: W-1

SUMMARY CONDITION STATEMENT:

Army required spill response training is not performed.

REGULATORY CITATION:

AR 200-1, para 3-3d(4)

REGULATORY REQUIREMENT:

Training is required to ensure proper response to spills or releases .

FINDING DESCRIPTION:

Many installation personnel working near potential spill sites have not received training on proper spill contingency procedures.

FINDING COMMENTS:

ROOT CAUSE - MR4:

Personnel/activities are not held accountable for environmental performance

ROOT CAUSE JUSTIFICATION:

Environmental Office staff failed to provide emphasis on spill contingency training and are not held accountable.

COMPLIANCE CORRECTIVE ACTION:

Provide annual spill contingency training to all individuals working near potential spill sites.
Estimated Cost: \$5,000/yr

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

The Environmental office is now developing a training plan to address spill response. In addition, UST/AST spill response is currently addressed in a draft SOP for storage tank operations.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV026

FINDING REFERENCE:

Protocol: POL Management

URC: PO.002.03.ARMY 01

Finding Category: Positive Performance

FACILITY INFORMATION:

Facility Type: Safety/Enviro Office

Organization: WRAIR

Building Number: W-40

SUMMARY CONDITION STATEMENT:

The installation has gone above and beyond statutory and regulatory requirements.
(Positive)

REGULATORY CITATION:

[Added January 1999].

REGULATORY REQUIREMENT:

Installations should go above and beyond statutory and regulatory compliance

FINDING DESCRIPTION:

The Walter Reed Army Institute of Research (WRAIR), Safety Office provides excellent emergency response plans to all WRAIR employees. The Safety Office recognized the importance of providing workers with easily accessible emergency response plans and thus created emergency response cards which take the shape of an identification card. These cards are worn with security identification passes and can be easily accessed at all times.

FINDING COMMENTS:

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - Walter Reed Army Institute of Research
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Has finding been addressed Before?	No
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Previous NOV?	No
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IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.13 SOLID WASTE MANAGEMENT.

The Solid Waste Management Program lacks accountability and is in need of enhancement and emphasis. Both the recycling and solid waste programs are at a point where the contracts have expired and extensions have been filed. Contract renewal presents a great opportunity to incorporate both recycling and solid waste disposal into a single contract tailored to the needs of Walter Reed Army Medical Center (WRAMC).

Waste Disposal. Wastes are routinely dumped on the ground next to the dumpster behind Building 91 and litter is present on the ground at several other locations to include the area around the dumpster behind Building 1. At the present time, no program is in place to hold personnel accountable for the waste disposal program at their respective work place or surrounding area. A program placing the building custodian or highest ranking individual working in an area adjacent to a dumpster location responsible for its overall management including proper use and litter control will assist in the programs enhancement.

Recycling. The recycling program is in need of a renewed emphasis that encourages WRAMC employee and visitor participation. Areas requiring attention include: card board recycling which is only being performed at Building 2, white paper and beverage containers in WRAIR and AFIP, development of a composting or mulching program that may include participation in a locally established program, and of special concern is the disposal of furniture from Building 2 and other facilities on the installation. The Installation Recycling Coordinator should: prepare articles to be published on email, in the post newspaper, and flyers; reestablish contact with activity level recycling coordinators and train them in the recycling program; assist in obtaining roll off dumpsters equipped with compactors, or balers for use to collect cardboard at WRAIR and AFIP; and assist Roads and Grounds personnel in establishing mulching and composting programs on the installation or participating in a local one already established.

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: BES001

FINDING REFERENCE:

Protocol: Solid Waste Management

URC: SO.010.01.TEAM 04

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Loading Dock

Organization: AFIP

Building Number: W-54

SUMMARY CONDITION STATEMENT:

Solid waste containers containing food waste are improperly managed

REGULATORY CITATION:

40 CFR 243.200-1

REGULATORY REQUIREMENT:

Installations/CW facilities are required to store all solid wastes and all materials separated for recycling according to specific guidelines

FINDING DESCRIPTION:

A 55-gallon drum on the Armed Forces Institute of Pathology loading dock used to accumulate waste cooking oil from the cafeteria was not closed. All cooking wastes are required to be sealed or otherwise kept closed to keep out insects and animals.

FINDING COMMENTS:

Note that a new lid was obtained and put in place the same day the finding was observed.

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

According to personnel interviewed, someone had taken the drum lid a month ago. Personnel knew they should have a lid and did not act on it.

COMPLIANCE CORRECTIVE ACTION:

Obtain a new lid and place it on the 55-gallon drum.

Estimated Cost: \$5

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: BES003

FINDING REFERENCE:

Protocol: Solid Waste Management

URC: S0.010.01.TEAM 09

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Health Clinic

Organization: U.S. Army Reserves

Building Number: W-91

SUMMARY CONDITION STATEMENT:

Bulky wastes are stored such that they create a nuisance and/or attract the accumulation of other solid wastes.

REGULATORY CITATION:

40 CFR 243.200-1

REGULATORY REQUIREMENT:

Installations/CW facilities are required to store all solid wastes and all materials separated for recycling according to specific guidelines

FINDING DESCRIPTION:

Solid wastes are routinely dumped onto the ground adjacent to the 8 cu yd dumpster behind Building 91. There are waste pallets, old desks, and other pieces of solid waste littering the ground. Personnel interviewed stated that improper dumping of waste is identified each first day back after a weekend and on and off throughout the week.

FINDING COMMENTS:

This finding was identified each day during the assessment period from 1-8 February 1999.

ROOT CAUSE - MR1:

Environmental responsibilities are not clearly defined for all activities and personnel.

ROOT CAUSE JUSTIFICATION:

Individuals in this building are not assigned responsibility for management practices at the dumpster location.

COMPLIANCE CORRECTIVE ACTION:

Develop a procedure consistent with the Installation Solid Waste Management (ISMW) Plan and directed by the Environmental Overwatch Committee to cleanup areas littered with trash and keep them clean of waste and recyclable items. The senior occupant or building manager of a facility adjacent to a dumpster and/or dumping area must be held responsible for it.

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: BES005

FINDING REFERENCE:

Protocol: Solid Waste Management

URC: S0.010.01.DC 15

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Headquarters

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Solid waste storage creates a nuisance/unsanitary conditions.

REGULATORY CITATION:

DC Mun. Reg., Title 21, Section 700.3

REGULATORY REQUIREMENT:

Solid wastes must be stored according to general requirements

FINDING DESCRIPTION:

Solid wastes are routinely dumped and spilled next to the roll-off dumpster behind Building 1 where there are pieces of waste littering the ground.

FINDING COMMENTS:

Note that the dumpster was not full so collection frequency is not the issue.

ROOT CAUSE - MR4:

Personnel/activities are not held accountable for environmental performance

ROOT CAUSE JUSTIFICATION:

Personnel interviewed stated that the trash on the ground surrounding the dumpster has been accumulating for approximately 2 to 3 months and no one has picked it up. There is no one person responsible for dumping the trash on the ground and no one person has been assigned responsibility for ensuring the surrounding area remains free of waste.

COMPLIANCE CORRECTIVE ACTION:

The senior occupant or building manager of a facility adjacent to a dumpster must be held responsible for its management and the surrounding areas. Many of the dumpsters located on WRAMC are used by activities located in different buildings. Where dumpsters are shared, assign one person to be responsible for overall management.

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: BES004

FINDING REFERENCE:

Protocol: Solid Waste Management

URC: SO.001.04.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Personnel handling/managing solid waste have not been trained.

REGULATORY CITATION:

AR 200-1, para 5-3f

REGULATORY REQUIREMENT:

All persons handling or managing solid waste are required to be trained to perform their responsibilities in a safe and environmentally acceptable manner (AR 200-1, para 5-3f) [February 1997]

FINDING DESCRIPTION:

Contract and government workers who handle solid waste do not receive formal training in the area of solid waste handling and management.

FINDING COMMENTS:

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

WRAMC does not have a program to train its personnel on solid waste issues.

COMPLIANCE CORRECTIVE ACTION:

Establish a procedure to ensure that all containers from a large hazardous waste turn-in are properly managed. This includes making sure all containers are in good condition, properly labeled, closed, and stored with enough aisle space in-between. This also includes ensuring access to two-way communication at the storage area as well as appropriate spill and fire equipment.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: BES006

FINDING REFERENCE:

Protocol: Solid Waste Management

URC: SO.010.01.ARMY 05

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Fire House

Organization: DPW

Building Number: W-90

SUMMARY CONDITION STATEMENT:

Solid waste containers are not properly cleaned.

REGULATORY CITATION:

AR 420-47, para 3-4a

REGULATORY REQUIREMENT:

Army installations are required to follow specific requirements for solid waste storage, collection, and cleaning of equipment.

FINDING DESCRIPTION:

The inside of the dumpster to the right and back of the Fire House is covered with oil.

FINDING COMMENTS:

Personnel interviewed stated that this dumpster is routinely used by individuals coming onto the installation. The dumpster is located in an area convenient for people to dump wastes.

ROOT CAUSE - MR1:

Environmental responsibilities are not clearly defined for all activities and personnel.

ROOT CAUSE JUSTIFICATION:

Personnel from this building have not been made responsible for maintaining dumpster control.

COMPLIANCE CORRECTIVE ACTION:

Clean the existing dumpster or have the solid waste contractor replace the dumpster with a clean one.

Establish a person responsible for dumpster control.

MISCELLANEOUS INFORMATION:

Tenant Organization? No
Has finding been addressed Before? No
Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: DBA021

FINDING REFERENCE:

Protocol: Solid Waste Management

URC: SO.002.X2.ARMY X2

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Laboratories

Organization: WRAIR

Building Number: F-500

SUMMARY CONDITION STATEMENT:

General waste is not segregated from regulated medical waste.

REGULATORY CITATION:

HSC Reg 40-35, para 7b

REGULATORY REQUIREMENT:

The HCF waste management system includes the segregation, by categories, of waste at the point of origins and the appropriate packaging, transporting, and treatment/disposal of waste in each category.

FINDING DESCRIPTION:

Personnel were disposing of empty chemical glass and plastic bottles into the sharps containers.

FINDING COMMENTS:

ROOT CAUSE - PT3:

Regulatory policy is misinterpreted.

ROOT CAUSE JUSTIFICATION:

Staff members thought all unneeded glassware fell into the regulated medical waste category of sharps and therefore needed to be disposed into the sharps container. **RECOMMENDED CORRECTIVE STRATEGY**

COMPLIANCE CORRECTIVE ACTION:

Post signs at each sharps containers that identify what items do and do not belong into the sharps container.

Estimated Cost: \$0

Reinforce training on what is a regulated medical waste and what is a general solid waste.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: KAM011

FINDING REFERENCE:

Protocol: Solid Waste Management

URC: S0.002.XI.ARMY 1

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Environ Services

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

No record of the weight of RMW is kept.

REGULATORY CITATION:

HSC 40-35, Section 11

REGULATORY REQUIREMENT:

The Health Care Facility (HCF) will keep records on the weight of regulated medical waste (RMW) produced.

FINDING DESCRIPTION:

The Environmental Services Branch (ESB) does not maintain a log on the weight of RMW generated at WRAMC. The number of containers of RMW are recorded on the shipping manifest generated by the transporter. However, the weight of RMW is determined by the transporter off-site who then completes the manifest and returns it to the Environmental Division. A scale is located on the loading dock but is not utilized by ESB personnel.

FINDING COMMENTS:

Although it is unlikely the transporter of RMW is altering the weights of RMW generated, there is the possibility that this could happen. Installation personnel currently use historical knowledge to gauge whether or not the weights reported seem correct.

ROOT CAUSE - PR2:

A document control system and record retention procedure does not exist or is inadequate.

ROOT CAUSE JUSTIFICATION:

Personnel do not record the weight of RMW generated and rely solely on the RMW manifests which are completed and returned by the transporter. Personnel were not aware of this requirement.

COMPLIANCE CORRECTIVE ACTION:

Establish a procedure whereby RMW is weighed when brought down to the loading dock.
Weights should be recorded on each container and recorded within a log book.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: BES007

FINDING REFERENCE:

Protocol: Solid Waste Management

URC: SO.025.01.TEAM 98

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WILWC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Elements of the recycling program are not emphasized (MP)

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Installations/CW facilities should participate in any state or local recycling programs and reduce the volume of solid waste materials at the source whenever practical (MP)

FINDING DESCRIPTION:

Recyclable and re-use/re-sale programs suffer from a lack of employee participation and contract mechanisms. Used furniture and equipment is being disposed in dumpsters throughout the installation. One example is the hospital, Building 2, where there is a roll-off dumpster being filled with cabinets, chairs, tables, desks and other items. The Roads and Grounds Department do not maintain a mulching and composting program and instead choose to dispose of these recyclable materials as a solid waste. Cardboard is not recycled at Walter Reed Army Institute of Research, Armed Forces Institute of Pathology, and most other locations at WRAMC. Other recycling programs including beverage containers, white paper, and newspaper suffer as well.

FINDING COMMENTS:

Corrective Action: The Installation Recycling Coordinator must place a renewed effort into the recycling program. This effort should include: preparing articles to be published on an electronic bulletin board, post newspaper, and flyers; reestablish contact with activity level recycling coordinators and train them in the recycling program; assist in obtaining roll off dumpsters equipped with compactors, or balers for use to collect cardboard at WRAIR and AFIP; working with Roads and Grounds to determine procedures for mulching and composting programs and identify a location for implementation.

Note that personnel interviewed stated that progress is being made toward establishing a contract to reduce the amount of furniture and other property disposed that could be re-used or more likely made available for re-sale.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

The environmental Office is currently receiving input from Environmental Services, DPW and DOL concerning furniture recycling, composting, cardboard recycling, training, and awareness.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.14 STORAGE TANK MANAGEMENT.

The underground storage tank (UST) management program was being well run. The 13 remaining regulated USTs were all compliant with the 22 December 1998 upgrade or removal regulation. The four unregulated USTs were compliant with Army, Federal, District of Columbia, and Maryland regulations. On small problem noted was that there were three USTs that had their overfill alarms continuously going off. However, these USTs were still in compliance because they are each equipped with a secondary overfill protection mechanism.

The above ground storage tanks (ASTs) were also being managed well. Up to 13 ASTs that were covered by one or more Army, Federal, Maryland, or District of Columbia regulations and were all in compliance.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: CAB005

FINDING REFERENCE:

Protocol: Storage Tank Management
URC: ST.002.X1.TEAM 99
Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Operations Branch
Organization: DPW
Building Number: W-1

SUMMARY CONDITION STATEMENT:

The storage tank's alarm does not function properly.

REGULATORY CITATION:

Management Practice (MP)

REGULATORY REQUIREMENT:

Storage Tank's should be well maintained.

FINDING DESCRIPTION:

There were three underground storage tanks (Building 511, 606, and 54) with broken high level alarms that could not be shut off.

FINDING COMMENTS:

A work order was submitted 28 January 1999 to get the alarms repaired. However, the DPW did not fix the alarm, stating that it has not worked since it had been installed and that the manufacturer should be responsible for fixing it.

