NCCOS

EMS ENVIRONMENTAL MANAGEMENT SYSTEM STANDARD

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EMS 016 CHANGE, NEW PROJECT MANAGEMENT AND PROCUREMENT

1. PURPOSE

To establish and maintain a change control process for the EMS. The change control process should reflect the following activities: procurement, contracting, and changes to management activities.

2. SCOPE

This procedure applies to NOAA line functions that have implemented an Environmental Management System (EMS).

3. METHODOLOGY

- 3.1 Control of change is critical to maintaining the EMS through:
 - Keeping operations and activities impact information up-to-date
 - Requiring the consequences of change to be reviewed at the proper level
 - Raising employee awareness of problems and improvement opportunities
 - Reducing the risk of "temporary" or "small" changes
 - Improving organization communication and teamwork
- 3.2 Control of change represents the central process for maintaining a management system after its initial design and implementation. **The following** conditions are subject to this process: 1) any change or modification to an operation or activity, equipment or materials, or 2) any procurement or significant contract whereby NOAA activities acquires services or products.
 - 3.2.1 Examples of relevant changes to activities and operations include:
 - Introduction of new chemical
 - New or modified (items installed, added or deleted) activities at the facility
 - New employee or contractor responsibilities
 - Actions which may be associated with the development of an objective
 - Expansion of buildings, landscape
 - Restart an activity after a prolonged idle time
 - 3.2.2 Not all changes have their origin in modifications to operations; some may be administrative in nature, for example:
 - Identification of need to revise operational controls
 - System modifications due to continual improvement programs
 - Findings from self-assessment and audits resulting in Corrective and Preventive Actions
 - Top Management overview resulting in modifications to system elements
 - 3.2.3 NOAA EMS Administration may also initiate a change; this could result from:
 - Modification of existing policy or principals
 - New standards, requirements or policy
 - Revisions to supporting materials
- 3.3 Locations may utilize Management of Change Authorization Form, electronic or in text whenever a change is identified. Proposed changes should be authorized and documented.
- 3.4 To ensure a proposed change adequately considers environmental impacts, a Project Environmental Checklist should be used to identify potential environmental impacts. The applicability of the checklist should be determined by the facility. People knowledgeable in the

project and the potential impacts posed by its implementation should do proposed project assessments.

- 3.5 To ensure the procurement process considers environmental impacts, acquisitions and contracting should be subject to an environmental assessment process. The assessment should cover:
 - Applicable legal and other requirements
 - Minimization of environmental impact
 - Use and application of 'best technologies'
 - Changes to EMS

4. FACILITY REQUIREMENTS AND RESPONSIBILITIES FOR IMPLEMENTATION

NOAA NCCOS should take the following steps to implement and maintain an EMS that conforms to NOAA's EMS requirements and E.O.13423.

Facility EMS Teams should follow the methodology above, using the checklist and tables attached, for new projects.

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PROJECT ENVIRONMENTAL CHECKLIST

Project Description:

Project Number (use NPD # if available):

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|---|-----|-----|--|--|
| Environmental Impact | Yes | No | | |
| Air Emissions | | | | |
| Will this project/process change or produce air emissions? | | | | |
| Will this project/process change or require an air permit or permit modification? | | | | |
| Does the change require air pollution controls? | | | | |
| Does the project/process change or require the use or purchase of ozone depleting substances? | | | | |
| Water Discharges | | | | |
| Does the project/process result in wastewater, sanitary or storm water discharges? | | | | |
| Will the project/process result in changes to water discharge flow rates? | | | | |
| Will the discharge require a permit modification? | | | | |
| Will new or additional pretreatment be required? | | | | |
| Are facility discharges to a common sewer altered? | | | | |
| Storage Tanks | | | | |
| Will underground storage tanks (UST) or aboveground storage tank (AST) be installed? | | | | |
| Waste Generation | | | | |
| Will the project/process produce a waste or recyclable material? | | | | |
| Will the waste be classified as special, universal or hazardous? | | | | |
| Will off-site disposal be required? | | | | |
| Are special handling, abatement or disposal means required? | | | | |
| Energy/Water Use | | | | |
| Will the project/process effect facility energy/water usage | | | | |
| Other Considerations | | | | |
| Do recycling options/costs need to be considered? | | | | |
| Does the project/process require use of toxic, hazardous or carcinogenic materials? | | | | |
| Do project/process materials require special handling or storage? | | | | |
| Does the project cause land or water disturbances? | | | | |
| Do P2 issues need to be considered? | | | | |
| Does the project/process impact the surrounding community? | | | | |
| Are there any wildlife or land use issues? | | | | |
| Does the project/process alter or add to current facility aspects/impacts? | | | | |
| Does the project/process require a change to Emergency Response methods? | | | | |
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| nitiating Activity Manager Date: | | | | |
| MO Department of the Control of the | | | | |
| MS Representative Date: | | | | |
| actions: | | | | |
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"NOT CONTROLLED" UNLESS VIEWED VIA NCCOS EMS WEBSITE AT: http://coastalscience.noaa.gov/ems/

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MANAGEMENT OF CHANGE AUTHORIZATION FORM

| Decide AVD and a second the West investigation of | | | | | | | | |
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| Project/Process/Unit(s) involved: | | | | | | | | |
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| Reason for change: | | | | | | | | |
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| December of acce | | la a man il anno al /imana l | and the state of t | | | | | |
| Description of sys | tem items which need to | be reviewed/imple | emented before change is | made (e.g. | | | | |
| Training, SOP lev | ision, regulatory issue m | lodification) | | | | | | |
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| Detailed description | on of change: | | | | | | | |
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| | Τ = | | | | | | | |
| Type of change: | Experimental | Y/N | Duration (Start/finish dates) | | | | | |
| | Temporary | Y/N | | | | | | |
| | Permanent | Y/N | | | | | | |
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| Signatures | Initiated by: | | Title: | Date: | | | | |
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| | Approved by: | | Title: (EMS | Date: | | | | |
| | | | Representative) | | | | | |
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| Comments/Notes: | | | | | | | | |
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