

OCCURRENCE REPORT FORM

NOTE: Information Security Requirements: Occurrence Reports containing any classified information, Unclassified Controlled Nuclear Information (UCNI), Official Use Only (OUO), or other controlled information must not be entered into the ORPS database. Contractors must ensure that a review is performed prior to ORPS data entry to preclude contamination of the database with classified, UCNI, OUO, or other controlled information. Any ORPS report determined to be classified or controlled by current classification or control guidance must be submitted using the appropriate secure transmission means. However, with the exception of entry into the ORPS database, all other reporting requirements ([HNF-PRO-060](#)) must be met. In addition, an unclassified version of the Occurrence Report that has been sanitized of all controlled information must be submitted to ORPS within the required time frames. Occurrence reports involving incidents of counterintelligence concern (e.g., foreign persons, governments, organizations, entities or influence) will not be entered or referenced in the ORPS database..

NOTE: Writing the Report to Accommodate Direct DTS Entry: FH management, at their discretion, may direct that additional internal tracking information be included in Field 30, *Immediate Actions Taken and Results*, Field 32, *Description of Cause*, and Field 39, *Corrective Actions*. Use of the additional information will allow for direct Deficiency Tracking System (DTS) entry of the occurrence report, eliminate the use of some forms, and show increased efficiency in the corrective action management process. Note that this will generally apply to Significance Category 3 and higher occurrences. Refer to [HNF-PRO-052](#), *Corrective Action Management* for additional information. The applicable fields below (30, 32, and 39) include the additional information requested for direct entry into DTS.

NOTE: Required Fields for Occurrence Reports: Fields with the asterisk (*) are required for ALL reports; those with the pound sign (#) are required under certain conditions. For a Notification or Cancelled Report, fields 1-13, 16-22, 24, 25, 28-30 and 34 are required. For the Short Form Report, fields 1-13, 16-22, 24, 25, 28-30, 34 and 35 are required. If your assigned Significance Category (See Field #22) is "4", the report is a "Short Form" or SC-4 report. For additional instructions and requirements, see the [Report Writer's Guide](#).

FACILITY/PERSONNEL INFORMATION

***1. Occurrence Report Number:**

Report Type and Date:

	Date	Time (PTZ)
Notification Report:		
Short Form Report:		
Update Report:		
Final Report:		
Cancelled Report:		

***2. Facility Name:**

***3. Facility Function Code:**

***4. Site Name:** Hanford Site

***5. Manager/Designee:**

***6. Manager Phone:**

***7. Job Title:**

Manager Contractor Name:

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*8. Originator/Transmitter:

*9. Originator Phone:

*10. Originator/Title:

Originator Contractor Name:

*11. Division/Project:

*12. Secretarial Office:

*13. System/Building/Equipment:

*14. Authorized Classifier/Reviewing Official:

*15. Classification Date:

*16. UCNI:

*17. Plant Area:

*18. Discovered Date/Time:

*19. Categorized Date/Time:

OCCURRENCE DESCRIPTION

*20. Subject/Title of Occurrence:

*21. Reporting Criteria:

*22. Significance Category:

Cancel Report:

Is this a cancelled report? Yes No

#23. Recurring Event:

Is this a recurring event? Yes No

*24. Subcontractor Involved:

Yes No If Yes, subcontractor(s) Name:

*25. Description of Occurrence:

NOTIFICATIONS MADE

#26. DOE-HQ OC Notification:

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Date	Time	Person Notified	Organization

#27. Other Notifications:

Date	Time	Person Notified	Organization

FACILITY INFORMATION AT TIME OF OCCURRENCE

***28. Operating Conditions:**

***29. Activity Category:**

***30. Immediate Actions Taken:**

- 1.
- 2.
- 3.
- 4.

Internal Tracking Information (optional):

CAUSE INFORMATION

#31. Causes:

Apparent Cause(s):

Root Cause:

#32. Description of Cause:

Internal Tracking Information (optional):

EVALUATIONS

#33. Evaluation by Manager:

***34. Further Evaluation Required:**

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Is Further Evaluation Required? Yes No

Before Further Operations? Yes No

Name of person performing evaluation:

Estimated date evaluation will be completed:

DEFICIENCIES, LESSONS LEARNED, AND CORRECTIVE ACTIONS

#35. Integrated Safety Management (ISM) Code(s):

#36. Lessons Learned:

#37. Similar Occurrence Reports:

1.

2.

3.

#38. User Defined Field #1:

User Defined Field #2:

#39. Corrective Actions:

Corrective Action #1

Target Completion Date:

Local CA Tracking Number (required):

CA Description:

Corrective Action #2

Target Completion Date:

Local CA Tracking Number (required):

CA Description:

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Corrective Action #3

Target Completion Date:

Local CA Tracking Number (required):

CA Description:

Corrective Action #4

Target Completion Date:

Local CA Tracking Number (required):

CA Description:

Internal Tracking Information (optional):