Environmental Program Internal Assessment Guide

Version 1.0

27 March 2013

Developed by the U.S. Army Environmental Command

Acknowledging the past…
by restoring Army lands to useable condition and preserving cultural
and historical resources.

Engaging the present…
by meeting environmental standards, enabling operations, and
protecting Soldiers, Families and communities.

Charting the future…
by institutionalizing best practices and the use of technology to ensure
future environmental resiliency.

This Internal Assessment Guide provides an example of how an installation may meet its requirements to conduct an annual Internal Environmental Performance Assessment (I-EPAS). Any questions or suggested revisions to this guide should be forwarded to the US Army Environmental Command Sustainability Support Branch via the AEC website: http://aec.army.mil/usaec/contactus.html.

Table of Contents

Contents

1.0 OVERVIEW

The 2007 US Army Posture Statement committed the Army to a path to sustainability utilizing a systems approach to planning and decision-making designed to sustain the natural infrastructure. The Army to this day continues its commitment to full and sustained compliance with all applicable environmental, natural and cultural resource laws and regulations and other requirements. As such, the Army continues to integrate program management procedures and practices to capitalize on the synergistic relationship between environment and sustainability in order to maximize the benefit from program management improvement opportunities. In order to measure progress toward meeting its established legal and other requirements, including its installation/garrison strategic planning goals and objectives, Army environmental programs follow the Deming Cycle based on a well-established Plan-Do-Check-Act (PDCA) framework. The framework incorporated into the Environmental Management System (EMS) provides a simple but effective and disciplined approach for monitoring program performance and achieving sustainability.

As part of the "Check" function within the PDCA framework, the US Army Environmental Command (AEC) manages the Active Army Environmental Performance Assessment System (EPAS) program. The EPAS is executed as an "external" assessment on a 3-year cycle, integrating two parts: management and compliance assessments. It is designed to help installations identify those risks which may affect their Triple-Bottom-Line of Mission, Environment, and Community plus analyze any economic benefit and recommend solutions before they become higher-level issues. However, due to the cyclic basis of the external EPAS, a natural gap in performance measurement exists which must be filled. Conducting a viable installation-level internal environmental assessment program is a vital component of the overall EPAS. Internal assessments are designed to maintain focus on those issues identified during the external EPAS while proactively identifying and correcting issues that were not identified or that occurred in the years when the external EPAS did not take place. By proactively identifying new issues arising in the interim the installation will further improve its overall posture supporting the Triple Bottom Line.

2.0 PURPOSE

This guide, designed for Installation Management Command (IMCOM) but applicable to all Army installations, provides environmental staff a step-by-step tool for preparing and executing an internal assessment program. This guide will also assist the user in meeting AR 200-1 and Department of Defense (DoD) policy guidance while providing the flexibility to develop their own procedures for internal assessment and evaluation of compliance. The ultimate goal of the internal assessment program is to promote mission readiness and to protect the community and environment by continually upgrading environmental performance.
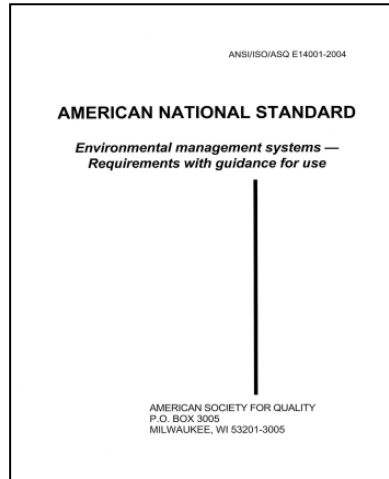
This is only a guide and provides the installations the flexibility to develop their own local procedures for conducting internal assessments.

3.0 GUIDANCE

An annual internal compliance assessment is required by AR 200-1, DoDI 4715.5, DoDI 4715.6 and further clarified in the DA Assistant Chief of Staff for Installation Management (ACSIM) Policy Guidance: Environmental Management and Assessment Requirements dated 12 Oct 2010. The scope of the internal assessment will include a review of the programmatic elements of the EMS for conformance to the ISO 14001 standard and the installation's own procedures; and should also include a review of manpower and budgeting. The scope must include a comprehensive compliance review of each individual environmental media program as all media areas are expected to have some level of oversight during each fiscal year. It is the environmental managers' responsibility to ensure all environmental programs have been assessed in order to determine whether they effectively meet performance objectives and whether they have sufficient structure and formality to assure that activities are conducted in a manner that is consistent with all legal and other requirements. Installations should determine the most appropriate way to evaluate their overall environmental program and each individual media area. However, in years that an external EPAS is conducted, the installation need only conduct a complete internal assessment for those media areas that were not assessed, sites not visited and the EMS. Managers have the flexibility to design their own process or modify the recommendations within this guide based on the varying missions, operations and conditions at their installations.