Note that this tank is not out of compliance because it has a secondary overfill protection system. However, as a good management practice, the alarm should be repaired.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

The DPW and Environmental Office will hold a meeting to develop a plan of action to fix these alarms.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.15 POLYCHLORINATED BIPHENYL (PCBS).

Currently, there are few PCB or PCB-contaminated items on WRAMC - Main Post or the Forest Glen Annex. All known PCB and PCB contaminated transformers have been removed, the last of which was removed December 1997/January 1998. All documentation with regards to manifests and destruction notices are maintained and available for review. The only PCB items remaining on WRAMC are light ballasts which are removed during remodeling and as a result of maintenance/repair requirements. These are turned in to the Environmental Office who stores them at their less than (<) 90 storage sites prior to disposal.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KAM001

FINDING REFERENCE:

Protocol: Toxic Substances Management - PCB Management

URC: TI.040.01.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

PCBs and PCB Items at concentrations of 50 ppm or > that are to be stored before disposal are not stored in a facility that will assure the containment of PCBs.

REGULATORY CITATION:

(40 CFR 761.65(a) through 761.65(b)(1)) [Revised October 1998].

REGULATORY REQUIREMENT:

PCBs and PCB Items at concentrations of 50 ppm or more that are to be stored before disposal must be stored in a facility meeting specific structural requirements

FINDING DESCRIPTION:

A PCB light ballast was found and identified by Environmental Division personnel on top of the concrete wall located outside of the east entrance to Building T2. PCB items are required to be stored in an area which is sheltered from the elements and will prevent accidental releases to the environment.

FINDING COMMENTS:

Several buildings within the area are currently being renovated. The item which was found may have fallen from a cart or have been found inside one of the buildings and placed at the location at which it was found.

Note that when the PCB ballast was found, installation environmental personnel retrieved it and took it to the PCB storage area located within the above ground parking garage.

ROOT CAUSE - TP1:

Environmental awareness training is not provided.

ROOT CAUSE JUSTIFICATION:

The person who found or placed the PCB item at the location may have been unaware of whom to contact regarding the item and/or unaware of the special handling requirements involved.

COMPLIANCE CORRECTIVE ACTION:

Personnel who handle PCB related items should be trained on handling and storage requirements. PCB items such as light ballasts should be temporarily stored in leak proof containers and labeled with the dates they were removed from service. These items should then be turned over to the environmental division for disposal within 30 days of collection.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.16 ASBESTOS.

The Asbestos Management Program is not in compliance with AR 200-1. The installation has not completed the required "Building Survey" that was also a finding during the last ECAS. The installation does not have an Asbestos Management Team; not having a team seems to cause many asbestos related problems throughout the installation. There is no method for tracking the asbestos waste shipping manifests for the installation.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM009

FINDING REFERENCE:

Protocol: Toxic Substances Management - Asbestos Management

URC: T2.015.02.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Waste shipment records are not maintained for at least 2 yr for all ACM transported offsite.

REGULATORY CITATION:

40 CFR 61.150(c) through 61.150(e)

REGULATORY REQUIREMENT:

Asbestos-containing waste must be transported according to specific parameters

FINDING DESCRIPTION:

There is no procedure in place for the environmental office to track waste manifests that are returned from the asbestos disposal site. The Installation Asbestos Coordinator maintains copies of the outgoing waste shipping manifests, but the coordinator does not have copies of the waste manifests from the waste disposal site. The manifests that are completed at the waste disposal site are returned to the installation's Director of Contracting (DOC). The DOC then provides the return copies of the waste manifests to the environmental office, but the Asbestos Coordinator was not able to locate these copies.

FINDING COMMENTS:

It is important that an effective means of tracking waste manifests is in place. There is currently no effective procedure of notifying local, state, or U.S. Environmental Protection Agency regional offices if a copy of the waste shipment record is not returned to the waste generator within 35 days after the waste was accepted by the initial transporter.

ROOT CAUSE - PR2:

A document control system and record retention procedure does not exist or is inadequate.

ROOT CAUSE JUSTIFICATION:

The environmental office does not know the status of all of the waste disposal manifests that are to be maintained in their office.

COMPLIANCE CORRECTIVE ACTION:

The environmental office needs to create an effective document management system that will ensure that all documents, especially those required for regulatory compliance, are kept on file in the office.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM007

FINDING REFERENCE:

Protocol: Toxic Substances Management - Asbestos Management

URC: T2.001.10.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation has not established an Asbestos Management Team.

REGULATORY CITATION:

AR 200-1, para 8- 2e

REGULATORY REQUIREMENT:

Installations are required to establish an Asbestos Management Team .

FINDING DESCRIPTION:

The installation does not currently have an Asbestos Management Team. The installation did have an Asbestos Management Team approximately two years ago. However, the leader was detailed to another division and the team subsequently dissolved.

FINDING COMMENTS:

ROOT CAUSE - MC1:

Working relationships are ineffective within the organization.

ROOT CAUSE JUSTIFICATION:

The Asbestos Management Team dissolved due to the fact that team members from various organizations throughout the installation (DPW, environmental, legal, contracting, occupational health, and industrial hygiene) did not work together to form an effective team. Installation policies and procedures for asbestos were never evaluated and put into effect through the efforts of this team.

COMPLIANCE CORRECTIVE ACTION:

A representative from the Installation Commander's office must create and provide oversight of a new Asbestos Management Team (AMT). The team, in accordance with the current installation asbestos management plan (AMP), must include representatives from the installation environmental office, safety office, industrial hygiene office, legal division, fire department, and environmental oversight committee. All members of the team must receive training in asbestos management so that they may provide appropriate insight to the team. The creation of an AMT will help resolve several problems in the AMP. The AMT must be aware of pending construction projects and work orders submitted for all construction projects according to the installation AMP. The AMT can ensure that all aspects of the AMP are enforced throughout the installation so that no environmental or safety regulations are violated. The representative from the Installation Commander's office must ensure that the team is working together to prepare, coordinate, and execute the installation AMP per Army regulations.

Estimated Cost: \$1,500/person for training

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: KMM008

FINDING REFERENCE:

Protocol: Toxic Substances Management - Asbestos Management

URC: T2.001.03.ARMY 02

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The asbestos survey was incomplete and/or inadequate.

REGULATORY CITATION:

AR 200- 1, para 8-3b

REGULATORY REQUIREMENT:

Installations are required to conduct an asbestos survey.

FINDING DESCRIPTION:

The installation asbestos building survey is incomplete. The survey of building number W-2 has not been completed yet. This survey has been incomplete since 1996.

FINDING COMMENTS:

The building survey for building number W-2 must be completed as soon as possible. WRAMC needs to ensure their compliance with this Army regulation in a timely manner since this is a past finding.

ROOT CAUSE - PR3:

No formal mechanism exists to investigate, report, correct, track, or monitor environmental problems or incidents.

ROOT CAUSE JUSTIFICATION:

The lack of an Asbestos Management Team (AMT) has directly contributed to this finding. An AMT would provide the mechanism to ensure that all asbestos issues are properly addressed. An AMT would provide the checks and balances necessary to ensure that a building on the installation would not be overlooked in an installation asbestos building survey.

COMPLIANCE CORRECTIVE ACTION:

Create an Asbestos Management Team as described in finding KMM007. Then submit the installation asbestos building survey to the Asbestos Management Team (AMT). The AMT must review this survey and all other asbestos plans to ensure that all buildings throughout the installation are in compliance with federal and Army regulations.

Estimated Cost: \$40,000

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - This finding was identified in the 1996 ECAS as finding number T2-AMP-01

Previous NOV?

No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

This finding for an inadequate or incomplete asbestos survey states that the estimated cost for corrective action is "Negligible." This should be changed to the estimated cost to do or complete the survey.

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM011

FINDING REFERENCE:

Protocol: Toxic Substances Management - Asbestos Management

URC: T2.001.04.ARMY 03

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The Asbestos Management Plan has not been implemented.

REGULATORY CITATION:

AR 200-1, para 8-2h, 8-3

REGULATORY REQUIREMENT:

Installations are required to prepare, coordinate, and execute an Installation Asbestos Management Plan.

FINDING DESCRIPTION:

The Asbestos Management Plan (AMP) is currently not being implemented. The AMP provides procedure protocols for the following elements: preparation, coordination, and immediate implementation of an asbestos abatement plan; preparation, coordination, and execution of a special operations and maintenance (O&M) plan designed to monitor the condition of in-situ asbestos; and an environmental impact analysis of the installation AMP. There is no formal mechanism to ensure that these elements along with other elements of the plan are implemented.

FINDING COMMENTS:

ROOT CAUSE - MO2:

Environmental planning is not afforded the same priority as other organizational functions.

ROOT CAUSE JUSTIFICATION:

DPW does not allocate any funding for asbestos O&M projects. The DPW has long standing procedures in place that do not allow for allocating funding for asbestos projects.

COMPLIANCE CORRECTIVE ACTION:

The DPW must support the AMP. The DPW must create O&M plans for the abatement and monitoring of all asbestos located on the installation. The DPW must designate personnel that are trained and available to perform limited O&M functions. DPW must identify funds required to effectively implement the AMP.

Estimated Cost: no less than \$50,000/year

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM010

FINDING REFERENCE:

Protocol: Toxic Substances Management - Asbestos Management

URC: T2.001.01.ARMY 01

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Copies of relevant Federal, DoD, Army, and state/local regulations are not available (MP).

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Copies of all relevant Federal, DOD, Army, and state/local regulations, and guidance documents on asbestos, or access to electronic bulletin boards .

FINDING DESCRIPTION:

The Installation Asbestos Coordinator does not have copies of the Maryland regulations regarding asbestos.

FINDING COMMENTS:

The Installation Asbestos Coordinator stated that there was no means for the installation to purchase the Maryland regulations. Maryland requires a check or cash for all regulations that they publish and will not accept a purchase order from the government. The Installation Asbestos Coordinator should contact the installation legal office and request a copy of their Maryland regulations.

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.17 RADON.

The Radon Program appears to be effective at this time. Proper mitigation and monitoring, as mandated by AR 200-1, is performed in a timely manner. The environmental office needs to start coordinating with the Installation Medical Officer (IMO) and inform the IMO of the location of any buildings with elevated radon levels.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM012

FINDING REFERENCE:

Protocol: Toxic Substances Management - Radon Management

URC: T3.001.10.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Elevated radon levels were not reported to the Installation Medical Officer.

REGULATORY CITATION:

AR 200-1, para 9-2g

REGULATORY REQUIREMENT:

Elevated radon levels are required to be identified to the Installation Medical Officer.

FINDING DESCRIPTION:

The environmental office does not report elevated radon levels to the Installation Medical Officer. These elevated radon levels are located in living quarters on post. The buildings were identified through monitoring conducted through the oversight of the environmental office.

FINDING COMMENTS:

The Chief, Preventive Medicine is the representative for the Installation Medical Officer (IMO) at this installation.

ROOT CAUSE - PL3:

System is not in place to properly coordinate the review and acceptance of new and/or updated plans and/or procedures with appropriate agencies.

ROOT CAUSE JUSTIFICATION:

There is currently no procedure for the installation environmental office to provide information to the IMO regarding elevated radon levels. Therefore, there is no coordination or review of the elevated radon levels by the office of the IMO.

COMPLIANCE CORRECTIVE ACTION:

The environmental office should provide documentation of the elevated radon levels to the IMO and solicit health-based recommendations from the IMO. This health-based information could then be provided to occupants of buildings that have elevated radon levels.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.18 LEAD-BASED PAINT.

The installation does not have a Lead Hazard Management Plan. There are several problems related to work with lead-based paint throughout the installation as a result of not having a Lead Hazard Management Plan and poor working relationships within the organization. The creation of a Lead Hazard Management Team is an effective way of eliminating some of these problems in the future.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM015

FINDING REFERENCE:

Protocol: Toxic Substances Management - Lead-based Paint Management

URC: T4.020.04.TEAM 15

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Admin

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

LBP abatement was not conducted according to appropriate methodologies.

REGULATORY CITATION:

40 CFR 745.227(a)(1), 745.227(e), and 745.227(f)

REGULATORY REQUIREMENT:

LBP abatement is required to be done according to specific methodologies

FINDING DESCRIPTION:

Contractors are not performing lead-based paint (LBP) work in accordance with specific methodologies that are required for regulatory compliance. These methodologies include inspections, lead hazard screens, risk assessments, and LBP abatement. The contracting office representative (COR) in DPW does not provide oversight of the contractors to perform this work in accordance with the required methodologies.

FINDING COMMENTS:

ROOT CAUSE - PL2:

Environmental management plans and/or procedures are inadequate.

ROOT CAUSE JUSTIFICATION:

There is currently no lead hazard management plan. As result of this, the DPW is not familiar with the environmental procedures that are required for the proper management and work with lead-based paint.

COMPLIANCE CORRECTIVE ACTION:

Create a lead hazard management plan as described in finding KMM013. This lead hazard management plan should then be provided to the DPW so that they are aware of the appropriate methodologies that DPW personnel and contractors must follow when performing lead-based paint work.

Estimated Cost: \$50,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: KMM014

FINDING REFERENCE:

Protocol: Toxic Substances Management - Lead-based Paint Management

URC: T4.001.05.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Admin

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation has not kept a permanent record of painting for each building or structure.

REGULATORY CITATION:

AR 420-70, para 3-14f

REGULATORY REQUIREMENT:

Installations are required to keep a permanent records of painting for each building or structure .

FINDING DESCRIPTION:

The installation does not maintain a record of all buildings painted on the installation. The Environmental Office continually asks the DPW to maintain a record of all buildings painted but the DPW refuses to do so.

FINDING COMMENTS:

ROOT CAUSE - MC1:

Working relationships are ineffective within the organization.

ROOT CAUSE JUSTIFICATION:

The DPW refuses to cooperate with the Environmental Office. As a result, the DPW is not complying with Army regulations that require a continuous record of all buildings that are painted.

COMPLIANCE CORRECTIVE ACTION:

The DPW must start keeping a record off all buildings painted on the installation to include buildings painted by contractors. The DPW should try to recreate a record of all buildings painted in the past also.

Estimated Cost: Negligible

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: KMM013

FINDING REFERENCE:

Protocol: Toxic Substances Management - Lead-based Paint Management

URC: T4.001.03.ARMY 01

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation has not prepared a LBP program. (MP)

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Installations should have an LBP management program.

FINDING DESCRIPTION:

The installation has not adopted a lead hazard management plan.

FINDING COMMENTS:

The Environmental Office should review the final draft lead management plan created by the US Army Center for Public Works. The Environmental Office should then develop a final copy of the plan and distribute it to all responsible parties. The Lead-Based Paint (LBP) Program could also be more effective with the creation Lead-Based Paint Management Team. This team could ensure that the installation is in compliance with all environmental, safety and health regulations.

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

The Finding Comments should reference Public Works Technical Bulletin 420-70-2, 20 Feb 98, Installation Lead Hazard Management for the Environmental Office to use in drafting its own lead management plan.

