OCCURRENCE REPORT QA CHECKLIST

April 18, 2007 (changes highlighted)

ORPS FACILITY_____REVIEWER 1_____DATE_____REVIEWER 2_____DATE_____

FM TRAINED (Y/N)_____ORIGINATOR TRAINED (Y/N)_____REPORT TYPE (N/SF/U/F)_____

ITEMS TO BE REVIEWED	Y	N	COMMENTS
(1) OCCURRENCE REPORT NUMBER			("Pending" or ORPS-generated number)
REPORT TYPE AND DATE (Verify correct)			
(2) FACILITY NAME			
(3) FACILITY FUNCTION CODE			(Balance-of-Plant)
(4) SITE NAME			(Hanford Site)
(5) MANAGER/DESIGNEE			
(6) MANAGER PHONE			
(7) JOB TITLE			
MANAGER CONTRACTOR NAME			
(8) ORIGINATOR/TRANMSITTER			
(9) ORIGINATOR PHONE			
(10) ORIGINATOR/TITLE			
ORIGINATOR CONTRACTOR NAME			
(11) DIVISION/PROJECT Is the correct project listed? No acronyms should be used.			
(12) SECRETARIAL OFFICE (Verify correct)			
(13) SYSTEM/BUILDING/EQUIPMENT (Verify correct)			
(14) AUTHORIZED CLASSIFIER/REVIEWING OFFICIAL If applicable to reporting facility.			
(15) CLASSIFICATION DATE (if applicable)			
(16) UCNI (Verify "No"; cannot be "Yes" on ORPS)			
(17) PLANT AREA (Verify correct)			
(18) DSCOVERED DATE/TIME Do the date and time of discovery accurately reflect when cognizant facility staff discovered the event was reportable?			
(19) CATEGORIZED DATE/TIME (Verify correct)			
(20) SUBJECT/TITLE OF OCCURRENCE Is the subject/title accurate in describing the occurrence?			

(21) REPORTING CRITERIA (As many as apply can be used) **Are the reporting criteria correct and do they accurately identify why the event is reportable?**			**NOTE: Legacy events categorized under Group 6.B(4) SC-4 are rolled-up into a quarterly report. Place completed DAR entries for these events into folder at workstation #4.**
(22) SIGNIFICANCE CATEGORY **Verify highest significance category is selected, based on the reporting criteria (automatically selected on the ORPS database).**			
CANCEL REPORT (Verify Yes or No is checked)			
(23) RECURRING EVENT (Verify Yes or No is checked) **If "Yes" is checked, report is automatically a Significance Category R occurrence.**			
(24) SUBCONTRACTOR INVOLVED **Should be checked "Yes" or "No". If "Yes" is checked the subcontractor(s) name must be provided. Otherwise, "No" must be checked for all reports.**			
(25) DESCRIPTION OF OCCURRENCE **Does the description contain all of the following that apply?:** ▪ **A clear, factual, logical flow of information, including adequate background information and descriptions of facility processes/activities (required)** ▪ **Abbreviations and acronyms explained (required)** **The following items must be included if they apply to the event:** ▪ **The method of discovery** ▪ **Any component failures and failure modes** ▪ **Any personnel errors involved, including the type and result of the error** ▪ **Any procedure problem encountered** ▪ **The response of any automatic or manual safety systems and the signals that initiated and terminated their operation** ▪ **The duration of any failures** ▪ **Operator actions that affected the course of events** ▪ **The loss of any safety equipment** **If a contamination event, are contamination levels and the size of contaminated areas given (i.e., 20,000 dpm/100cm2)?**			
(26)) DOE-HQ OC NOTIFICATION **All "prompt notifications" to DOE-HQ must use this field.**			
(27) OTHER NOTIFICATIONS **DOE Facility Representative information is required for all Significance Category 1 occurrences, all occurrence categorized under (*) criteria, and all Significance Category 2 occurrences, at the discretion/direction of DOE RL or ORP.**			