Execution of a well-planned internal assessment program will provide the Garrison Commander:

- Status on the viability of the overall Environmental Program and each individual media area;
- Status on those environmental program elements which support the IMCOM Campaign Plan, Garrison's Strategic Plan, and support for the installation mission requirements;
- Status on adherence to legal and other requirements;
- And lastly, a root cause analysis defining the issues, their causes, and corrective and preventive actions meant to prevent future occurrences.

In the year an external EPAS is conducted, the installation need only conduct an assessment of the compliance media areas and locations not covered as well as a full internal EMS

4.0 ELEMENTS OF A SUCCESSFUL ASSESSMENT

In general, assessments, whether environmental or not, are comprised of 3 sets of activities, each with their own distinctive sub-elements: Pre-Assessment Activities, Assessment Activities and Post-Assessment Activities. Figure 1 provides an overview of some common elements to consider when establishing your installation assessment plan and procedure. Pre-Assessment activities include all the administrative elements required to set the stage for a successful assessment program such as developing an overall plan, selecting the approach, scope, assessors, team composition and contacting stakeholders. Assessment activities include document review, facility site visits, interviews to collect and verify pertinent information, and individual findings generation and validation. Post-Assessment activities include writing the final report, developing an installation corrective action plan (ICAP), communicating results to interested parties including senior leadership, and developing a process for continuous monitoring of the ICAP.

> *Assessments are typically comprised of three sets of activities: Pre-Assessment, Assessment and Post-Assessment.*
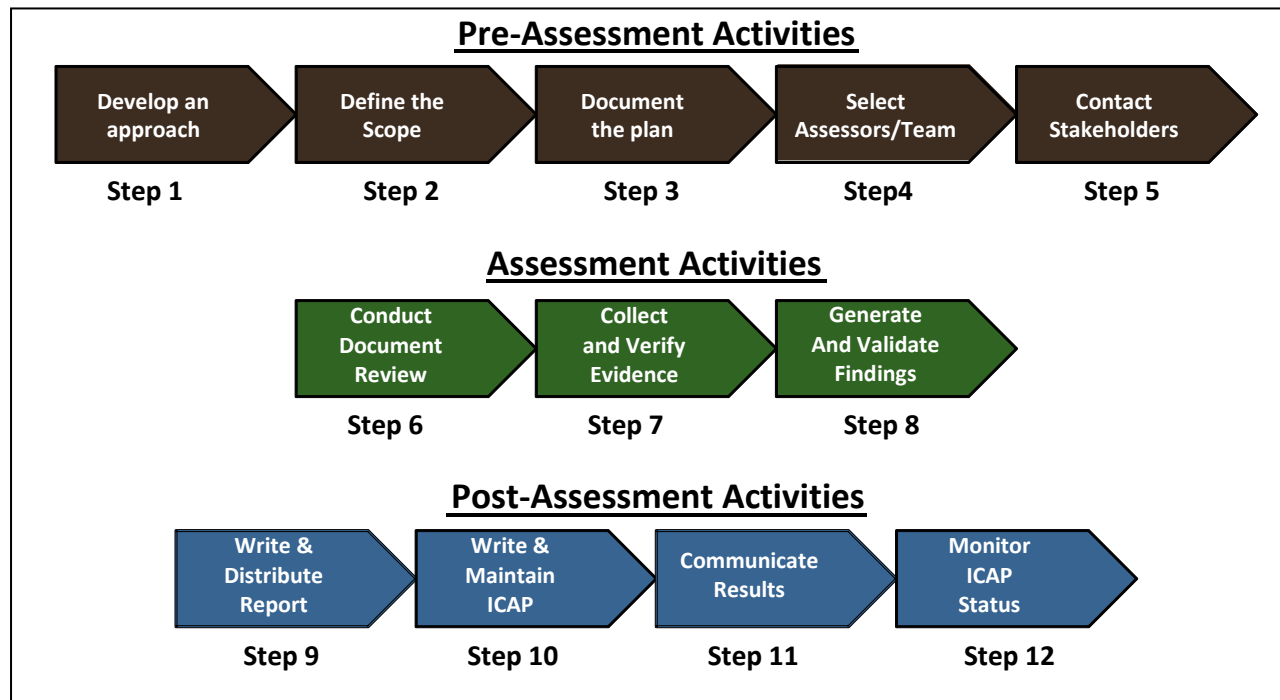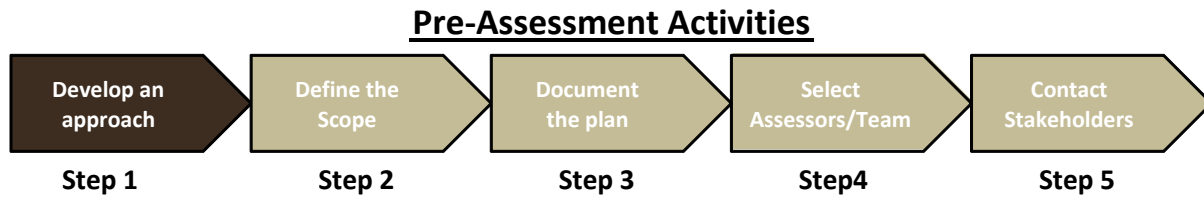