ASSESSOR'S RESPONSE TO REVIEWS:

3.19 WASTE WATER MANAGEMENT.

Walter Reed Army Medical Center (WRAMC) wastewater management practices are in compliance for all listed parameters except for Mercury. WRAMC received a Notice of Violation from the District of Columbia Water and Sewer Authority on January 14, 1999. The installation continued to violate the permit by failing to report the violation, failing to resample the non-compliant manholes, and failing to submit the required analyses to the Authority. WRAMC plans to establish a Mercury Task Force to identify potential sources and to reduce and/or eliminate the Mercuric contamination.

WRAMC's storm water management program has been neglected and is in need of substantial work. The Forest Glen Storm Water Pollution Prevention Plan (SWPPP) was not finalized by the December 1, 1998 deadline date and, consequently, is out of compliance with Maryland Department of the Environment General Permit for Storm Water Discharges Associated with Industrial Activities (No. 97-SW-0694). The current draft of this SWPPP needs additional information to meet all of the specifications required by the regulation. WRAMC should instate a Storm Water Team to oversee the development and implementation of the Forest Glen SWPPP.

WRAMC must submit a new Discharge Authorization Permit application to the Washington Suburban Sanitary Commission at least 90-days prior to discharging wastewater from the new Walter Reed Army Institute of Research laboratory. If the new facility begins discharging before the application is reviewed and approved, the new facility will be in direct violation of the local code.

A variety of potential hazardous discharges and improper disposal findings were noted during this assessment for hazardous chemicals, sewage waste, and medical waste being discharged to the wastewater collection system. These discharges need to be addressed to meet District of Columbia Water and Sewer permit requirements. A strong and recurrent environmental awareness training program along with internal monitoring should eliminate most improper handling, use, storage, and discharge issues.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV001

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.035.02.DC 11

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Industrial user who discharges to a POTW/FOTW does not meet pretreatment requirements.

REGULATORY CITATION:

D.C. Mun. Reg., Title 21, Sections 1507.2 and 1507.4 through 1507.6

REGULATORY REQUIREMENT:

Industrial users must meet specific pretreatment requirements

FINDING DESCRIPTION:

Self-monitoring wastewater analysis for mercury exceeded the Installation's Wastewater Discharge Permit (No. 045-3) effluent limitations. Permit violations were reported in sample analyses performed at two locations (manholes 7 & 27) on June 3, September 28, and December 16, 1998 with mercury levels as high as five times the allowable concentration of 1 part per billion. On January 14, 1999, Walter Reed Army Medical Center (WRAMC) received a Notice of Violation from the District of Columbia Water and Sewer Authority for this noncompliance. Mercury was also found in several other manholes located throughout the installation.

FINDING COMMENTS:

WRAMC is currently in the process of forming a Mercury Task Force. This Task Force will work with tenants and organizations on WRAMC to remove mercury within the wastewater collection system and develop policies for reducing mercury use.

ROOT CAUSE - PR3:

No formal mechanism exists to investigate, report, correct, track, or monitor environmental problems or incidents.

ROOT CAUSE JUSTIFICATION:

There was no formal task team to investigate and initiate mercury source reduction, even though the problem had been previously identified. However, a task team is now being formed.

COMPLIANCE CORRECTIVE ACTION:

Initiate an installation-wide source reduction program to track down and eliminate mercury inputs to the wastewater collection system. This program should research substitute non-mercuric products for existing products which potentially contain mercury.

Estimated Cost: \$25,000

Clean or replace all laboratory sinks and floor traps in areas suspected of contributing to mercury contamination of the wastewater collection system.

Estimated Cost: \$250/trap

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - January 1996 ECAS, WA-JEK-08

Previous NOV?

Yes - District of Columbia Water and Sewer Authority,
January 14, 1999

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV002

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.002.xx.MD x2

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

A SWPPP has not been finalized.

REGULATORY CITATION:

COMAR 26.09.02.02B(19))

REGULATORY REQUIREMENT:

Facilities with general discharge permit for storm water associated with industrial activities must prepare and implement a storm water pollution prevention plan.

FINDING DESCRIPTION:

The draft Storm Water Pollution Prevention Plan (SWPPP) has not been finalized. This plan is required by the Maryland Department of the Environment General Permit for Storm Water Discharges Associated with Industrial Activities (No. 97-SW-0694) regulations. The SWPPP was required to be developed and finalized within 12 months after permit issuance (December 1, 1997). The SWPPP must provide accurate and current descriptions of potential contamination sources, site maps, drainage patterns, inventories of significant materials stored, and storm water management controls.

The draft SWPPP contains most of the required information to meet Maryland's Storm Water Regulations. However, the SWPPP failed to identify all potential sources that may reasonably be expected to contribute to storm water pollution. These sites include the hazardous waste storage facility (Building 515) and areas prone to significant soil erosion.

In addition to not having the SWPPP finalized, the installation has failed to organize a Storm Water Pollution Prevention Committee with responsible and qualified individuals who can development and implement the plan.

FINDING COMMENTS:

ROOT CAUSE - MR4:

Personnel/activities are not held accountable for environmental performance

ROOT CAUSE JUSTIFICATION:

The SWPPP has been in draft form since 1993.

COMPLIANCE CORRECTIVE ACTION:

Develop a Storm Water Pollution Prevention Committee to oversee the finalization of the SWPPP.

Estimated Cost: \$0

The SWPPP must be revised to include all industrial activities which have the potential to contribute storm water contamination. Once the SWPPP is finalized, obtain Command approval and signature.

Estimated Cost: \$5,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	Yes - January 1996 ECAS, WA-JEK- 13
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV003

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.025.03.DC 06

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: DPALS

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

Prohibited liquids/materials are discharged into the wastewater.

REGULATORY CITATION:

DC Code, 6-956(b)(1) through (13)

REGULATORY REQUIREMENT:

Discharges into the wastewater system must meet specific limitations

FINDING DESCRIPTION:

Two empty 500 ml containers of sodium azide were found in a laboratory sink, one of which was upside down. It appeared that the contents had been discharged to the sink. However, it was unknown whether any of the container contents actually had been discharged into the drain. An opened 10 L container of sodium azide was also positioned next to the sink.

FINDING COMMENTS:

Sodium azide in drains could react with the lead pipe joints and form a highly explosive compound (lead-azide). This laboratory is moving to a new location and large quantities of chemicals were stored on the surrounding shelves awaiting disposal.

ROOT CAUSE - TP1:

Environmental awareness training is not provided.

ROOT CAUSE JUSTIFICATION:

Individuals in the laboratory are not trained on the proper disposal of hazardous chemicals.

COMPLIANCE CORRECTIVE ACTION:

Train all laboratory personnel on the proper disposal of hazardous chemicals.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV004

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.025.01.DC 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Histopathology Lab

Organization: AFIP

Building Number: W-54

SUMMARY CONDITION STATEMENT:

State specific requirements for discharges to a POTW/FOTW are not met.

REGULATORY CITATION:

DC Mun. Reg., Title 21, Sections 1501.3, 1501.4(n) and 1501.5 through 1501.7

REGULATORY REQUIREMENT:

Discharges into the wastewater system must meet maximum contaminant level (MCL) requirements

FINDING DESCRIPTION:

Pieces of pulmonary artery were found in the Histopathology laboratory garbage. Disposal of laboratory specimen tissue in a garbage disposal is prohibited by the District of Columbia Municipal Code unless allowed by permit. To date, no permit has been issued. The laboratory's standard operating practice (SOP) for laboratory tissue disposal is to containerize and dispose of it as a regulated medical waste. A bucket is located below the laboratory sink to accumulate tissue for disposal. This container was completely full at the time of the assessment.

FINDING COMMENTS:

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

Laboratory personnel were trained on specimen disposal SOPs and were aware that disposing specimen tissue in the garbage disposal was prohibited, yet neglected to follow the SOP.

COMPLIANCE CORRECTIVE ACTION:

Remove the garbage disposal from the laboratory and reemphasize the importance of proper disposal methods during future training sessions.

Estimated Cost: \$250

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - Armed Forces Institute of Pathology
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

AFIP Safety Officers have been instructed to desist from this practice until the matter is resolved. The District of Columbia is being approached about this to determine whether they would allow this practice to continue.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV005

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.010.01.TEAM 01

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: DPALS

Organization: WRAMC Hospital

Building Number: W-2

SUMMARY CONDITION STATEMENT:

Point source discharge does not have NPDES permit.

REGULATORY CITATION:

40 CFR 122.1(b)(3)

REGULATORY REQUIREMENT:

Installations/CW facilities with point source discharges are required to have either a State NPDES or a Federal NPDES permit if located in states without an USEPA approved NPDES permit program

FINDING DESCRIPTION:

On an average day, 35 regulated medical waste transportation carts are washed and disinfected on the hospital loading dock using a power sprayer and germicide. The loading dock area has a drain which connects to the storm sewer. There is no berm around the loading dock to prevent the rinse water from discharging into a nearby storm drain.

FINDING COMMENTS:

ROOT CAUSE - RF1:

Design is inadequate.

ROOT CAUSE JUSTIFICATION:

The loading dock is configured such that rinse water discharges to the storm sewer system.

COMPLIANCE CORRECTIVE ACTION:

Install a zero-discharge washrack that recycles and reuses wash water. Characterize and dispose of all wastes filtered from the wastewater.

Estimated Cost: \$25,000

PREVENTION OF POLLUTION INITIATIVE:

Install a zero-discharge washrack that recycles and reuses wash water. Characterize and dispose of all wastes filtered from the wastewater.

Estimated Cost: \$25,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

A permanent and trouble-free method of diverting the wash water to the sanitary drain/sewer will be designed and constructed by DPW or facilities maintenance branch of the hospital. This will avoid any sterilization problems that may occur with a closed-loop system.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV013

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.035.01.DC 04

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1 ,

SUMMARY CONDITION STATEMENT:

Industrial user does not meet wastewater discharge permit requirements.

REGULATORY CITATION:

DC Mun. Reg., Title 21, Sections 1502.1, 1502.2, and 1506.1(a), (b), and (d)

REGULATORY REQUIREMENT:

Industrial users must meet permitting requirements

FINDING DESCRIPTION:

After exceeding the Wastewater Discharge Permit (No. 045-3) effluent limitations for Mercury on June 3, September 28, and December 16, 1998 (see Finding RAV001), the installation did not notify the Water and Sewer Authority within 24-hours of realizing the violation. The installation also failed to resample each manhole where these violations occurred and failed to submit both analyses to the Authority within 30 days.

FINDING COMMENTS:

Even though the Mercury violation is recurring, the installation must meet all permit requirements.

ROOT CAUSE - MR4:

Personnel/activities are not held accountable for environmental performance

ROOT CAUSE JUSTIFICATION:

Personnel responsible for reporting permit violations failed to comply with permit requirements and have not been held accountable.

COMPLIANCE CORRECTIVE ACTION:

Advise responsible parties of their duties to maintain compliance with all permit requirements.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV014

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.035.01.DC 04

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Industrial user does not meet wastewater discharge permit requirements.

REGULATORY CITATION:

DC Mun. Reg., Title 21, Sections 1502.1, 1502.2, and 1506. (a), (b), and (d)

REGULATORY REQUIREMENT:

Industrial users must meet permitting requirements

FINDING DESCRIPTION:

Semi-annual wastewater sampling is not conducted in accordance with the District of Columbia Water and Sewer Permit (# 045-3). On seven occasions and at different locations, (manhole #'s 7, 27, 25, 41 a, 51 a, 56, and 66c) wastewater composite and grab samples were not collected during normal working hours or normal operations which did not allow peak pollutant concentrations in the effluent to be detected. Also, wastewater grab samples were not properly collected as a mixture of four samples taken at fixed intervals. Instead they were taken as a one time grab sample.

FINDING COMMENTS:

No one within the Environmental Office thoroughly reviews the wastewater sample monitoring data to ensure that sample collection is conducted in accordance with permit requirements.

ROOT CAUSE - RS2:

Contract deliverables are not properly identified and/or delivered.

ROOT CAUSE JUSTIFICATION:

The contractor has not collected samples in accordance with the discharge permit.

COMPLIANCE CORRECTIVE ACTION:

Require the contractor to perform wastewater sampling and monitoring in accordance with the wastewater discharge permit.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV015

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.035.01.DC 04

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Industrial user does not meet wastewater discharge permit requirements.

REGULATORY CITATION:

DC Mun. Reg., Title 21, Sections 1502.1, 1502.2, and 1506.1 (a), (b), and (d)

REGULATORY REQUIREMENT:

Industrial users must meet permitting requirements

FINDING DESCRIPTION:

An Accidental Spill Prevention Plan has not been prepared in accordance with the Wastewater Discharge Permit (# 045-3). This is a detailed plan describing the facilities and operating procedures used to eliminate or minimize accidental or slug discharges to the collection system.

FINDING COMMENTS:

This plan was a requirement of the previous permit.

ROOT CAUSE - MR4:

Personnel/activities are not held accountable for environmental performance

ROOT CAUSE JUSTIFICATION:

The Environmental Office did not realize and understand the requirements of its wastewater discharge permit.

COMPLIANCE CORRECTIVE ACTION:

Contact WASA to determine if a revised copy of the Walter Reed Army Medical Center Spill Prevention Control and Countermeasures Plan would be adequate to meet permit requirements.

Estimated Cost: \$0

Develop an Accidental Spill Prevention Plan and submit it to the WASA.

Estimated Cost: \$5,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: RAV018

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.035.01.DC 04

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: WRAIR

Organization: WRAIR

Building Number: W-40

SUMMARY CONDITION STATEMENT:

Industrial user does not meet wastewater discharge permit requirements.

REGULATORY CITATION:

DC Mun. Reg., Title 21, Sections 1502.1, 1502.2, and 1506.1(a), (b), and (d)

REGULATORY REQUIREMENT:

Industrial users must meet permitting requirements

FINDING DESCRIPTION:

A 5-gal glass beaker of Acid Dichromate was stored in a sink located in the Walter Reed Army Institute of Research, Glassware Cleaning Section, room B016. Laboratory glass pipettes are submerged in the Acid Dichromate for cleaning and then rinsed using tap water over an open sink drain. The rinse water was not neutralized before discharging to the open sink drain. Visual damage to drainage pipes and floor tiles was observed. The Wastewater Discharge Permit (#045-3) does not permit discharge of Acid Dichromate into the sanitary sewer.

FINDING COMMENTS:

ROOT CAUSE - TP2:

Personnel do not have the technical background and training to perform assigned job tasks.

ROOT CAUSE JUSTIFICATION:

Individual was not trained on the correct procedures for neutralizing rinse waters.

COMPLIANCE CORRECTIVE ACTION:

Train all individuals within the Glassware Section on appropriate measures for neutralizing acid rinse waters.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	Yes - Walter Reed Army Institute of Research
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV023

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.005.01.MD 13

Finding Category: Class I

FACILITY INFORMATION:

Facility Type: Boiler Plant

Organization: DPW

Building Number: F-120

SUMMARY CONDITION STATEMENT:

Conditions exist that threaten state surface waters.

REGULATORY CITATION:

COMAR 26.08.03.01A and B(l), (3), and (4)(a)

REGULATORY REQUIREMENT:

Facilities must meet specific effluent limitation requirements

FINDING DESCRIPTION:

Behind the Boiler Plant, Building 120, at the Forest Glen Annex, an aboveground wastewater collection pipe was leaking contaminated wastewater (raw sewage) to the ground surface. The leak was approximately 10 ft upgrade of a stream. The leak poses a threat to the surface waters of the State.

