

[Click here to see Occurrence Instructions.](#)

[Click here to see 2-hour Notification Instructions](#)

Part A: Notification or Notification/Final					
Occurrence ID Number:	EM-ORO-BJC-		Occurrence Type:		
			<input type="checkbox"/> (2-hour Notification)	<input type="checkbox"/> Written Notification	<input type="checkbox"/> Update
(Name of Facility):			<input type="checkbox"/> Notification/Final	<input type="checkbox"/> Final/Revised Final	
Facility Function:			(Significance Category):	<input type="checkbox"/> SC-OE	<input type="checkbox"/> SC-R
				<input type="checkbox"/> SC-1	<input type="checkbox"/> SC-3
				<input type="checkbox"/> SC-2	<input type="checkbox"/> SC-4
(Laboratory, Site, or Organization):					
Facility Manager/ Designee:		Title:		Telephone Number:	
Division or Project:			Secretarial Office:	ENVIRONMENTAL MANAGEMENT	
(System, Building or Equipment):		UCNI?	NO	(Plant Area):	
(Date Discovered):			Date Categorized:		
(Time Discovered ETZ):			Time Categorized ETZ:		
Subject or Title of Occurrence:					
Reporting Criteria:			Activity Category:		
(Operating Conditions of Facility at Time of Occurrence):					
(Description of Occurrence):					
Is Subcontractor involved? <input type="checkbox"/> Yes <input type="checkbox"/> No			Subcontractor Name:		
(Immediate Actions Taken and Results):					
ISM Core Function Code:					
Evaluation (by Facility Manager/Designee):					
Is Further Evaluation Required? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If YES – Before Further Operation? <input type="checkbox"/> Yes <input type="checkbox"/> No					
By Whom:			By When:		
DOE-HQ EOC/TEMA Notification:	<u>Date</u>	<u>Time</u>	<u>Person Notified</u>	<u>Organization</u>	
(Other Notifications):	<u>Date</u>	<u>Time</u>	<u>Person Notified</u>	<u>Organization</u>	

Part B: Final/Revised Final		
Cause Codes:		
Description of Cause:		
Lessons Learned:		
Similar Occurrence Report Numbers:	Subject Matter Area:	
ICATS Issue ID: Corrective Actions		
Sequence Number:		
Corrective Action Description:		
Target Completion Date:	Responsible Organization Code:	
Action Owner: <i>(Print Name)</i>	Signature:	Badge Number:
Sequence Number:		
Corrective Action Description:		
Target Completion Date:	Responsible Organization Code:	
Action Owner: <i>(Print Name)</i>	Signature:	Badge Number:
Sequence Number:		
Corrective Action Description:		
Target Completion Date:	Responsible Organization Code:	
Action Owner: <i>(Print Name)</i>	Signature:	Badge Number:
Sequence Number:		
Corrective Action Description:		
Target Completion Date:	Responsible Organization Code:	
Action Owner: <i>(Print Name)</i>	Signature:	Badge Number:

Part C: Occurrence Approval/Transmittal			
Authorized Derivative Classifier: <i>(Print Name)</i>	Signature:	Date:	Badge Number:
Manager of Projects/Functional Manager/Designee: <i>(Print Name)</i>	Signature:	Date:	Badge Number:
Quality Engineer: <i>(Print Name)</i>	Signature:	Date:	Badge Number:
Technical Information Officer: <i>(Print Name)</i>	Signature:	Date:	Badge Number:
Quality Assurance <i>(Prior to processing):</i> <i>(Print Name)</i>	Signature:	Date:	Badge Number:
Optional Reviewer: <i>(Print Name)</i>	Signature:	Date:	Badge Number:
Transmitted to ORPS by: <i>(Print Name)</i>	Signature:	Date:	Badge Number:

PART A: Notification or Notification/Final
Required for "2-Hour Notifications" (In Blue section)