Figure 1: Elements of a successful assessment

4.1 PRE-ASSESSMENT ACTIVITIES

Pre-Assessment Activities

Develop an approach	Define the Scope	Document the plan	Select Assessors/Team	Contact Stakeholders
Step 1	Step 2	Step 3	Step4	Step 5

4.1.1 Develop an Approach

The assessment planning process is perhaps the most critical element of the Pre-Assessment Activities and is the responsibility of the senior environmental manager. The planning process details the overall concept and approach of the program to include development of a scope, the completion of a planning template which identifies the "what", "who" and "how often" of the media aspects, and finally the development of a detailed assessment schedule.

There is no legal or other requirement dictating the single best approach for conducting internal assessments. For the purpose of this guide approach will be limited to a discussion on scheduling to include conducting the EMS audit and selection of assessor pool. These two planning factors and their variations when combined with the scoping elements, form the overall basis of the internal assessment plan.

> *Approach development involves selecting who will conduct the assessment and how it will be conducted.*

4.1.1.1 Scheduling (how):

Many organizations find it easier and more beneficial to schedule their assessments one time per year blanketing the entire installation. While this is an accepted approach it may not be the best use of human capital resources. ACSIM guidance provides an alternative in that each individual internal assessment need not cover the entire system at one time, so long as the assessment ensures that all organizational units and functions, system elements, and the full scope of the environmental management system are assessed *periodically* (within the year). The installation may also choose to conduct a more phased assessment by dividing the installation by Facility, Tenant Unit, or Zone, etc. This approach is largely dependent the size of the installation and the ability of the environmental office to maintain a semi-rigid schedule ensuring no parts of the installation plan drop off.

Another scheduling factor involves determining when and how the EMS will be assessed. Historically most installations conduct their internal EMS audit separately and distinctly from their compliance assessments.   An alternative to this approach is to embed EMS-related questions within each of their media-specific checklists. Utilizing this approach reinforces the concept that the installation-developed EMS is a management tool and not just another program to be managed.   Imbedding EMS with the regular compliance checks

reduces human capital resource requirements and also encourages the entire environmental staff to learn and understand the EMS and the value it brings to the organization's management structure. Table 1 provides a synopsis of the scheduling planning factor for inclusion of EMS and the benefits and drawbacks.