FINDING COMMENTS:

ROOT CAUSE - RF3:

Systems, facility, equipment, or part failure.

ROOT CAUSE JUSTIFICATION:

Due to age and weathering, there is a leak in the wastewater collection pipe which allows wastewater to enter directly into the environment.

COMPLIANCE CORRECTIVE ACTION:

Fix the leaking wastewater collection pipe.

Estimated Cost: \$4,500

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: RAV022

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.002.xx.MD X2

Finding Category: Class II

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

A SWPPP has not been implemented

REGULATORY CITATION:

COMAR 26.09.02.02B(19))

REGULATORY REQUIREMENT:

Facilities with general discharge permit for storm water associated with industrial activities must prepare and implement a storm water pollution prevention plan.

FINDING DESCRIPTION:

The Maryland General Permit for Storm Water Discharges (No. 97-SW-0694) requires Storm Water Pollution Prevention Plan (SWPPP) implementation by June 1, 1999. The baseline best management practices (BMPs) identified in the SWPPP must be implemented before this June deadline to maintain permit compliance. To date, little effort or coordination has taken place to ensure compliance with this deadline.

FINDING COMMENTS:

Although there has been some BMP implementation, many baseline BMPs have not yet been implemented. To complete the implementation of the remaining BMPs, additional funding and resources will be required.

ROOT CAUSE - MR1:

Environmental responsibilities are not clearly defined for all activities and personnel.

ROOT CAUSE JUSTIFICATION:

The Environmental Office personnel do not believe they are responsible for the storm water program.

COMPLIANCE CORRECTIVE ACTION:

Duties and responsibilities for executing the Storm Water Program must be re-established so that the SWPPP can be properly implemented in a timely fashion.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: RAV024

FINDING REFERENCE:

Protocol: Wastewater Management
URC: WA.002.ww.MD w1
Finding Category: Class II

FACILITY INFORMATION:

Facility Type: Administration
Organization: WRAMC Environmental Office
Building Number: W-1

SUMMARY CONDITION STATEMENT:

Discharge Authorization Permit application has not been filed 90-days prior to discharging wastewater.

REGULATORY CITATION:

Washington Suburban Sanitary Commission, Plumbing and Gasfitting Regulations, Chapter 9.

REGULATORY REQUIREMENT:

Requirements for obtaining authorization to discharge must be met prior to any new introduction of wastewater constituents or of any substantial change in volume or character of wastewater constituents being introduced into the wastewater collection system

FINDING DESCRIPTION:

The U.S. Army Corps of Engineers has almost completed the construction of a new laboratory facility for the Walter Reed Army Institute of Research (WRAIR) at the Forest Glen Annex. With the addition of the new WRAIR laboratory, the volume and characteristics of the wastewater discharging to the Washington Suburban Sanitary Commission (WSSC) will change.

A certified letter dated August 4, 1995 from the WSSC was received by WRAMC directing them to submit a new Discharge Authorization Permit application. The application must be submitted to the WSSC prior to discharging wastewater from the new WRAIR laboratory. Currently, the Discharge Authorization Permit application has not been submitted to the WSSC. Any discharges from the new facility without WSSC approval would result in a direct violation with the local code.

FINDING COMMENTS:

In June 1993, the WSSC reviewed the WRAMC Discharge Authorization Permit application and deemed the Forest Glen Annex as a non-significant industrial user. Therefore, WRAMC was not required to obtain a pretreatment permit at that time. However, the WSSC required the installation to comply with conditions outlined in Chapter 9 of the Plumbing and Gasfitting Regulations of the WSSC.

ROOT CAUSE - MR4:

Personnel/activities are not held accountable for environmental performance

ROOT CAUSE JUSTIFICATION:

It has been nearly four years since the Environmental Division was first made aware of this requirement.

COMPLIANCE CORRECTIVE ACTION:

Complete the Discharge Authorization Permit application and submit it immediately to prevent the delay of opening the new WRAIR laboratory facility or to prevent noncompliance with the WSSC Plumbing and Gasfitting Regulations.

Estimated Cost: \$30,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: RAV021

FINDING REFERENCE:

Protocol: Wastewater Management

URC: WA.001.01.ARMY 01

Finding Category: Management Practice

FACILITY INFORMATION:

Facility Type: Administration

Organization: WRAMC Environmental Office

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Copies of relevant Federal, DoD, Army, and state/local regulations are not available (MP).

REGULATORY CITATION:

MP

REGULATORY REQUIREMENT:

Copies of all relevant Federal, DOD, Army, and state/local regulations, and guidance documents on wastewater, or access to electronic bulletin boards .

FINDING DESCRIPTION:

The installation fails to maintain copies of the Code of Maryland Regulations for wastewater and copies of the Washington Suburban Sewer Authority Sewer Use Ordinance.

FINDING COMMENTS:

It is essential that updated copies of these documents be kept on-hand to maintain compliance.

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

3.20 WATER QUALITY MANAGEMENT.

The water quality program at Walter Reed Army Medical Center (WRAMC) has received considerable attention since the 1996 ECAS. The central point of contact for the water program in the Directorate of Public works (DPW) Utilities Branch has taken many steps to correct the deficiencies noted in previous inspections. The Preventive Medicine Services is (PVNTMED) is well staffed and ready to fulfill all of its requirements relating to the water quality program. All personnel concerned with water quality have positive attitudes toward implementing a model program.

Drinking Water is provided to WRAMC's Main Post and Forest Glen Annex by the Washington Aqueduct Division of the U.S. Army Engineer's District, Baltimore. The WRAMC and Annex are considered purchased water systems and, therefore, are not subject to District of Columbia, State, or Federal drinking water regulations. However, since WRAMC maintains the on-post portion of the water distribution systems, many Army regulations and good management practices do apply.

Areas requiring emphasis or procedural change include: implementation of the draft cross-connection/backflow prevention plan, implementation of the draft water distribution system flushing plan, development of a water resource management plan, development of a standard operating procedure for altering personnel during times of actual or anticipated non-compliance, improved coordination between DPW and PVNTMED concerning repairs/replacement of water lines, swimming pool operations surveillance, development of a microbiological sampling plan, and installation medical authority approval prior to tenants converting to bottled drinking water.

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: SHM001

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.002.xl.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Utilities Branch

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation cross connection control plan has not been implemented.

REGULATORY CITATION:

AR 420-49, para 4-7k.

REGULATORY REQUIREMENT:

Installations are required to develop and implement a cross connection control plan.

FINDING DESCRIPTION:

The WRAMC Environmental Office completed a draft cross-connection/backflow prevention plan in November 1998. At this point, the plan has not been finalized or implemented. Implementation must include preparation of a schedule for purchasing and installation of required backflow prevention devices as well as testing all installed devices annually to ensure proper operation.

FINDING COMMENTS:

The draft plan looks excellent. Implementation of the plan will result in full compliance with the Army requirement and should prevent health threats caused by cross-connections and/or backflow.

ROOT CAUSE - RP2:

Funds for environmentally related activities are not sufficient.

ROOT CAUSE JUSTIFICATION:

The draft plan estimates the cost of installing all the necessary new backflow prevention devices and relocating existing backflow prevention devices at over \$600,000. Currently, the total amount of this funding is not available. Since FY 1997, WRAMC has requested \$235,944 in Environmental Program Requirement (EPR) funds to address backflow prevention. To date, WRAMC has received \$215,944 which has been applied toward developing the cross connection and backflow prevention plan and installing several backflow prevention devices. However, further funding is still necessary before WRAMC personnel can install all of the required backflow prevention devices. Note that only initial installation and testing of backflow prevention devices may be funded through the EPR process. Subsequent annual testing is not considered an environmental requirement and, therefore, may not be funded under the EPR process.

COMPLIANCE CORRECTIVE ACTION:

Finalize and implement the November 1998 draft cross connection and backflow prevention plan, to include installing the required backflow prevention devices.

Estimated Cost: \$600,000

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - A similar finding was identified in the 22 Jan - 9 Feb 96 ECAS. Finding # WQ-WJB-03. At that time, no plan existed.

Previous NOV?

No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: SHM002

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.002.x2.ARMV 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Utilities Branch

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation has not implemented an effective flushing plan.

REGULATORY CITATION:

AR 420-49, para 4-7.c.

REGULATORY REQUIREMENT:

Installations are required to flush water distribution systems as necessary to remove accumulated debris in accordance with TM 5-660. A systematic flushing plan of the water distribution lines must provide adequate scouring velocities.

FINDING DESCRIPTION:

An effective water distribution system flushing program is not currently conducted on an annual basis. An effective flushing program provides the scouring velocities required to remove accumulated debris. The current flushing program conducted by WRAMC entails opening hydrants in a systematic fashion around the installation. This system must be supplemented with the closing of appropriate valves to generate required scouring velocities in the line(s) feeding the opened hydrant. Computer modeling is necessary to determine which valves should be closed to generate the required scouring velocities.

FINDING COMMENTS:

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

A draft water distribution system flushing plan (dated December 1998) exists but has not been implemented.

COMPLIANCE CORRECTIVE ACTION:

Finalize and implement the December 1998 draft water distribution system flushing plan. If necessary, hire additional personnel or authorize overtime hours to meet the increased work demand.

Estimated Cost: \$20,000

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

A new plan has been developed to more effectively flush the water distribution system.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: SHM003

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.001.08.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Utilities Branch

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation has not prepared a Water Resources Management Plan.

REGULATORY CITATION:

AR 200-1, para 2-6b

REGULATORY REQUIREMENT:

Installations are required to prepare a Water Resources Management Plan.

FINDING DESCRIPTION:

The installation does not have a Water Resource Management Plan (WRMP) in the Installation Utilities Management Plan. Installations are required to prepare a WRMP as part of the Installation Utilities Management Plan. The WRMP must include a water supply contingency plan for national or local emergencies (enemy attack, mobilization, subnormal service, main breaks, fires, etc.). The WRMP must also include an effective water conservation program as described in AR 420-49, para. 4-3.b.

FINDING COMMENTS:

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

The installation does not have a Water Resource Management Plan.

COMPLIANCE CORRECTIVE ACTION:

Develop and implement a Water Resource Management Plan.

Estimated Cost: \$10,000.

MISCELLANEOUS INFORMATION:

Tenant Organization? No

Has finding been addressed Before? No

Previous NOV? No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: SHM004

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.002.60.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Utilities Branch

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

There is no SOP for alerting personnel in emergencies and clearly defining the duty of key individuals during the emergency.

REGULATORY CITATION:

AR 420-49, paragraph 4-4.

REGULATORY REQUIREMENT:

A standing operating procedure (SOP) for alerting personnel in emergencies and clearly defining the duty of key individuals during the emergency should be prepared for each installation. Personnel and organizations connected to the installation water supply will be notified of any actual or anticipated noncompliance with water quality standards. Noncompliance includes excessive contaminant levels as well as inadequate surveillance procedures or frequencies.

FINDING DESCRIPTION:

The installation does not have an SOP for alerting personnel in emergencies and clearly defining the duty of key individuals during an emergency.

FINDING COMMENTS:

According to AR 420-49, paragraph 4-4., this SOP is separate from the water supply contingency plan required as part of the Water Resource Management Plan. This SOP should be reviewed annually and updated as needed.

ROOT CAUSE - PL1:

Environmental management plans and/or procedures are not established (e.g., HW management plans, spill plans, pesticide management plans).

ROOT CAUSE JUSTIFICATION:

The installation does not have a formal SOP for emergencies. In the past, notification of any problems with the water system has been disseminated by electronic mail. A written plan is necessary to be in compliance with AR 420-49 and will prevent confusion in the event of an emergency.

COMPLIANCE CORRECTIVE ACTION:

Develop an SOP for alerting personnel in emergencies and clearly defining the duty of key individuals during an emergency. The procedure should include provisions to notify personnel and organizations connected to the installation water supply if any actual or anticipated noncompliance with water quality standards is suspected.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?

No

Has finding been addressed Before?

Yes - This finding was identified in the 22 Jan - 9 Feb 96 ECAS. Finding ID WQ-WJB-05.

Previous NOV?

No

IRF COMMENTS:

A SOP has been completed.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: SHM005

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.002.61.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Preventive Medicine

Organization: WRAMC

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Bacteriological water quality testing is not conducted using the required test and at the required frequency.

REGULATORY CITATION:

TB MED 575, paragraph 9-1.

REGULATORY REQUIREMENT:

As an absolute minimum, test heterotrophic plate count (HPC) levels weekly as an indicator of water quality.

FINDING DESCRIPTION:

The hospital physical therapy pool is not sampled weekly for microbiological contamination. The testing was conducted monthly instead of weekly and a defined substrate technology (Colilert) was used instead of the heterotrophic plate count (HPC).

FINDING COMMENTS:

The basis for this regulatory criteria is AR 40-5, paragraph 12-6.b.(6).

ROOT CAUSE - PL4:

Plans and/or procedures are not effective and/or properly implemented.

ROOT CAUSE JUSTIFICATION:

The Preventive Medicine Services was not familiar with the required test and the required frequency for the hospital physical therapy pool.

COMPLIANCE CORRECTIVE ACTION:

At a minimum, test HPC levels weekly as an indicator of water quality. HPC analysis can be performed in-house with the purchase of minimal glassware, Petri dishes, plate count agar, access to a hot water bath or hot plate with large beaker (for melting of agar), and access to an autoclave. Estimated capital cost: \$500. Estimated recurring costs for plate count agar: less than \$ 100/year. Specific information and directions for HPC analysis can be found in the most recent version of "Standard Methods for the Examination of Water and Wastewater."

Estimated Cost: \$10-20 per sample and equipment as described above.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: SHM006

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.002.66.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Preventive Medicine

Organization: WRAMC

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Required alkalinity test is not performed and documented.

REGULATORY CITATION:

AR 40-5, paragraph 12-6.b.(3), TB MED 575, paragraph 9-2.b.

REGULATORY REQUIREMENT:

The pool operators must perform and document a test for alkalinity at least weekly.

FINDING DESCRIPTION:

The physical therapy pool (hospital room M25) is not tested for total alkalinity at least once per week.

FINDING COMMENTS:

The total alkalinity of the water in a swimming pool, spa, or hot tub must be at least 50 mg/L but not greater than 150 mg/L as measured by the methyl-orange test. Alkalinity within this range of values helps to maintain pH levels. Preventive Medicine should ensure, during their weekly inspection, that pool operator maintains updated logs of weekly alkalinity tests.

ROOT CAUSE - MR1:

Environmental responsibilities are not clearly defined for all activities and personnel.

ROOT CAUSE JUSTIFICATION:

The pool operator was not aware of the requirement to perform and document a test for alkalinity at least once per week.

COMPLIANCE CORRECTIVE ACTION:

Obtain an alkalinity test kit. The Preventive Medicine services should train the pool operator to conduct and document the alkalinity test at least once per week.

Estimated Cost: \$50.

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: SHM007

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.002.70.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Preventive Medicine

Organization: WRAMC

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Bottled drinking water is not approved, from a medical perspective, by the installation medical authority.