SECTION	INSTRUCTIONS
Occurrence Type	Select the type of occurrence that is being submitted from one of the report types listed.
Name of Facility	Project Name (ETTP Facility D&D/K-25/K-27 Project; ETTP S&M & Cylinders; ETTP Waste Ops/BOPCP; Melton Valley Closure Project; Bethel Valley/BOPCP; or Waste Management)
Facility Function	Facility Function code that best describes the activity/function performed at the facility selected (ex. Environmental Restoration Operations)
Significance Category	<p>Significance Categories determine the level of actions to be taken for each occurrence reported in Occurrence Report Processing System (ORPS). This section is dependent upon the Reporting Criteria.</p> <p>There are six Significance Categories, Operational Emergencies (OE), 1, Recurring (R), 2, 3, and 4. (With two exceptions [Group 10, Criterion (2) and (3)], each ORPS reporting criterion has specific Significance Categories assigned.)</p> <p>When multiple reporting criteria are designated - as should be done when appropriate - the most significant of the various associated Significance Categories will apply to the occurrence.</p> <p>SC-OE: Operational Emergency Occurrences are the most serious occurrences and require an increased alert status for onsite personnel and, in specified cases, for offsite authorities.</p> <p>SC-1: Occurrences in this category are those that are not Operational Emergencies and that have a significant impact on safe facility operations, worker or public safety and health, regulatory compliance, or public/business interests.</p> <p>SC-R: Occurrences in this category are those identified as recurring, as determined from the periodic performance analysis of occurrences across a site.</p> <p>SC-2: Occurrences in this category are those that are not Operational Emergencies and that have a moderate impact on safe facility operations, worker or public safety and health, regulatory compliance, or public/business interests.</p> <p>SC-3: Occurrences in this category are those that are not Operational Emergencies and that have a minor impact on safe facility operations, worker or public safety and health, regulatory compliance, or public/business interests.</p> <p>SC-4: Occurrences in this category are those that are not Operational Emergencies and that have some impact on safe facility operations, worker or public safety and health, public/business interests.</p>
Laboratory, Site, or Organization	Identify the site or the contractor organization of the Facility Manager/Designee's site.
Facility Manager/Designee Title Telephone Number	Enter the name, title, and phone number of the responsible facility manager or designee who approved this report.
Division or Project	Identify the project or the contractor organization responsible for the facility at which the occurrence took place.
Secretarial Office	Environmental Management (included on form)
System, Building, or Equipment	Identify all systems, equipment, or structural items involved in the occurrence, as applicable. In addition, in the case of component failures or defective parts or materials, provide such information as the manufacturer, model number, and size. The most significant item(s) should be listed here. Additional information can be provided in the Description of Occurrence.
UCNI? NO	Classified information MUST NOT be transmitted to the Occurrence Reporting and Processing System. For classified reports, an unclassified version of the report shall be submitted to ORPS.
Plant Area	Indicate the name of the site-specific plant area (e.g., F-Area, M-Area) where the occurrence took place.
Date and Time Discovered	<p>Enter the date and time when the person discovered the event or condition being reported.</p> <p>You must enter the date in MM/DD/YYYY format, and the time in military format (hhmm), with midnight represented as 0000 on the second day. Examples: 06/30/1996, not June 3, 1996 0630, not 6:30 AM or 1830, not 6:30 PM</p>