Table 1: Schedule Approach Planning Factor			
Element	**Description**	**Benefits**	**Drawbacks**
Schedule: One Time-Annual Assessment (EPAS-like)	The scope of the assessment is conducted during a single period of time.	1. Provides the commander with a single snap-shot in time (normally a 1 to 2 week assessment period). 2. The assessment is completed in a timely fashion. 3. Less of a disruption to stakeholder operations. 4. Only a singular disruption to environmental office operations. 5. Singular data points correlate easily into a final report.	1. A single snap-shot in time does not necessarily provide an accurate picture of environmental operations. 2. Can be problematic if the installation has complex programs and a history of non-compliance. 3. Stakeholders may not be available during this single time period thus inherent data gaps may exist. 4. A large number of impartial assessors skilled in many media may be difficult to find.
Schedule: Phased Assessment.	The scope of the assessment is conducted multiple times over the course of the year split between Facility, Tenant, Zone or other logical sequence.	1. Works well only when the environmental program is functioning well and process owners experience few non-compliance issues. 2. Provides a more focused assistance to a facility, tenant, zone or area. 3. Rewards stakeholders for good performance by limiting number of visits. 4. Periodic results could be reported via the EQCC without being overshadowed by other higher visibility locations allowing for immediate feedback from the commander (both positive and negative).	1. Taxing on the environmental office as it may require a complete operational shutdown multiple times (for 1-5 days) per year. 2. Multiple data points over time may be difficult to correlate into a final report. 3. Requires a stringent reporting process.
Schedule: EMS Inclusive	EMS and Compliance related questions are contained in a single checklist/SOP.	1. Works well when media managers know EMS. 2. Supports the principle of EMS as the management "tool" and not a separate program to be managed. 3. Incorporates EMS-like processes/thinking into day-to-day culture. 4. Facilitates discovery of root causes.	1. Not all media managers or process owners are familiar with the concept of EMS. Note: They are not expected to be subject matter experts. 2. Additional initial effort required to customize checklist/SOPs to incorporate EMS-like processes/questions. 3. Still requires an EMS programmatic review.
Schedule: EMS Separate	EMS and Compliance are separate checklists conducted simultaneously.	1. EMS assessors are the expert leading to fewer inconsistencies in findings.	1. Does not support the principle of EMS as the management "tool" and not a separate program to be managed. 2. May end up isolating EMS as separate from Compliance. 3. Requires more analysis of Compliance findings to determine root cause. 4. Impacts process owners as they may be interviewed on more than one occasion (schedule dependent).

<u>*4.1.1.2 Assessor pool (who):*</u>

Installations may choose to conduct their assessments strictly utilizing their own environmental staff, assessors external to the installation e.g., from nearby installations, installation process owners or a combination of each. The advantage of utilizing external assessors is that they provide a truly independent assessment free of installation bias. Use of external assessors also provides an excellent opportunity for the sharing of Best Management Practices (BMP). Unfortunately in many cases, fiscal reality may prevent installations from utilizing staff from other installations.

In many instances process owners such as the unit Environmental Compliance Officers and Hazardous Waste Accumulation Point Managers are already tasked with conducting lower unit-level assessments throughout the year. These process owners may easily be encompassed by the overall plan but should be assessed on their overall knowledge, skills (historic performance throughout the year), and the environmental office's confidence they will self-report deficiencies.

Tier-1 and Tier-2 level assessments are the most commonly-used approaches to conduct internal assessments. Tier-1 is conducted solely by management level representatives i.e., the Environmental Office. Tier-2 is conducted utilizing both the process owners and the Environmental Office.

USAEC advocates the development of a Tier-2 level assessment approach, encompassing 100% of the environmental media and supplementing installation environmental staff, by having process owners periodically assess and report results and embedding EMS questions throughout the compliance checklists. Although the Tier-2 approach has been recommended, the remainder of this document provides additional general guidance for those installations choosing to utilize a more rigid Tier-1 approach. Table 2 provides a synopsis of the Assessor Pool planning factor variations and the benefits and drawbacks.

Regardless of how much individual process owners are used in the process, environmental media managers must remember to conduct verification site visits and assess the Program Management level requirements.