REGULATORY CITATION:

AR 40-5, paragraph 12-2.h.(10), TB MED 576, paragraph 8-2.d.

REGULATORY REQUIREMENT:

The installation medical authority shall approve, from a medical perspective, the purchase of bottled water for distribution on an installation.

FINDING DESCRIPTION:

Bottled drinking water is used in place of drinking water from the distribution system in building 500 and at the Armed Forces Institute of Pathology Museum. The installation medical authority has not approved, from a medical perspective, the purchase of this bottled water for distribution on the installation.

FINDING COMMENTS:

Bottled drinking water shall comply with the requirements of the National Primary Drinking Water Regulations and the National Secondary Drinking Water Regulations for physical, chemical, bacteriological, and radiological contaminants as applicable. A program of microbiological monitoring of bottled drinking water shall be instituted if this source is provided.

ROOT CAUSE - PL3:

System is not in place to properly coordinate the review and acceptance of new and/or updated plans and/or procedures with appropriate agencies.

ROOT CAUSE JUSTIFICATION:

This requirement was unknown by the Preventive Medicine services and was overlooked by the approving authority to purchase bottled water for the locations addressed in this finding.

COMPLIANCE CORRECTIVE ACTION:

Contact the company that provides bottled water to the locations addressed in this finding and obtain documentation to certify that the company meets all applicable requirements of the National Primary and Secondary Drinking Water Regulations. Institute a program of microbiological monitoring for areas using bottled drinking water. This program should consist of, at a minimum, a monthly bacteriological presence/absence test of the water coolers.

Estimated Cost: \$20 per month

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

Preventive medicine personnel have drafted a policy for bottled water monitoring. The draft is awaiting approval from the installation commander.

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT

FINDING NUMBER: SHM008

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.002.71.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Preventive Medicine

Organization: WRAMC

Building Number: W-1

SUMMARY CONDITION STATEMENT:

The installation does not correctly perform microbiological surveillance.

REGULATORY CITATION:

AR 40-5, paragraph 12-2.h.(10), AR 420-49, paragraph 4-7.h., TB MED 576, paragraph 8-2.(3)

REGULATORY REQUIREMENT:

The installation medical authority shall conduct bacteriological surveillance of purchased water.

FINDING DESCRIPTION:

Preventive Medicine does not correctly conduct bacteriological surveillance of purchased water. Microbiological samples are collected from various undesignated locations and the number of samples collected is not based on the effective population served.

FINDING COMMENTS:

According to TB MED 576, paragraph 8-2.(3)., the number of samples collected from the installation distribution system shall be no less than that required by the National Primary Drinking Water Regulations for the effective population served.

ROOT CAUSE - PL2:

Environmental management plans and/or procedures are inadequate.

ROOT CAUSE JUSTIFICATION:

The Preventive Medicine services collects and analyzes drinking water samples for microbiological contamination monthly. However, the number of samples is not based on the effective population served.

COMPLIANCE CORRECTIVE ACTION:

Develop and implement a microbiological surveillance sampling plan based on the effective population served. The effective population served may be calculated by summation of the number of military permanent party assigned, their dependants that live on-post, and one third of the nonresident population. This formula is described in greater detail in Water Supply Sources and General Considerations [TM 5-813-1, paragraph 1-3.a.(9)]. Sampling locations should be selected following the criteria outlined in TB MED 576, paragraph 8-7.(3).

Estimated Cost: \$10-20 per sample

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

**FINAL INDIVIDUAL FINDING SHEET
FY1999 WALTER REED ARMY MEDICAL CENTER ASSESSMENT**

FINDING NUMBER: SHM009

FINDING REFERENCE:

Protocol: Water Quality Management

URC: WQ.002.65.ARMY 01

Finding Category: Class III

FACILITY INFORMATION:

Facility Type: Utilities Branch

Organization: DPW

Building Number: W-1

SUMMARY CONDITION STATEMENT:

Bacteriological testing is not being conducted on repaired/replaced sections of the distribution system.

REGULATORY CITATION:

TM 5-660, paragraph 6-74f, TB MED 576, paragraph 4-3.c.(5).

REGULATORY REQUIREMENT:

Bacteriological testing must be conducted on waters from all disinfected mains, wells, and storage facilities. Samples downflow from repairs shall be checked for microbiological contamination.

FINDING DESCRIPTION:

Preventive Medicine Services does not perform bacteriological testing after repairs or additions to the water distribution system. After making repairs, the DPW Utilities Branch should promptly contact Preventive Medicine so personnel can test whether or not the water is free of bacteriological contaminants.

FINDING COMMENTS:

Since identification of this finding, the DPW has established a standard operating procedure to contact Preventive Medicine to perform the required testing. Note that the regulatory citation for this requirement is based on AR 40-5, paragraph 12-2.h.(10).

ROOT CAUSE - MR1:

Environmental responsibilities are not clearly defined for all activities and personnel.

ROOT CAUSE JUSTIFICATION:

The DPW Utilities Branch has the responsibility to contact preventive medicine services each time repairs/replacements on sections of the distribution system will be conducted. The preventive medicine services is responsible to collect samples downflow of the affected pipe length and check these samples for microbiological contamination.

COMPLIANCE CORRECTIVE ACTION:

Develop an SOP to ensure Preventive Medicine is contacted each time repairs or replacements on portions of the distribution system are performed. Preventive Medicine should collect samples and conduct microbiological analyses in accordance with approved procedures described in TB MED 576.

Estimated Cost: \$0

MISCELLANEOUS INFORMATION:

Tenant Organization?	No
Has finding been addressed Before?	No
Previous NOV?	No

IRF COMMENTS:

MACOM COMMENTS:

AEC COMMENTS:

ASSESSOR'S RESPONSE TO REVIEWS:

APPENDIX A

GLOSSARY OF ACRONYMS

AAFES	Army/Air Force Exchange Service
ANSI	American National Standards Institute
AR	Army Regulation
ARCOM	Army Reserve Command
AST	Aboveground Storage Tank
BMP	Best Management Practice
CAA	Clean Air Act
CFC	Chlorofluorocarbon
CFR	Code of Federal Regulations
CRM	Cultural Resources Management Program
CWA	Clean Water Act
DOL	Directorate of Logistics
DPCA	Directorate of Personnel and Community Activities
DRMO	Defense Reutilization and Marketing Office
DSS	Direct Support Service
ECAR	Environmental Compliance Assessment Report
ECAS	Environmental Compliance Assessment System
ECS	Equipment Concentration Site
EPA	U.S. Environmental Protection Agency
EPR	Environmental Program Requirements
FIFRA	Federal Insecticide, Fungicide and Rodenticide Act
FOTW	Federally Owned Treatment Works
GSA	Government Supply Agency
HM	Hazardous Materials
HPC	Heterotrophic Plate Count
HQ	Headquarters
HW	Hazardous Waste

HWSF	Hazardous Waste Storage Facility
IAW	In Accordance With
ICAP	Installation Corrective Action Plan
ICUZ	Installation Compatible Use Study
IMMA	Installation Material Maintenance Activity
IPMC	Installation Pest Management Coordinator
IPMP	Installation Pesticide Management Plan
ISWMP	Integrated Solid Waste Management Plan
LBP	Lead Based Paint
MACOM	Major Command
MATES	Mobilization & Training Equipment Site
MCL	Maximum Contaminant Limit
MIL HDBK	Military Handbook
MP	Management Practice
MSDS	Material Safety Data Sheet
MVAC	Motor Vehicle Air Conditioner
NFPA	National Fire Protection Association
NLT	Not Later Than
NOV	Notice of Violation
NPDES	National Pollutant Discharge Elimination System
ODC s	Ozone Depleting Chemicals
OSHA	Occupational Safety and Health Administration
OWS	Oil-Water Separator
PCB	Polychlorinated Biphenyl
PM	Pesticide Management
POL	Petroleum, Oils and Lubricants
POTW	Publicly Owned Treatment Works
PPE	Personal Protective Equipment
RCRA	Resource Conservation and Recovery Act
RTS	Regional Training Site
SOP	Standing Operating Procedure
SPCCP	Spill prevention Control and Countermeasures Plan
TB MED	Technical Bulletin-Med

TCLP	Toxicity Characteristic Leaching Procedure
TM	Technical Manual
USACHPPM	U.S. Center for Health Promotion and Preventive Medicine
USARC	US Army Reserve Command
UST	Underground Storage Tank
VOC	Volatile Organic Chemical
WDNR	Wisconsin Department of Natural Resources
WPDES	Wisconsin Pollutant Discharge Elimination System
WSHP	Waste Screening and Handling Plan
WWTP	Wastewater Treatment Plant

APPENDIX B

FACILITIES ASSESSED AND RESULTING FINDINGS

The lists of facilities assessed by the ECAS team and the resultant finding number(s). If no finding numbers are specified, then none were written for that facility.

MEDIA KEY:

A	Air Emissions
C	Cultural Resources
HM	Hazardous Materials
HW	Hazardous Waste
NR	Natural Resources
O1	Other- Environmental Impacts (NEPA)
O2	Other- Environmental Noise
O3	Other- Installation Restoration Program (IRP)
O4	Other- Pollution Prevention
O5	Other- Program Management
PM	Pesticide Management
PO	Petroleum, Oils and Lubricants (POL)
SO	Solid Waste
ST	Storage Tanks
T1	Toxics- Polychlorinated Biphenyls (PCBs)
T2	Toxics- Asbestos
T3	Toxics- Radon
T4	Toxics- Lead Based Paint
WA	Wastewater
WQ	Water Quality

Table B-1 Buildings Assessed and Resulting Findings.

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
1	Chief, EP&D		CR				
1	CPO-Training		O5				
1	Design PM		CR				
1	DOL		O5				
1	DPW		CR, NR, O5, PM, HM	KMM006	HM	HS	3-51
1	DPW		CR, NR, O5, PM, HM	KMM014	T4	III	3-221
1	DPW		CR, NR, O5, PM, HM	KMM015	T4	I	3-219
1	DPW - Chiller Room		A				
1	DPW - ERS		O5				
1	DPW - Fire Department		O5, PM				
1	DPW - Generators		A				
1	DPW - HVAC		A				
1	DPW - Job Order Contracting		NR, O5, CR				
1	DPW - Master Planning		CR, NR	CAB003	NR	III	3-107
1	DPW - Master Planning		CR, NR	CAB004	NR	III	3-109
1	DPW - Operations		SO, ST	CAB005	ST	MP	3-195
1	DPW - Roads and Grounds		NR, A, PM	DAG004	PM	HS	3-157
1	DPW - Space Planning		CR				
1	DPW - Structure Shop		A				
1	DPW - Utilities		WQ	SHM001	WQ	III	3-255
1	DPW - Utilities		WQ	SHM002	WQ	III	3-257
1	DPW - Utilities		WQ	SHM003	WQ	III	3-259
1	DPW - Utilities		WQ	SHM004	WQ	III	3-261

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
1	DPW - Utilities		WQ	SHM009	WQ	III	3-271
1	DPW - Work Order Branch		CR, NR				
1	Environmental Office		All Media	BES004	SO	III	3-183
1	Environmental Office		All Media	BES005	SO	I	3-181
1	Environmental Office		All Media	BES007	SO	MP	3-191
1	Environmental Office		All Media	DBA019	HW	I	3-91
1	Environmental Office		All Media	GJG001	O5	MP	3-133
1	Environmental Office		All Media	GJG002	O5	MP	3-135
1	Environmental Office		All Media	GJG003	O5	MP	3-137
1	Environmental Office		All Media	GJG004	O5	MP	3-139
1	Environmental Office		All Media	HLE001	A	III	3-17
1	Environmental Office		All Media	HLE003	A	I	3-19
1	Environmental Office		All Media	HLE004	A	III	3-21
1	Environmental Office		All Media	HLE005	A	I	3-23
1	Environmental Office		All Media	JAM001	CR	III	3-27
1	Environmental Office		All Media	JAM002	CR	I	3-29
1	Environmental Office		All Media	JAM003	CR	I	3-31
1	Environmental Office		All Media	KAM014	HW	I	3-77
1	Environmental Office		All Media	KAM016	HW	MP	3-101
1	Environmental Office		All Media	KAM017	HW	I	3-79
1	Environmental Office		All Media	KAM018	O4	III	3-117
1	Environmental Office		All Media	KAM019	O4	III	3-119
1	Environmental Office		All Media	KMM007	T2	III	3-205
1	Environmental Office		All Media	KMM008	T2	III	3-207

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
1	Environmental Office		All Media	KMM009	T2	I	3-203
1	Environmental Office		All Media	KMM010	T2	MP	3-211
1	Environmental Office		All Media	KMM011	T2	III	3-209
1	Environmental Office		All Media	KMM012	T3	III	3-215
1	Environmental Office		All Media	KMM013	T4	MP	3-223
1	Environmental Office		All Media	LLB001	O5	III	3-125
1	Environmental Office		All Media	LLB003	O5	MP	3-127
1	Environmental Office		All Media	LLB004	O5	MP	3-129
1	Environmental Office		All Media	LLB005	O5	MP	3-131
1	Environmental Office		All Media	RAV001	WA	I	3-227
1	Environmental Office		All Media	RAV002	WA	I	3-229
1	Environmental Office		All Media	RAV013	WA	I	3-237
1	Environmental Office		All Media	RAV014	WA	I	3-239
1	Environmental Office		All Media	RAV015	WA	I	3-241
1	Environmental Office		All Media	RAV016	PO	I	3-161
1	Environmental Office		All Media	RAV017	PO	I	3-163
1	Environmental Office		All Media	RAV020	PO	III	3-169
1	Environmental Office		All Media	RAV021	WA	MP	3-251
1	Environmental Office		All Media	RAV022	WA	II	3-247
1	Environmental Office		All Media	RAV024	WA	II	3-249
1	Environmental Office		All Media	RAV025	PO	III	3-171
1	Garrison Commander		O5				
1	PAO		O5				
1	Preventive Medicine		PM, WQ	DAG001	PM	III	3-143

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
1	Preventive Medicine		PM, WQ	SHM005	WQ	III	3-263
1	Preventive Medicine		PM, WQ	SHM006	WQ	III	3-265
1	Preventive Medicine		PM, WQ	SHM007	WQ	III	3-267
1	Preventive Medicine		PM, WQ	SHM008	WQ	III	3-269
1	REM		O5				
1	SJA		O5				
2	Dental Clinic		WA, HW, RMW				
2	Hospital			KAM002	HW	I	3-57
2	Hospital			KMM001	HM	HS	3-43
2	Hospital		SW				
2	Hospital - DCI - Allergy Clinic	1J43	A, HM, HW, RMW, WA				
2	Hospital - Dining Facility		SW				
2	Hospital - DPALS	2B37	A, HM, HW, RMW, WA				
2	Hospital - DPALS	4D49	A, HM, HW, RMW, WA	KAM008	HW	I	3-67
2	Hospital - DPALS		A, HM, HW, RMW, WA	RAV003	WA	I	3-231
2	Hospital - DPALS - Bacteriology	2B55	A, HM, HW, RMW, WA	DBA002	HW	I	3-85
2	Hospital - DPALS - Blood Don	4916	A, HM, HW, RMW, WA				
2	Hospital - DPALS - Blood Don		A, HW, RMW, WA				
2	Hospital - DPALS - Cytology	4750A	A, HM, HW, RMW, WA				
2	Hospital - DPALS - Histology	4731	A, HM, HW, RMW, WA	KAM007	HW	I	3-65
2	Hospital - DPALS - Histology	4743a	A, HM, HW, RMW, WA				
2	Hospital - DPALS - Histology		A, HW, RMW, WA				
2	Hospital - DPALS - Morgue	2B81	A, HM, HW, RMW, WA				
2	Hospital - DPALS - Spec Handl	2B32C	A, HM, HW, RMW, WA				