(28) OPERATING CONDITIONS **Is the operational status of the facility or event area adequately described? For non-operational events, "Does Not Apply" can be used.**			
(29) ACTIVITY CATEGORY **Is the activity category chosen accurate and supported by the information in the report?**			
(30) IMMEDIATE ACTIONS **Are the immediate actions appropriate based on event description?**			
(31) CAUSES **All apparent causes must be selected, as appropriate.** **Significance Category OE, 1, R and Near Miss occurrences *require* a Root Cause determination (and any other causal factors that may apply)** **Significance Categories 2 and 3 require Apparent Cause determination (and any causal factors that may apply)** **Significance Category 4 occurrences (Short Form Reports) require no causal analysis.** **NOTE: Any causes designated as "A3" (Human Factors) must have an associated "couplet" which is another cause code from the list provided on the ORPS database (guidance is also provided in the ONC Reference Book). The rationale is that human factors cannot be the only causal factor for a reportable event/condition.**			
(32) DESCRIPTION OF CAUSE **Each cause (including couplets, if applicable) listed must be described in detail, including analysis results.** **Each cause (including couplets, if applicable) must have a corrective action with a detailed description to demonstrate that it is adequate to prevent recurrence. Also, link each cause to the CA number in the Corrective Action field. (required)** **Is the methodology used for the causal analysis described? (required)** **If applicable, are any corrective actions identified from the analysis of similar occurrences included?** **Are the causes discussed in order and separated for readability?**			

(33) EVALUATION BY FACILITY MANAGER **Does the evaluation reflect the impact on the plant, systems, programs, etc.?** **If applicable, are similar occurrences discussed as they may relate to a generic or programmatic problem?** **If there are no similar occurrences, is there a statement verifying a search was done and no similar occurrences were found that had an impact on this report?** **Required for Final Reports and Notification Reports when both answers in Further Evaluation Required field are "yes" (i.e., event caused an operation to shut down)**			
(34) FURTHER EVALUATION REQUIRED **If "N" is checked, nothing else is required for this field. Must be "N" for a Final Report, Short Form Report and Cancelled Report; should be "Y" for all others.** **If "Y" is checked, the next question "BEFORE FURTHER OPERATION?" must be checked Yes or No** **If BEFORE FURTHER OPERATION? is "Y", the person or organization performing the evaluation and the anticipated date of completion must be provided AND an initial evaluation in Evaluation by Facility Manager field must be completed**			
(35) ISM CODE **At least one code must be selected, more if desired. Required for all Final Reports, including Short Form Reports.**			
(36) LESSONS LEARNED **Do the lessons learned clearly identify good practices or negative aspects of the occurrence that can benefit other facilities in the DOE complex? (required)** **SC-2 and higher occurrences require a *formal* lessons learned (see Corrective Action field); SC-3 occurrences require a lessons learned *statement*, at a minimum.**			
(37) SIMILAR OCCURRENCE REPORTS **Are similar report numbers (if applicable) listed in the correct format?** **Report numbers should identify similar occurrences that may suggest a generic problem and/or may result in a common lessons learned.** **NOTE: Information from the analysis of similar occurrences may generate information for other fields (Description of Cause, Evaluation by Facility Manager).**			
(38) USER-DEFINED FIELD #1 **This field is optional on all reports. Can be used for facility-specific information or a cross-reference to performance-indicator data.**			
USER-DEFINED FIELD #2 (Same as above)			

(39) CORRECTIVE ACTIONS **Do the corrective actions address the causes (including couplets, if applicable) identified in the Description of Cause field, and correlate to the corrective actions identified therein? (required)** **Do all corrective actions have a target completion date and a corrective action record file (CARF) number? (required)** **Do all SC-2 and higher occurrences include an action to *perform an effectiveness review* for all corrective actions identified in the Final Report? (SC-2 must be 'SI' per PRO-52) (required)** **Do all Group 10(3) near miss occurrences include an action to *perform an effectiveness review* for all corrective actions identified in the Final Report? (required)** **Do all SC-2 and higher occurrences include an action to *transmit a formal lessons learned to the PHMC Lessons Learned coordinator*? (required)** **Is the text clear and descriptive of what will be done to correct the condition and prevent recurrence?**			
VALIDATION QUESTIONS: (All 4 questions must be "Yes" for a Final Report, prior to submittal. Any FM insisting on report submittal will be referred to EP management. Notification, Short Form, and Update Reports require a "Yes" for question #1 only.) **1. After reading the report, can you understand what happened and does the report follow a logical flow throughout (acronyms spelled out, processes explained in sufficient detail to understand the full report)?** **2. Can you understand the causal analysis for the occurrence, and is the causal analysis methodology explained?** **3. Can you understand the corrective actions and do they adequately address the causes and identify ways to prevent recurrence?** **4. IF similar occurrences are listed, is text included to ensure the facility has adequately evaluated the event from a full perspective? Examples:** **a. Do reports from past years show that corrective actions have not prevented recurrence, i.e., the root cause may have been inadequate?** **b. Is the event isolated or programmatic in nature?** **c. If similar occurrences are not listed (do no apply), is there a statement (Evaluation by Facility Manager) confirming there are no similar occurrences relating to this occurrence report?**			