Date and Time Categorized	<p>Enter the date and time when the Facility Manager determined that the event or condition constituted a Reportable Occurrence and determined its category (Significance Category 1-4, R, or OE).</p> <p>You must enter the date in MM/DD/YYYY format, and the time in military format (hhmm), with midnight represented as 0000 on the second day. Examples: 06/30/1996, not June 3, 1996 0630, not 6:30 AM 1830, not 6:30 PM</p>
Subject or Title of Occurrence	Enter a brief title or description (140 characters or less) that best details the nature, cause, and result of the occurrence.
Reporting Criteria	Select one or more reporting criterion/Criteria as discussed in Attachment C of BJC-PQ-1220, Occurrence Notification and Reporting procedure. All of the specific reporting criteria applicable for an occurrence should be identified.
Activity Category	<p>Select the activity that best describes the ongoing activity at the time of the occurrence.</p> <p>01 - Construction 02 - Maintenance 03 - Normal Operations (other than Activities specifically listed in this Category) 04 - Start-up 05 - Shutdown 06 - Facility/System/Equipment Testing 07 - Training 08 - Transportation (For search only) 08A - Transportation Onsite 08B - Transportation Offsite 09 - Emergency Response 10 - Inspection/Monitoring 11 - Facility Decontamination/Decommissioning 12 - Research</p>
Operating Conditions of Facility at Time of Occurrence	Describe the operational status of the facility or equipment at the time of the occurrence including, for example, pertinent temperatures, pressures, or other parameters necessary for evaluation of the occurrence and its consequences. If said information is not applicable, enter "Does not apply."
Description of Occurrence	<p>The following instructions should be followed when entering the description of the occurrence:</p> <ol style="list-style-type: none"> The first paragraph of the Occurrence Description should relay the essential nature of the event (i.e., a summary of the occurrence in newspaper style). All information should be clear and succinct. Avoid redundant and unnecessary text, and lengthy "log book" accounts, unless a discussion of the event in chronological order is considered essential to understanding the event. Complex and more significant occurrences should warrant a greater level of detail. Significance Category 4 occurrences would likely need only a short paragraph under Occurrence Description. However, all reports should present enough information so that the general reader understands why the event needs to be reported and what the effect is. Avoid jargon and uncommon or site/facility-specific abbreviations and acronyms. If used, acronyms should be initially spelled out. Unless necessary to record and explain the event (e.g., suspect/counterfeit items or material), use general descriptions of equipment, procedures, etc., rather than presenting lengthy detailed titles and the numbers and letters assigned to those items. Quantify the level of contamination, dose, release, and damage (e.g., estimate the acres of wild land burned) when possible, instead of merely stating a reportable limit was exceeded. Use active rather than passive voice whenever possible. For example, write, "The electrician severed the conduit" rather than "the conduit was severed." <p>The type of information to be provided in the description includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> The method of discovery; Any component failures and the failure mode; Any personnel errors involved, including the type and result of the error; Any procedural problem encountered; The response of any automatic or manual safety systems and the signals which

	<p>initiated and terminated their operation;</p> <ul style="list-style-type: none"> • The duration of any failures; • Operator actions that affected the course of events; and • The loss of any safety equipment. <p>When appropriate for clarification, photos, sketches, and drawings should be maintained with the occurrence report record.</p> <p>For recurring events, include all pertinent information to describe how the event was determined to be recurring.</p>
Is Subcontractor involved? Subcontractor Name	If a subcontractor is involved in this occurrence, choose <i>Yes</i> . Otherwise choose <i>No</i> . If <i>Yes</i> is selected, enter the name of the subcontractor(s).
Immediate Actions Taken and Results	Describe the immediate or remedial actions taken to return the facility, system, or equipment item to service; to correct or alleviate the anomalous condition; and to record the results of those actions. These may include temporary measures to keep the facility in a safe standby condition or to permit continued operation of the facility without compromising safety until a more thorough investigation or permanent solution can be implemented.
ISM Core Function Code	Enter one or more ISM Function code(s) to identify an observed weakness (es) in the facility's implementation of the ISM program (e.g., failure to properly define the work scope, or failure to perform an adequate activity level hazards analysis).
Evaluation (by Facility Manager/Designee)	<p>With the information available, the Facility Manager should provide his or her evaluation of the occurrence and its effect or possible effect on the plant, system, program, etc.</p> <p>The Facility Manager may later supplement this evaluation with additional entries in Update reports or in the Update/Final report.</p> <p>This field is required for all Notification reports where "Further Evaluation Required" is "Yes" and "Before Further Operation" is "Yes". It is also required for all Update and Final reports, but it is optional for Significance Category 4 (Notification/Final) Reports.</p>
Is Further Evaluation Required? If YES, Before Further Operations? By Whom? By When:	<p>If this occurrence will require further evaluation, choose "Yes." Otherwise choose "No."</p> <p>For Cancelled and Update/Final Reports, "Further Evaluation Required" should be "No."</p> <p>If further evaluation is required, specify if this occurrence will require further evaluation before further operation.</p> <p>If further evaluation is required before further operation, enter the name of the person who will perform further evaluation on this occurrence and the date when the further evaluation will be completed. Date format is MM/DD/YYYY. These fields are required for all reports where "Further Evaluation Required" is "Yes" and "Before Further Operation" is "Yes."</p>
DOE-HQ EOC Notification	<p>Enter the date and time when the DOE HQ Operations Center was notified and the name and organization of the person notified. Date format is MM/DD/YYYY, and the time in military format (hhmm), with midnight represented as 0000 on the second day.</p> <p>These fields are required for all reports that are categorized as Operational Emergencies and Significance Category 1 occurrences. The field is also required for Significance Category R and 2 occurrences as directed by the Field Office. In addition, the field is required for specific Significance Category 2, 3, and 4 occurrences identified with an asterisk next to the reporting criteria.</p>
Other Notifications	<p>Enter the date(s) and time(s) of notification of state and local officials or other agencies and the name(s) and organization(s) of the individual(s) notified. Additional information can be provided in the Immediate Actions Taken field. Date format is MM/DD/YYYY.</p> <p>Example: June 3, 1996 --> 06/03/1996</p> <p>The time format is military time: hhmm, with midnight represented as 0000 on the second day.</p>