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
2	Hospital - DPALS - Toxicology	2B51	A, HM, HW, RMW, WA				
2	Hospital - DPALS - Toxicology/TDM Lab	2B44	A, HM, HW, RMW, WA	KMM003	HM	HS	3-47
2	Hospital - Environmental Services		RMW	KAM011	SO	III	3-189
2	Hospital - ETO Sterilizer		AIR				
2	Hospital - MDB	1620	A, HM, HW, RMW, WA				
2	Hospital - MDB	2Z13	A, HM, HW, RMW, WA				
2	Hospital - MRI	5M28	A, HM, HW, RMW, WA				
2	Hospital - Occupational Health		PM				
2	Hospital - Pharmacy		HW	DBA001	HW	I	3-83
2	Hospital - Radiology	1H26	A, HM, HW, RMW, WA				
2	Hospital - Radiology	1X89	A, HM, HW, RMW, WA				
2	Hospital - Radiology	1X94	A, HM, HW, RMW, WA				
2	Hospital Loading Dock		A, HW, RMW, WA	RAV005	WA	I	3-235
2	Hospital - DPALS - Histology	4731	A, HM, HW, RMW, WA				
2	Hospital - DPALS - Diag Imm Lab	2B73	A, HM, HW, RMW, WA				
2	Hospital - Gastroenterology Clinic	7F59	A, HM, HW, RMW, WA				
2	Hospital - Radiology	1X85	A, HM, HW, RMW, WA				
2	Storage Tank		ST				
11	Safety		O5				
15	DPW - Boiler Plant		A, WA, PO	FAC001	A	I	3-5
15	DPW - Boiler Plant		A, WA, PO	FAC002	A	I	3-7
15	Storage Tank		ST				
20	Storage Tank		ST				
40	WRAIR - Electron Microscopy	1002	A, HW, PO, RMW, WA				

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
40	WRAIR - Scope Room	1007	A, HW, PO, RMW, WA				
40	WRAIR - Immunology	1012	A, HW, PO, RMW, WA				
40	WRAIR - Cell Culture	1020	A, HW, PO, RMW, WA				
40	WRAIR - Bacterial Immunology	1021	A, HW, PO, RMW, WA				
40	WRAIR	1023	A, HW, PO, RMW, WA				
40	WRAIR - Receptor Bio	1027	A, HW, PO, RMW, WA				
40	WRAIR - Bacterial Diseases	1032	A, HW, PO, RMW, WA				
40	WRAIR	1041	A, HW, PO, RMW, WA				
40	WRAIR - MOL Pathology	1047	A, HW, PO, RMW, WA				
40	WRAIR - MOL Pathology	1051	A, HW, PO, RMW, WA				
40	WRAIR - MOL Pathology	1053	A, HW, PO, RMW, WA				
40	WRAIR - VAS Biology	1069	A, HW, PO, RMW, WA				
40	WRAIR	1071	A, HW, PO, RMW, WA				
40	WRAIR	1073	A, HW, PO, RMW, WA				
40	WRAIR - Entomology	1079	A, HW, PO, RMW, WA				
40	WRAIR	2043	A, HW, PO, RMW, WA				
40	WRAIR - Neuroscience/Chemistry	2048	A, HW, PO, RMW, WA				
40	WRAIR - Virus Lab	2050	A, HW, PO, RMW, WA				
40	WRAIR - Enteric Infections	2057	A, HW, PO, RMW, WA				
40	WRAIR - Neuroscience/Chemistry	2058	A, HW, PO, RMW, WA				
40	WRAIR - Neuroscience/Chemistry	2059	A, HW, PO, RMW, WA				
40	WRAIR - Enteric Infections	2065	A, HW, PO, RMW, WA				
40	WRAIR - Bacterial Diseases	2066	A, HW, PO, RMW, WA				
40	WRAIR - Bacteriology	2068	A, HW, PO, RMW, WA				

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
40	WRAIR - Enteric Infections	2069	A, HW, PO, RMW, WA				
40	WRAIR - Bacterial Diseases	2077	A, HW, PO, RMW, WA				
40	WRAIR - Enteric Infections	2078	A, HW, PO, RMW, WA				
40	WRAIR - Gastroenterology	2092	A, HW, PO, RMW, WA				
40	WRAIR - Neuroscience/Chemistry	2121	A, HW, PO, RMW, WA				
40	WRAIR - Tissue Cultural Lab	3004	A, HW, PO, RMW, WA				
40	WRAIR - BioChemistry	3006	A, HW, PO, RMW, WA				
40	WRAIR - Division of Surgery	3009	A, HW, PO, RMW, WA				
40	WRAIR	3010	A, HW, PO, RMW, WA				
40	WRAIR - Shock Trauma	3011	A, HW, PO, RMW, WA				
40	WRAIR - Operating Room	3018	A, HW, PO, RMW, WA				
40	WRAIR - Histology Lab	3023	A, HW, PO, RMW, WA				
40	WRAIR - Nephrology	3035	A, HW, PO, RMW, WA				
40	WRAIR - Nephrology	3043	A, HW, PO, RMW, WA				
40	WRAIR - Neuroscience/Chemistry	3057	A, HW, PO, RMW, WA	KAM004	HW	I	3-61
40	WRAIR - Neuroscience/Chemistry	3063	A, HW, PO, RMW, WA	KAM004	HW	I	3-61
40	WRAIR - Neuroanatomy	3068	A, HW, PO, RMW, WA				
40	WRAIR - Neuroscience/Chemistry	3069	A, HW, PO, RMW, WA	KAM004	HW	I	3-61
40	WRAIR - Neuroscience/Chemistry	3077	A, HW, PO, RMW, WA	KAM004	HW	I	3-61
40	WRAIR - Neuroscience/Chemistry	3079	A, HW, PO, RMW, WA	KAM004	HW	I	3-61
40	WRAIR - Immunology	3080	A, HW, PO, RMW, WA				
40	WRAIR - Neuroscience/Chemistry	3081	A, HW, PO, RMW, WA	KAM004	HW	I	3-61
40	WRAIR	3083	A, HW, PO, RMW, WA				
40	WRAIR - Histology	3107	A, HW, PO, RMW, WA				

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
40	WRAIR - Neuroscience/Chemistry	3117	A, HW, PO, RMW, WA				
40	WRAIR - Clinical Physiology	3172	A, HW, PO, RMW, WA				
40	WRAIR - Procedure	4023	A, HW, PO, RMW, WA				
40	WRAIR	4041	A, HW, PO, RMW, WA				
40	WRAIR - Necropsy Lab	4075	A, HW, PO, RMW, WA				
40	WRAIR - Vet Medicine	4077	A, HW, PO, RMW, WA				
40	WRAIR - Treatment	4201	A, HW, PO, RMW, WA				
40	WRAIR - Cage Wash Room	4417	A, HW, PO, RMW, WA	RAV019	HM	III	3-41
40	WRAIR - Glassware Section	B016	A, HW, PO, RMW, WA	RAV018	WA	I	3-243
40	WRAIR - BioChemistry	B040	A, HW, PO, RMW, WA	KAM006	HW	I	3-63
40	WRAIR - H.W. Storage	B044	A, HW, PO, RMW, WA				
40	WRAIR - Clinical Trials	B0602	A, HW, PO, RMW, WA				
40	WRAIR - Audio Visual	B07A-G	A, HW, PO, RMW, WA				
40	WRAIR	B070	A, HW, PO, RMW, WA				
40	WRAIR		PM	DAG005	PM	III	3-149
40	WRAIR		PM	DAG007	PM	III	3-153
40	WRAIR - Loading Dock		A, HW, PO, RMW, WA	DBA023	HW	I	3-95
40	WRAIR - Loading Dock		A, HW, PO, RMW, WA	KAM012	HW	I	3-73
40	WRAIR - Safety		O5, PO	RAV026	PO	PO	3-173
40	WRAIR - South Entrance		T1	KAM001	T1	I	3-199
41	Industrial Hygiene	21	HW,PCB, O5				
54	AFIP - Immuno Pathology	2006	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Cardiovascular Pathology	2008	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Histopathology	2012	A, HW, RMW, WA	KAM003	HW	I	3-59

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
54	AFIP - Histopathology	2012	A, HW, RMW, WA	RAV004	WA	I	3-233
54	AFIP - Immuno Lab	2014	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - SL	2046	A, HW, RMW, WA				
54	AFIP - Genitourinary Lab	2084	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Scientific Lab	2096	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Cellular Pathology	3100	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Cellular Pathology	3102	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Inf. & Path Dis	4080	A, HW, RMW, WA				
54	AFIP - Parasitic Lab	4090	A, HW, RMW, WA				
54	AFIP - Inf. & Path Dis	4100	A, HW, RMW, WA				
54	AFIP - Inf. & Path Dis	4103	A, HW, RMW, WA				
54	AFIP - Inf. & Path Dis	4105	A, HW, RMW, WA				
54	AFIP - Inf. & Path Dis	4106	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Bacteriology	4110	A, HW, RMW, WA				
54	AFIP - Inf. & Path Dis	4112	A, HW, RMW, WA				
54	AFIP - Animal Care	5006	A, HW, RMW, WA				
54	AFIP - Cage Storage	5039	A, HW, RMW, WA				
54	AFIP - Necrospy	5041	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Hood Room	5043	A, HW, RMW, WA				
54	AFIP - Sterile Surgery	5047	A, HW, RMW, WA				
54	AFIP - EM Scope	5051	A, HW, RMW, WA				
54	AFIP - DLAM	5168	A, HW, RMW, WA				
54	AFIP	2072	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Electron Microscope	B049	A, HW, RMW, WA	KAM003	HW	I	3-59

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
54	AFIP - Kidney Lab	B053	A, HW, RMW, WA				
54	AFIP - Material Repository	B080	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Basement Chiller		A, HW, RMW, WA	RAV006	HM	III	3-35
54	AFIP - Photography	E071	A, HW, RMW, WA	RAV008	HM	III	3-39
54	AFIP - Exhibit Production	G018	A, HW, RMW, WA				
54	AFIP - Carpentry Shop	G109	A, HW, RMW, WA				
54	AFIP - Envir & Toxicology Path	M093	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Photographic Shop	M107	A, HW, RMW, WA				
54	AFIP - South-Wing Mech Rm		A, HW, RMW, WA	RAV007	HM	III	3-37
54	AFIP - Loading Dock	NA	SW	BES001	SO	I	3-177
54	AFIP - Solvent Recycling Center	NA	A, HW, RMW, WA	KAM003	HW	I	3-59
54	AFIP - Solvent Recycling Center	NA	A, HW, RMW, WA	KAM010	HW	I	3-71
54	AFIP - Solvent Recycling Center	NA	A, HW, RMW, WA	LLB002	O4	PO	3-121
54	AFIP			KMM002	HM	HS	3-45
54	Env Office - Haz Waste Storage			DBA020	HW	I	3-93
54	Hazardous Waste Storage		HW,PCB				
54	Storage Tank		ST				
82	DPCA-Auto Hobby		A HW, PO, WA				
90	DPW - Fire House		A, HM, SW, PM	BES006	SO	III	3-185
90	Storage Tank		ST				
91	Army Reserves Health Clinic		SW	BES003	SO	I	3-179
120	DPW - Boiler		WA,PO	RAV023	WA	I	3-245
156	Veterinary Clinic		A, HW, RMW, WA	DAG002	PM	III	3-145
156	Veterinary Clinic		A, HW, RMW, WA	DBA024	HW	I	3-97

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
156	Veterinary Clinic		A, HW, RMW, WA	KAM020	HW	I	3-81
161	AAFES Main Store		PM				
162	Commissary		PM	DAG006	PM	III	3-151
162	Commissary		PM	DAG008	PM	III	3-155
163	DPW - Boilers/Chillers		A				
164	AAFES Service Station		HW, PO	DBA026	PO	I	3-167
164	Service Station		AIR				
164	Storage Tank		ST				
172	Army Corps of Engineers		PM	DAG003	PM	III	3-147
178	Storage Tank		ST				
500	WRAIR	8	A, HW, PO, RMW, WA				
500	WRAIR - Organic Chemistry	10	A, HW, PO, RMW, WA				
500	WRAIR	13	A, HW, PO, RMW, WA				
500	WRAIR	28	A, HW, PO, RMW, WA				
500	WRAIR - Biochem Pharmacology	28	WA,PO				
500	WRAIR - Biochem Pharmacology	30	WA,PO				
500	WRAIR - Perfusion Lab	31	A, HW, PO, RMW, WA				
500	WRAIR - Chemical Biology	34	A, HW, PO, RMW, WA				
500	WRAIR - Dept of Pharmacy	35	A, HW, PO, RMW, WA				
500	WRAIR	37	A, HW, PO, RMW, WA				
500	WRAIR	40	A, HW, PO, RMW, WA				
500	WRAIR - Synthetic Lab	42	A, HW, PO, RMW, WA				
500	WRAIR - Biology	B1	A, HW, PO, RMW, WA				
500	WRAIR		A, HW, PO, RMW, WA	DBA021	SO	III	3-187

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
601	DPW - Supply		HW, PO, WA	DBA025	PO	I	3-165
602	DPW - Maintenance		WA,PO				
602	DPW - Mobile Equipment Shop		HW				
602	DPW - Pest Control Shop		PM, A, HW				
603	DPW - Roads and Grounds		A, HW, PO, WA				
605	DOL Motorpool		A, HM,HW, RMW, WA				
605	Storage Tank		ST				
605	Transportation Motor Pool		WA,PO, ST				
606	Laundry Fabric Care		AIR	FAC005	A	MP	3-11
Garage	Parking Garage		HW,PCB	DBA003	HW	I	3-87
T2	Hospital - DCI - Immune Research	213	A, HM,HW, RMW, WA				
T2	Hospital - DCI - Immune Research	215	A, HM,HW, RMW, WA				
T2	Hospital - DCI - Immune Research	216	A, HM,HW, RMW, WA				
T2	Hospital - DCI - Immune Research	217	A, HM,HW, RMW, WA				
T2	Hospital - DCI - PCR Lab	227	A, HM,HW, RMW, WA	KAM009	HW	I	3-69
T2	Hospital - DCI - PCR Lab	229	A, HM,HW, RMW, WA				
T2	Hospital - DCI - Protein Lab	233	A, HM,HW, RMW, WA				
T2	Hospital - DCI - Cell Lab	236	A, HM,HW, RMW, WA				
T2	Hospital - DCI - Molecular Bio Lab	238	A, HM,HW, RMW, WA				
T2	Hospital - DPALS	262	A, HM,HW, RMW, WA	KMM005	HM	HS	3-49
T2	Hospital - DPALS - Vacant Lab	152A	A, HM,HW, RMW, WA	KMM004	HM	MP	3-53
T2	Hospital - DCI - Radiation	237-A	A, HM,HW, RMW, WA				
T2	Storage Tank	41	ST				
T2	DOC		O5				