Table 2: Assessor Tool Approach Planning Factor			
Element	**Description**	**Benefits**	**Drawbacks**
Assessor Pool: Tier-1 Environmental Staff	Assessments are conducted exclusively by Environmental Staff.	1. Limited impact on process owners. 2. Environmental staff is the expert leading to fewer inconsistencies.	1. Burden for inspections rests solely on the environmental staff. 2. There may be knowledge gaps for those installations with smaller staffs in which a single individual must manage multiple media areas. 3. Provides for limited perspective if media manager assesses their own program. 4. Does not promote environmental ownership and responsibility at the process level.
Assessor Pool: Tier-1: External	Assessments are conducted by a team of assessors external to the Environmental Division or the installation.	1. Limited impact on process owners. 2. Provides for a less biased assessment. 3. Allows for sharing of BMPs amongst installations.	1. Travel funding may be an issue. 2. Requires greater planning and logistical support.
Assessor Pool: Tier-2 Process Owners	Primary compliance check performed by the stakeholder-process owner. Environmental staff performs routine oversight inspections and Programmatic level assessments.	1. Decreases burden on environmental office; eliminates a complete office shut down by having process owners (stakeholders) take responsibility. 2. Minimizes the risk of any installation, facility, tenant or zone shut-down. 3. Uses available data from other visits/assessments. 4. Reliance on shop-level checks will inherently increase their understanding of environmental requirements.	1. Increases burden on process owner which may impact their mission. 2. Process owners may feel they have other priorities, requiring more formal and comprehensive designation of duties e.g., formal appointments, TAPES, Military Rating etc. 3. Process owners (esp. military unit personnel) frequently change. 4. Process owners may not be an expert and may miss critical data points.

Pre-Assessment Activities

Develop an approach	Define the Scope	Document the plan	Select Assessors/Team	Contact Stakeholders
Step 1	Step 2	Step 3	Step4	Step 5
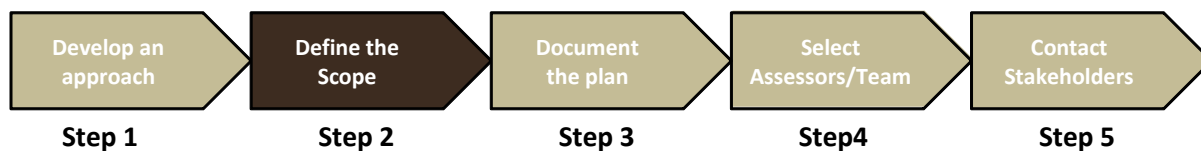
4.1.2 Define the Scope

Whether the installation chooses to conduct a Tier-1 or Tier-2 type assessment, a scope determination will still need to be made.   Scoping consists of identification of the legal and other monitoring requirements including those self-imposed by management (what) and their frequencies (how often), and identification of individual media risk-priorities (why). Once compiled, this information as well as that obtained during the approach development is used to build a "Draft" Internal Assessment Planning Summary Template. This information will then be combined with the programmatic level information (those areas monitored by the media program manager) into the "Final" Installation Internal Assessment Plan as shown in Figure 2.

It is recommended that each media manager develop their own separate planning template and maintain it as an EMS document annex to their Annual Management Work Plan.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6	Column 7	Column 8
Media Area (or Aspect)	Process or activity	Location (Building #/ Area)	Mandated Frequency/ Mandate	Installation Priority	Installation Frequency	Responsibility	Notes
Hazardous Waste	Hazardous Waste Accumulation Point (HWAP)	1997, 2201, 2285, 3356, 3422, 4373	Quarterly	High	Quarterly	Proc ess Owner	Significant Aspect and high regulatory scrutiny
			Quarterly	High	Semi-Annually	Program Manager	Significant Aspect and high regulatory scrutiny
TOSCA	Asbestos Containing Material (ACM)	1000, 1103, 1182, 2119, 2123, 2408, 2309, 2310, 2322, 2345, 3125, 3199	Annually	Low	Annually	ACM Program Manager	See Asbestos Program Manager for exact locations.

Figure 2: Internal Planning Summary Template

4.1.2.1 Extent of media coverage (what):

When determining the scope installations must remain cognizant that there are specific requirements contained within the ISO 14001 and DA ACSIM Policy Memorandum covering both EMS and Compliance categories. Specifically, all environmental media and the management system must be assessed each fiscal year. If for some reason the installation is unable to conduct a comprehensive media assessment coordination should be made with their higher headquarters and a memorandum for record signed by senior management should be produced and briefed as part of the EMS.

Installation environmental managers should already know, as part of their EMS aspect and impact analysis, what environmental media activities, products and services exist on their installation as well as where they are located. Once the media and locations have been identified an analysis must be conducted to determine the Federal, State or local legal and other "assessment" requirements which exists e.g., quarterly HWAP assessments and annual asbestos surveys etc. This information is recorded in columns 1 through 4 of the Internal Assessment Planning Summary template as shown in Figure 2.