PART C: Occurrence Approval/Transmittal

Completion of Part C is required for transmittal of all Occurrence Reports.

PART B: Final/Revised Final

SECTION	INSTRUCTIONS
Cause Codes	From the Causal Analysis Tree (see Attachment D of BJC-PQ-1220, Occurrence Notification and Reporting procedure), select all of the cause codes that best represent the cause(s) of the event. <u>Human Factors</u> : If you select A3 (Human Factors) as the cause code, an associated cause code (couplets) that is related to the human factor must also be identified.
Description of Cause	Discuss the causes of the occurrence to include all causes and the corrective actions identified, including causal analysis contributing to a recurring event. Do not repeat a description of the occurrence, but discuss the results of the causal analysis. The root cause analysis methodology used should be identified. A detailed description of the corrective actions is required to demonstrate that the identified actions will adequately address the cause(s) of the problem.
Lessons Learned	Describe what lessons can be learned from this occurrence, in order to help prevent similar events from happening. NOTE: SC-2 and above occurrences also require a formal lessons learned be submitted via BJC Lessons Learned Program.
Similar Occurrence Report Numbers	Indicate by their report numbers any similar occurrence(s) of which you are aware for this facility or other facilities, including similar occurrences contributing to a recurring event. A discussion describing the analysis of similar occurrence reports should be included in the "Immediate Actions" or "Cause Description" section, as appropriate. Also, identify any known commercial reactor Licensee Event Reports (LER) or other related documents that describe similar occurrences. The purpose of this item is to identify, if recognized, occurrences that might suggest a generic problem. It also serves to identify generic problems that may result in single or common lessons learned.
Subject Matter Area	Select the appropriate subject matter area from the Issues Appendices Information on the Issues Management Homepage.
Corrective Actions	
ICATS Issue ID	Enter I/CATS Issue ID number.
Sequence Number	Number each action sequentially.
Corrective Action Description	Enter a complete description of the corrective action.
Target Completion Date	Enter the target date when completion of the corrective action is anticipated.
Responsible Organization Code	Enter the appropriate code number of the organization responsible for completion of this action.
Action Owner	Print/Type name of Action Owner responsible for completion of this action.
Signature	Signature of Action Owner accepting responsibility of this action.
Badge Number	Badge Number of Action Owner
NOTE: Corrective Actions completed prior to submittal of Final Report must also be documented on BJCF-1001, <i>Closure Detail Template</i> , and closure documentation attached. MUST BE SUBMITTED WITH FINAL REPORT.	

PART C: Occurrence Approval/Transmittal

Completion of Part C is required for transmittal of all Occurrence Reports.