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
501	WRAIR		A, HW, PO, RMW, WA				
503	WRAIR - Cell Biology	BC	A, HW, PO, RMW, WA				
503	Storage Tank		ST				
503	WRAIR		A, HW, PO, RMW, WA				
506	WRAIR		A, HW, PO, RMW, WA				
508	WRAIR - Culture Lab	114	A, HW, PO, RMW, WA				
508	WRAIR - Culture Lab	124	A, HW, PO, RMW, WA				
508	WRAIR - Culture Lab	133	A, HW, PO, RMW, WA				
508	WRAIR - Peptide Synthetic Fac.	134	A, HW, PO, RMW, WA				
508	Storage Tank		ST				
508	WRAIR		A, HW, PO, RMW, WA				
511	WRAIR - X-Ray	114	A, HW, PO, RMW, WA	KAM013	HW	I	3-75
511	WRAIR	132A	A, HW, PO, RMW, WA	KAM015	HW	III	3-99
511	WRAIR - Receiving		A, HW, PO, RMW, WA				
511	DPW - Boilers		A	FAC004	A	I	3-9
511	DPW - Boilers		A	FAC007	A	I	3-15
511	DPW - Generators		A	FAC006	A	I	3-13
511	Storage Tank		ST				
511	WRAIR		PM				
513	Hazardous Waste Storage		HW, PO, ST, WA				
515	Hazardous Waste Storage		HW, PO, ST, WA	DBA007	HW	I	3-89
601	DPW - Carpentry Shop		HW				
601	DPW - Self Help		PM				
601	DPW - Structure Shop		A				

Bldg Number	Activity	Room Number	Media Assessed	Finding Reference #	Finding Area	Finding Class	Finding Page #
T-87	DPW - Roads and Grounds		A, HM,HW, RMW, WA				

APPENDIX C

DRAFT INSTALLATION CORRECTIVE ACTION PLAN (ICAP)

WRAMC and MEDCOM must complete the Installation Corrective Action Plan (ICAP). The ICAP should be a matrix which lists findings, corrective actions, schedules and required resources. A draft ICAP is provided in this appendix. Using the WINCASS software, WRAMC personnel can complete the corrective action section of the database to track corrective actions. Within 6 weeks of receiving the ECAR and draft ICAP, WRAMC personnel must submit a copy of the completed ICAP to MEDCOM. The MEDCOM may also request a periodic ICAP status report from WRAMC.

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
SO.010.01.TEAM 04 (BES001)	Solid waste containers containing food waste are improperly managed	02/03/1999	AFIP (W-54)	I		Obtain a new lid and place it on the 55-gallon drum. (\$5)				Open
SO.010.01.TEAM 09 (BES003)	Bulky wastes are stored such that they create a nuisance and/or attract the accumulation of other solid wastes.	02/01/1999	U.S. Army Reserves (W-91)	I		Develop a procedure consistent with the Installation Solid Waste Management (ISMW) Plan and directed by the Environmental Overwatch Committee to cleanup areas littered with trash and keep them clean of waste and recyclable items. The senior occupant or building manager of a facility adjacent to a dumpster and/or dumping area must be held responsible for it. ()				Open
SO.001.04.ARMV 01 (BES004)	Personnel handling/managing solid waste have not been trained.	02/05/1999	WRAMC Environmental Office (W-1)	III		Establish a procedure to ensure that all containers from a large hazardous waste turn-in are properly managed. This includes making sure all containers are in good condition, properly labeled, closed, and stored with enough aisle space in-between. This also includes ensuring access to two-way communication at the storage area as well as appropriate spill and fire equipment. ()				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
SO 010.01.DC 15 (BES005)	Solid waste storage creates a nuisance/unsanitary conditions.	02/05/1999	WRAMC Headquarters (W-1)	I		The senior occupant or building manager of a facility adjacent to a dumpster must be held responsible for it's management and the surrounding areas. Many of the dumpsters located on WRAMC are used by activities located in different buildings. Where dumpsters are shared, assign one person to be responsible for overall management.()				Open
SO.010.01.ARM 05 (BES006)	Solid waste containers are not properly cleaned.	02/03/1999	DPW (W-90)	III		#1: Clean the existing dumpster or have the solid waste contractor replace the dumpster with a clean one. #2: Establish a person responsible for dumpster control.()				Open
O1.005.02.ARM 01 (CAB004)	Environmental review of Army projects is not always timely.	02/10/1999	DPW (W-1)	III		Continue to develop and execute the SOP for implementation of the NEPA process in the early stages of work orders. (Minimal.)				Open

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URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
PM.040.01.ARMAY 02 (DAG001)	DOD required records of pest management operations are incomplete and/or inadequate.	02/04/1999	WRAMC (W-1)	III		Have Preventive Medicine personnel send copies of their monthly surveillance reports to the Installation Pest Management Coordinator.(Negligible)				Open
PM.001.07.ARMAY 01 (DAG005)	Pest control contracts are not reviewed by appropriate personnel prior to advertisement for bid.	02/04/1999	WRAIR (W-40)	III		Have all installation pest management contracts reviewed by the MACOM PMC prior to submission for bid.(Negligible)				Open
PM.001.07.ARMAY 02 (DAG007)	Contract pest control services are not monitored by a qualified individual.	02/04/1999	WRAIR (W-40)	III		Have personnel who are monitoring the services of a pest management contract trained and certified in the appropriate categories of pest management.(\$5,000 for training and certification.)				Open
HW.010.01.TEAM 01 (DBA001)	Known waste stream has not been characterized as to potential classification as hazardous waste.	02/02/1999	WRAMC Hospital (W-2)	I		Characterize all wastes to determine whether they are hazardous. Characterization may be based on process knowledge and/or analytical testing. Issue guidance on the proper management and disposal of hazardous waste. Properly label hazardous waste containers and dispose of waste accordingly.(\$0)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
HW.070.04.TEAM 01 (DBA002)	Containers of hazardous waste at LQGs are open when waste is not being added.	02/01/1999	WRAMC Hospital (W-2)	1		Seal the container with a cap specifically designed for the insertion of a hose.(\$5)				Open
HW.080.04.TEAM 02 (DBA003)	LQG storage areas for hazardous waste are not designed/constructed and/or maintained/operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.	02/03/1999	WRAMC Environmental Office (W-1)	1		Establish a procedure to ensure that all containers from a large hazardous waste turn-in are properly managed. This includes making sure they are all in good condition, properly labeled, closed, and stored with enough aisle space in-between. This also includes ensuring access to two-way communication at the storage area.(\$0)				Open
HW.080.04.TEAM 02 (DBA007)	LQG storage areas for hazardous waste are not designed/constructed and/or maintained/operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.	02/04/1999	WRAMC Environmental Office (F-515)	1		Conduct regular installation and departmental inspections to assure unused products and hazardous wastes are turned-in and disposed on a regular basis to the hazardous waste manager. This will prevent an excess accumulation of waste products and allow the hazardous waste manager to dispose of the waste stream in a timely manner.(\$0)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
HW.100.01.TEAM 01 (DBA019)	Hazardous waste is transported, or offered for transport without a manifest.	02/04/1999	WRAMC Environmental Office (W-1)	I		Transport hazardous waste in accordance with Federal and State Department of Transportation (DOT) regulations. Hazardous waste must be transported by a licenced transporter with a valid USEPA identification number, to a facility (TSDF) permitted by the EPA and/or State to receive, treat, store, or dispose of hazardous waste.(\$0)				Open
HW.080.04.TEAM 11 (DBA020)	Required equipment is not tested and maintained as necessary to ensure proper operation in an emergency.	02/03/1999	WRAMC Environmental Office (W-54)	I		Establish regular procedures to inspect the safety equipment and keep all items in working order.(\$0)				Open
SO.002.X2.Army X2 (DBA021)	General waste is not segregated from regulated medical waste.	02/08/1999	WRAIR (F-500)	III		Post signs at each sharps containers that identify what items do and do not belong into the sharps container.(\$0)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
HW.080.04.TEAM 02 (DBA023)	LQG storage areas for hazardous waste are not designed/constructed and/or maintained/operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.	02/08/1999	WRAIR (W-40)	I		Establish a procedure to ensure that all containers from a large hazardous waste turn-in are properly managed. This includes making sure all containers are in good condition, properly labeled, closed, and stored with enough aisle space in-between. This also includes ensuring access to a two-way communication system at the storage area as well as appropriate spill and fire equipment.(\$0)				Open
HW.010.01.TEAM 01 (DBA024)	Known waste stream has not been characterized as to potential classification as hazardous waste.	02/08/1999	Veterinary Clinic (F-156)	I		Provide training to ensure the pharmacy personnel understand how to characterize expired pharmaceuticals and how to properly manage them accordingly.(\$0)				Open
PO.060.01.TEAM 03 (DBA025)	Used oil is not tested to determine if it exceeds any of the allowable limits of constituents and/or properties.	02/09/1999	DPW (F-601)	I		Ensure that all containers or storage tanks designated for the accumulation/storage of used oil for recycling are labeled with the words "Used Oil." Ensure that any fill ports associated with storage tanks are also labeled with the words "Used Oil."(\$0)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
PO.065.06.TEAM 01 (DBA026)	Containers of used oil and/or fill pipes used to transfer used oil are incorrectly labeled.	02/09/1999	WRAMC Environmental Office (W-1)	I		Ensure that all containers or storage tanks designated for the accumulation/storage of used oil are labeled with the words "Used Oil". Ensure that any fill ports associated with storage tanks are also labeled with the words "Used Oil".(\$0)				Open
AE.005.06.DC 03 (FAC001)	Air emission source does not have required permit or approval.	02/02/1999	DPW (W-15)	I		Install and certify a continuous emissions monitoring system and ensure that plant personnel perform testing in accordance with the protocol approved by the DC Environmental Regulation Administration.(\$50,000)		()		Open
AE.005.06.DC 05 (FAC002)	Air emission source does not meet permit conditions.	02/04/1999	DPW (W-15)	I		Repair or replace existing CEMS. Reapply and retest for an operational permit.(\$500,000)				Open
AE.001.02.TEAM 03 (FAC004)	Installation is not in compliance with Title V permit.	02/09/1999	WRAIR (F-511)	I		Repair or replace existing opacity monitors.(\$100,000)				Open
AE.001.02.TEAM 03 (FAC006)	Installation is not in compliance with Title V permit.	02/09/1999	WRAIR (F-511)	I		Have the generators opacity tested by a certified opacity reader.(\$300.00)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
AE.001.02.TEAM 03 (FAC007)	Installation is not in compliance with Title V permit.	02/10/1999	WRAIR (F-511)	I		Install fuel meters on boilers 6 and 7. Submit quarterly reports in accordance with the Forest Glen Title V permit application, Section 3B-1, Requirement No. 7.(\$440,000)				Open
AE.001.03.ARMAY 02 (HLE001)	The emissions inventory is incomplete and/or inadequate	02/07/1999	WRAMC Environmental Office (W-1)	III		Ensure that the Air Emissions Inventory is complete and accurate. In addition, ensure that all sources are identified in the Air Emissions Inventory.(\$0.)				Open
AE.001.02.TEAM 03 (HLE003)	Installation is not in compliance with Title V permit.	02/08/1999	WRAMC Environmental Office (W-1)	I		Ensure that correspondence is established between MDE and the Environmental Office when modifications are made to any air emission sources, new sources are installed, or administrative changes in the Title V permit application are required.(\$0.)				Open
AE.085.02.ARMAY 03 (HLE004)	ODC elimination projects/plans have not been implemented.	02/08/1999	WRAMC Environmental Office (W-1)	III		Finalize the SOW and develop a database management system for tracking ODC equipment, maintenance and refrigerant used throughout the installation.(\$0.)				Open

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URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
AE.001.02.TEAM 03 (HLE005)	Installation is not in compliance with Title V permit.	02/10/1999	WRAMC Environmental Office (W-1)	I		Ensure that correspondence is established between ARMD and the Environmental Office when modifications are made to any air emission sources, new sources are installed, or administrative changes in the Title V permit application are required.(\$0.)				Open
CR.001.06.ARMV 01 (JAM001)	The installation has not prepared an ICRMP.	02/09/1999	WRAMC Environmental Office (W-1)	III		It is recommended that the installation continue to monitor the progress of the draft ICRMP to move the document through the review process as quickly as possible. Once it has been completed, it is suggested that training be provided to all possible users so that the document will be used to its fullest potential. Furthermore, copies should be provided to all possible users.(\$0)				Open
CR.005.02.TEAM 01 (JAM002)	Construction, repair, or demolition actions have been undertaken without an assessment of the effect on National Register included or eligible property.	02/09/1999	WRAMC Environmental Office (W-1)	I		It is recommended that a tracking system or checklist be established to all projects. This system would remind the environmental and planning staff which reviews have been completed and which remain to be done.(\$0)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
CR.005.02.TEAM 98 (JAM003)	There is no Programmatic Agreement controlling Section 106 compliance.	02/09/1999	WRAMC Environmental Office (W-1)	I		A Programmatic Agreement covering routine maintenance issues as described in the draft Integrated Cultural Resources Management Plan should be developed and signed. Such an agreement would alleviate the workload of the Cultural Resources Manager and could expedite routine projects.(\$10,000)				Open
TI.040.01.TEAM 01 (KAM001)	PCBs and PCB Items at concentrations of 50 ppm or > that are to be stored before disposal are not stored in a facility that will assure the containment of PCBs.	02/01/1999	WRAMC Environmental Office (W-1)	I		Personnel who handle PCB related items should be trained on handling and storage requirements. PCB items such as light ballasts should be temporarily stored in leak proof containers and labeled with the dates they were removed from service. These items should then be turned over to the environmental division for disposal within 30 days of collection.(\$0)				Open
HW.080.04.TEAM 03 (KAM002)	LQG storage areas for hazardous waste are not maintained and operated to minimize the possibility of a fire, explosion, or any unplanned release of hazardous waste.	02/02/1999	WRAMC Hospital (W-2)	I		Provide copies of site-specific spill plans at each of these locations. In addition, have personnel who work in each area conduct (and document) weekly inspections.(\$0)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
HW.080.03.TEAM 01 (KAM003)	No weekly inspection of LQG hazardous waste storage area.	02/03/1999	AFIP (W-54)	I		Increase the frequency of inspections to weekly.(\$0)				Open
HW.055.01.TEAM 04 (KAM006)	Containers of hazardous waste at LQG are improperly labeled.	02/05/1999	WRAJR (W-40)	I		Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.(\$25,000)				Open
HW.070.04.TEAM 01 (KAM007)	Containers of hazardous waste at LQGs are open when waste is not being added.	02/01/1999	WRAMC Hospital (W-2)	I		Establish procedures to ensure that hazardous waste containers are closed and properly labeled with the words "Hazardous Waste," and the accumulation start date is written on the label.(\$0)				Open
HW.055.01.TEAM 08 (KAM009)	LQG exceeds hazardous/acute waste accumulation limitations.	02/02/1999	WRAMC Hospital (W-T2)	I		All hazardous waste (HW) generators should follow guidance detailed within the Installation Hazardous Waste Management Plan. Installation hazardous waste management guidance states that all waste generators on WRAMC - Main Post must turn-in wastes over to the Environmental Division within 30 days (\$25,000)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
HW.070.04.TEAM 01 (KAM010)	Containers of hazardous waste at LQGs are open when waste is not being added.	02/04/1999	AFIP (W-54)	I		Establish procedures to ensure that hazardous waste containers are closed and properly labeled with the words "Hazardous Waste," and the accumulation start date is written on the label.(\$0)				Open
SO.002.X1.Army 1 (KAM011)	No record of the weight of RMW is kept.	02/02/1999	WRAMC Hospital (W-2)	III		Establish a procedure whereby RMW is weighed when brought down to the loading dock. Weights should be recorded on each container and recorded within a log book.(\$0)				Open
HW.070.01.TEAM 01 (KAM012)	Hazardous waste containers at LQGs designated as empty are not actually empty.	02/08/1999	WRAIR (W-40)	I		When employees are trained on hazardous waste disposal procedures, the training should include the definition for empty containers as pertains to the Resource Conservation and Recovery Act.(\$0)				Open
HW.055.03.TEAM 03 (KAM013)	Hazardous wastes generated at a LQG are not disposed of to an approved facility.	02/08/1999	WRAIR (F-511)	I		Collect the effluent and contract out disposal of the used fixer to a permitted hazardous waste recycler.(\$250)				Open