> **Use of Geographical Information Systems (GIS) as a planning tool:**
>
> - Installations may consider developing GIS data layers indicating locations of aspects associated with their facilities, operations, or other assets throughout the installation.
> - The information is useful in providing an objective representation of how things are spatially related (e.g., hazardous waste locations in relationship to water resources).
> - Call-out boxes can provide detailed information such as type, size, quantity, etc.

4.1.2.2 Risk Determination (*why*):

Each media program manager must conduct a risk determination in order to determine site visit frequency. These may include significance of impacts, priority within installation planning objectives, previous compliance status, level of scrutiny received from the regulator, status of corrective actions and the ability to obtain funding etc.   The intent of risk determination is two-fold 1) to implement an additional level of control (more frequent assessments) for those media or areas which pose a greater risk to the triple-bottom-line or have greater economic impacts and 2) reduce the level of assessment controls for those media or areas which pose less risk. This could include those operations where process owners have shown a consistent ability to operate within regulations and guidelines. Level of risk is assigned a priority level of high, medium or low and is recorded within column 5 of the template.   Once the risk determination has been assessed the installation should use this and the legal driver to determine assessment frequency and who should assess the subject media (process owner, environmental staff etc). This information should be recorded in columns 6 and 7 of the template.

> **Risk Determination Factors to consider:**
>
> - Significant Aspects
> - Planning Goals and Objectives
> - Frequency of Regulatory Inspections
> - Compliance Status
> - Status of Preventative, Corrective Actions
> - Availability of funding

> *The risk determination process should be documented so the results can be repeated.*

4.1.2.2.1 Significance of Impacts:

"Impacts" can be thought of as the effects of the installation's business practices (i.e., including but not limited to operation and maintenance of

industrial processes, pollution control equipment, mission-critical equipment, and facilities), the complexity of operations, and success of implementing management practices designed to minimize risk (i.e., provision of environmental training, documentation and record keeping, project funding and execution, and implementation of administrative, physical, or mechanical controls). Those ranked higher i.e., have been determined to pose a higher risk for the installation may need to be assessed more frequently while those that pose a lower risk may require less frequent scrutiny.

4.1.2.2.2 Planning goals and objectives:

This is largely an assessment of those program management functions of environmental aspects and media which support the installation's identified goals and objectives to include the IMCOM Campaign Plan, Installation Strategic Plan and other planning requirements the installation subscribes to.

4.1.2.2.3 Frequency of Regulatory Inspections:

When particular media or areas are subject to increased scrutiny by state or local regulatory authorities, the installation may also choose to increase the frequency of assessments to ensure staff maintains a higher level of awareness. The AEC has identified the following as core media during the EPAS because the US Environmental Protection Agency (EPA) and States typically scrutinize these media more rigorously during their inspections. The following are the EPAS Core Media: Air Emissions, Hazardous Materials, Drinking Water, Hazardous Waste, Petroleum, Oils and Lubricants (POL), Solid Waste, Storage Tanks and Waste Water.

AEC has identified core media areas which typically receive a higher level of regulatory scrutiny.

4.1.2.2.4 Compliance Status:

This goes beyond frequency taking into consideration the current status of all assessments to include regulatory inspections, EPAS, Organizational Inspection Program (OIP) and Command Inspection Programs (CIP) etc. If previous inspections or assessments have revealed compliance deficiencies or difficulties in achieving established goals and objectives the installation may decide to increase the frequency of assessment for that particular site or media area. Those sites with a historically higher risk of receiving deficiencies should be considered for inclusion within the scope. Conversely, those sites with a proven record of excellence may require fewer assessments.

Trends analysis of both leading and lagging indicators is an important aspect when conducting a comprehensive risk determination.

4.1.2.2.5 Status of Corrective Actions:

The Installation Corrective Action Plan (ICAP) provides information on the status of the installation's previous findings and may also provide indicators and trends. Those areas with negative trends may be rated as a higher risk and conversely those areas with more positive trends may be rated as having a lower risk.

4.1.2.2.6 Availability of Funding:

Installations may consider increased assessments within those media functions which have historically received less funding, until projected funding is received and executed.