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INSTALLATION CORRECTIVE ACTION PLAN WALTER REED ARMY MEDICAL CENTER

URC (Finding)	Summary Condition Statement	Finding Date	Organization (Building #)	Finding Cat.	EPR Class	Corrective Action (Cost)	Work Order #	Project Title (POC)	Funding Year	Status (Goal)
HW.060.01.TEAM 05 (KAM014)	Hazardous waste training for LQG personnel is inadequate/incomplete.	02/10/1999	WRAMC Environmental Office (W-1)	I		Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in.(\$25,000)				Open
HW.070.02.TEAM 04 (KAM015)	Hazardous waste containers at LQGs are leaking.	02/08/1999	WRAIR (F-511)	III		Store hazardous waste containers in the upright position and ensure that the cap is securely closed.(\$0)				Open
HW.075.01.TEAM X1 (KAM017)	Hazardous waste is not transferred to a < 90 day storage site or permitted storage area.	02/10/1999	WRAMC Environmental Office (W-1)	I		Write an additional chapter for the HWMP which specifically addresses Maryland hazardous waste accumulation point and storage area management for the Forest Glen Annex.(\$1,000)				Open

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O4.001.15.ARMV 01 (KAM018)	Pollution prevention is not actively occurring at the installation.	02/10/1999	WRAMC Environmental Office (W-1)	III		Establish a post-wide training program for hazardous waste management. The program should provide initial personnel training as well as periodic refresher/update training. Training topics should include hazardous waste identification, storage, and turn-in. (\$25,000)				Open
O4.001.14.ARMV 02 (KAM019)	The installation Pollution Prevention Program is inadequate for implementing the Pollution Prevention Plan.	02/10/1999	WRAMC Environmental Office (W-1)	III		Establish a P2 subcommittee under the Environmental Oversight Committee. The subcommittee should have the responsibility of developing, coordinating, and tracking P2 initiatives and activities. The subcommittee members should be comprised of persons from the following WRAMC activities: Environmental Division, Directorate of Public Works, Directorate of Logistics, Safety, Director of Contracting, and Preventive Medicine. (\$0)				Open

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T2.001 10.ARMV 01 (KMM007)	The installation has not established an Asbestos Management Team.	02/09/1999	WRAMC Environmental Office (W-1)	III		A representative from the Installation Commander's office must create and provide oversight of a new Asbestos Management Team (AMT). The team, in accordance with the current installation asbestos management plan (AMP), must include representatives from the installation environmental office, safety office, industrial hygiene office, legal division, fire department, and environmental oversight committee. All members of the team must receive training in asbestos management so that they may provide appropriate insight to the team. The creation of an AMT will help resolve several problems in the AMP. The AMT must be aware of pending construction projects and work orders submitted for all construction projects according to the installation AMP. The AMT can ensure that all aspects of the AMP are enforced throughout the installation so that no environmental or safety regulations are violated. The representative from the Installation Commander's office must ensure that the team is working together to prepare, coordinate, and execute the installation AMP				Open

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T2.001.03.ARMV 02 (KMM008)	The asbestos survey was incomplete and/or inadequate.	02/09/1999	WRAMC Environmental Office (W-1)	III		per Army regulations. (\$1,500/person for training)				Open
T2.015.02.TEAM 01 (KMM009)	Waste shipment records are not maintained for at least 2 yr for all ACM transported offsite.	02/10/1999	WRAMC Environmental Office (W-1)	I		Create an Asbestos Management Team as described in finding KMM007. Then submit the installation asbestos building survey to the Asbestos Management Team (AMT). The AMT must review this survey and all other asbestos plans to ensure that all buildings throughout the installation are in compliance with federal and Army regulations.(40,000)				Open
						The environmental office needs to create an effective document management system that will ensure that all documents, especially those required for regulatory compliance, are kept on file in the office.(\$0)				

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T3.001.10.ARMY 01 (KMM012)	Elevated radon levels were not reported to the Installation Medical Officer.	02/10/1999	WRAMC Environmental Office (W-1)	III		The environmental office should provide documentation of the elevated radon levels to the IMO and solicit health-based recommendations from the IMO. This health-based information could then be provided to occupants of buildings that have elevated radon levels. (\$0)				Open
T4.001.05.ARMY 01 (KMM014)	The installation has not kept a permanent record of painting for each building or structure.	02/10/1999	DPW (W-1)	III		The DPW must start keeping a record off all buildings painted on the installation to include buildings painted by contractors. The DPW should try to recreate a record of all buildings painted in the past also.(Negligible)				Open
T4.020.04.TEAM 15 (KMM015)	LBP abatement was not conducted according to appropriate methodologies.	02/10/1999	DPW (W-1)	I		Create a lead hazard management plan as described in KMM013. This lead hazard management plan should then be provided to the DPW so that they are aware of the appropriate methodologies that DPW personnel and contractors must follow when performing lead-based paint work.(\$50,000)				Open

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O5.006.01.ARMV 06 (LLB001)	Environmental staffing is not sufficient to preclude compliance deficiencies.	02/04/1999	WRAMC Environmental Office (W-1)	III		Hire 2 or more employees (in addition to the existing contract personnel) and continue with a recruitment action for a permanent chief of the Environmental Office.(\$275,000/yr)				Open
WA.035.02.DC 11 (RAV001)	Industrial user who discharges to a POTW/FOTW does not meet pretreatment requirements.	02/01/1999	WRAMC Environmental Office (W-1)	I		Clean or replace all laboratory sinks and floor traps which are located in areas that are suspected of contributing to mercury contamination of the wastewater collection system.(\$250/trap)				Open
WA.002.xx.MD x2 (RAV002)	A SWPPP has not been finalized.	02/03/1999	WRAMC Environmental Office (W-1)	I		Develop a Storm Water Pollution Prevention Committee to oversee the finalization of the SWPPP.(\$0)				Open
WA.025.03.DC 06 (RAV003)	Prohibited liquids/materials are discharged into the wastewater.	02/03/1999	WRAMC Hospital (W-2)	I		Train all laboratory personnel on the proper disposal of hazardous chemicals.(\$0)				Open
WA.025.01.DC 01 (RAV004)	State specific requirements for discharges to a POTW/FOTW are not met.	02/03/1999	AFIP (W-54)	I		Remove the garbage disposal from the laboratory and reemphasize the importance of proper disposal methods during future training sessions.(\$250)				Open

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WA.010.01.TEAM 01 (RAV005)	Point source discharge does not have NPDES permit.	02/03/1999	WRAMC Hospital (W-2)	I		Install a zero-discharge washrack that recycles and reuses wash water. Characterize and dispose of all wastes filtered from the wastewater.(\$25,000)				Open
HM.004.05.ARMV 04 (RAV006)	Existing aboveground hazardous material storage facilities/systems are not upgraded for secondary containment.	02/04/1999	AFIP (W-54)	III		Have the drain capped to prevent spills from enter the collection system.(\$25)				Open
HM.004.05.ARMV 04 (RAV007)	Existing aboveground hazardous material storage facilities/systems are not upgraded for secondary containment.	02/03/1999	AFIP (W-54)	III		Provide secondary containment pallets for the drums or construct a containment berm around the wet well to prevent accidental spills from entering the wastewater collection system. Estimated cost for containment: \$300/containment pallet; Estimated cost for berm:\$18/ft of 3-in concrete berming.(\$300)				Open
HM.004.05.ARMV 04 (RAV008)	Existing aboveground hazardous material storage facilities/systems are not upgraded for secondary containment.	02/04/1999	AFIP (W-54)	III		Elevate the drain 1 to 2 inches from the floor using PVC pipe.(\$50)				Open

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WA.035.01.DC 04 (RAV013)	Industrial user does not meet wastewater discharge permit requirements.	02/04/1999	WRAMC Environmental Office (W-1)	I		Advise responsible parties of their duties to maintain compliance with all permit requirements.(\$0)				Open
WA.035.01.DC 04 (RAV014)	Industrial user does not meet wastewater discharge permit requirements.	02/05/1999	WRAMC Environmental Office (W-1)	I		Require the contractor to perform wastewater sampling and monitoring in accordance with the wastewater discharge permit. (\$0)				Open
WA.035.01.DC 04 (RAV015)	Industrial user does not meet wastewater discharge permit requirements.	02/07/1999	WRAMC Environmental Office (W-1)	I		Develop an Accidental Spill Prevention Plan and submit it to the WASA (\$5,000)				Open
PO.005.03.TEAM 01 (RAV016)	The Federally required SPCC Plan has not been reviewed at least once every 3 yr.	02/07/1999	WRAMC Environmental Office (W-1)	I		Review and update the SPCCP as required. Have the update certified by a Professional Engineer and ensure copies of the updated plan are distributed to appropriate facilities and activities.(\$5,000)				Open
PO.002.X2.Team 99 (RAV017)	The facility does not maintain a "Certificate of Non-Substantial Harm" or supporting calculations on file.	02/07/1999	WRAMC Environmental Office (W-1)	I		Maintain a "Certificate of Non-Substantial Harm" and supporting calculations on file in the revised SPCCP.(\$0)				Open

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WA.035.01.DC 04 (RAV018)	Industrial user does not meet wastewater discharge permit requirements.	02/08/1999	WRAIR (W-40)	I		Train all individuals within the Glassware Section on appropriate measures for neutralizing acid rinse waters.(\$0)				Open
PO.005.03.ARMY 04 (RAV020)	Copies of the ISCP have not been provided to pertinent facility personnel.	02/08/1999	WRAMC Environmental Office (W-1)	III		Ensure that the ISCP is distributed to all applicable facilities.(\$0)				Open
WA.002.xx.MD X2 (RAV022)	A SWPPP has not been implemented	02/03/1999	WRAMC Environmental Office (W-1)	II		Duties and responsibilities for executing the Storm Water Program must be re-established so that the SWPPP can be properly implemented in a timely fashion.(\$0)				Open
WA.005.01.MD 13 (RAV023)	Conditions exist that threaten state surface waters.	02/10/1999	DPW (F-120)	I		Fix the leaking wastewater collection pipe.(\$4,500)				Open
WA.002.ww.MD w1 (RAV024)	Discharge Authorization Permit application has not been filed 90-days prior to discharging wastewater.	02/10/1999	WRAMC Environmental Office (W-1)	II		Complete the Discharge Authorization Permit application and submit it immediately to prevent the delay of opening the new WRAIR laboratory facility or to prevent noncompliance with the WSSC Plumbing and Gasfitting Regulations. (\$30,000)				Open

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PO.005.06.ARMV 01 (RAV025)	Army required spill response training is not performed.	02/11/1999	WRAMC Environmental Office (W-1)	III		Provide annual spill contingency training to all individuals working near potential spill sites (\$5,000/yr)				Open
WQ.002.x1.Armv 01 (SHM001)	The installation cross connection control plan has not been implemented.	02/03/1999	DPW (W-1)	III		Finalize and implement the November 1998 draft cross connection and backflow prevention plan, to include installing the required backflow prevention devices (\$600,000)				Open
WQ.002.x2.Armv 01 (SHM002)	The installation has not implemented an effective flushing plan.	02/03/1999	DPW (W-1)	III		Finalize and implement the December 1998 draft water distribution system flushing plan. If necessary, hire additional personnel or authorize overtime hours to meet the increased work demand (\$20,000)				Open
WQ.001.08.ARMV 01 (SHM003)	The installation has not prepared a Water Resources Management Plan.	02/03/1999	DPW (W-1)	III		Develop and implement a Water Resource Management Plan (\$10,000.)				Open

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WQ.002.61.Army 01 (SHM005)	Bacteriological water quality testing is not conducted using the required test and at the required frequency.	02/03/1999	WRAMC (W-1)	III		At a minimum, test HPC levels weekly as an indicator of water quality. HPC analysis can be performed in-house with the purchase of minimal glassware, Petri dishes, plate count agar, access to a hot water bath or hot plate with large beaker (for melting of agar), and access to an autoclave. Estimated capital cost: \$500. Estimated recurring costs for plate count agar: less than \$100/year. Specific information and directions for HPC analysis can be found in the most recent version of "Standard Methods for the Examination of Water and Wastewater." Estimated cost: \$10-20 per sample.(As described above)				Open
WQ.002.66.Army 01 (SHM006)	Required alkalinity test is not performed and documented.	02/01/1999	WRAMC (W-1)	III		Obtain an alkalinity test kit. The Preventive Medicine services should train the pool operator to conduct and document the alkalinity test at least once per week.(\$50.)				Open

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WQ.002.70.Armey 01 (SIIM007)	Bottled drinking water is not approved, from a medical perspective, by the installation medical authority.	02/03/1999	WRAMC (W-1)	III		Contact the company that provides bottled water to the locations addressed in this finding and obtain documentation to certify that the company meets all applicable requirements of the National Primary and Secondary Drinking Water Regulations. Institute a program of microbiological monitoring for areas using bottled drinking water. This program should consist of, at a minimum, a monthly bacteriological presence/absence test of the water coolers.(\$20 per month)				Open
WQ.002.65.Armey 01 (SIIM009)	Bacteriological testing is not being conducted on repaired/replaced sections of the distribution system.	02/03/1999	DPW (W-1)	III		Develop an SOP to ensure Preventive Medicine is contacted each time repairs or replacements on portions of the distribution system are performed. Preventive Medicine should collect samples and conduct microbiological analyses in accordance with approved procedures described in TB MED 576.(\$0)				Open