Pre-Assessment Activities

Develop an approach	Define the Scope	Document the plan	Select Assessors/Team	Contact Stakeholders
Step 1	Step 2	Step 3	Step4	Step 5
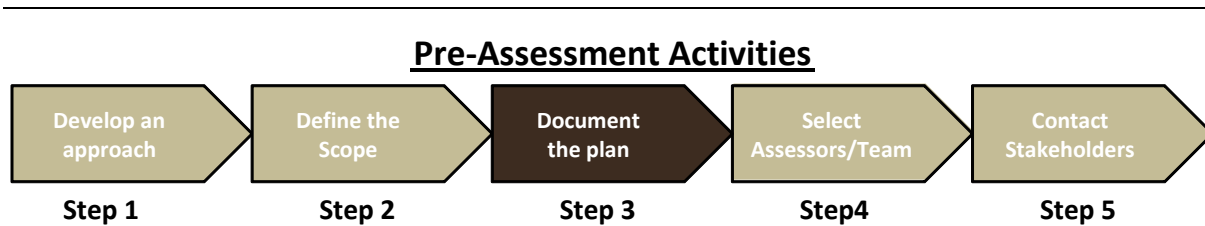
4.1.3 Document the Plan

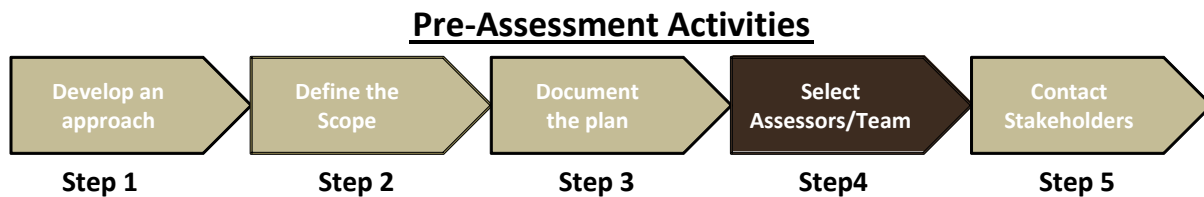In keeping with best management practices (BMP) it is incumbent upon each installation to establish, implement and maintain a procedure for the approach which best suits their situation. Although not required to be documented by the ISO 14001 standard, it is highly recommended that installations develop a written procedure for conducting EMS and Compliance assessments since these assessments are not conducted frequently enough to maintain absolute proficiency. The minimum information recommended for inclusion into a procedure is listed in Figure 3. Installations may decide to develop separate procedures for the EMS and Compliance assessments or a consolidated procedure (Appendix A) dependent on their selected approach.

Written procedures help ensure the assessment occurs as designed and the process is not lost to history.

- References
- Roles and Responsibilities
- Purpose Statement
- Procedure Scope Statement
- Definitions Glossary
- Procedure to include Pre-Assessment, Assessment, and Post-Assessment Activities
- List of Related Procedures, Documents and Records
- Document control version number or date

Figure 3: Procedure Elements

Pre-Assessment Activities

Develop an approach	Define the Scope	Document the plan	Select Assessors/Team	Contact Stakeholders
Step 1	**Step 2**	**Step 3**	**Step4**	**Step 5**

4.1.4 Select Assessor/Team

Regardless of the approach selected by the installation (Tier-1 or Tier-2) assessors should be selected on the basis of their knowledge, skills and abilities in a particular media area.   Most installations maintain a fairly robust environmental office staffed by environmental specialists who manage each individual media area and EMS. The professional environmental staff is best suited to conduct both site-specific and the programmatic portions of the assessment as they possess the technical training and should be familiar with the installation's activities, products and services. When using the Tier-2 approach, the individual process owners may be just as proficient within the scope of their area of operation and should know their particular activity, process or service, understand the legal or other requirements and understand their associated impacts. Figure 4 provides a list of some of the recommended knowledge, skills, and abilities (KSA) of a qualified assessor.

Unit Environmental Officers or Individual process owners are excellent resources when selecting assessors.

- Expert in area of responsibility
- Possesses planning and organizational skills
- Ability to work within established timeframes
- Able to focus on the matters of most significance
- Possesses good verbal and writing skills
- Possesses good interviewing techniques to include: Observation, questioning and listening skills
- Skilled in document review
- Ability to verify accuracy of collected information
- Ability to consolidate evidence and confirm sufficiency to support the finding
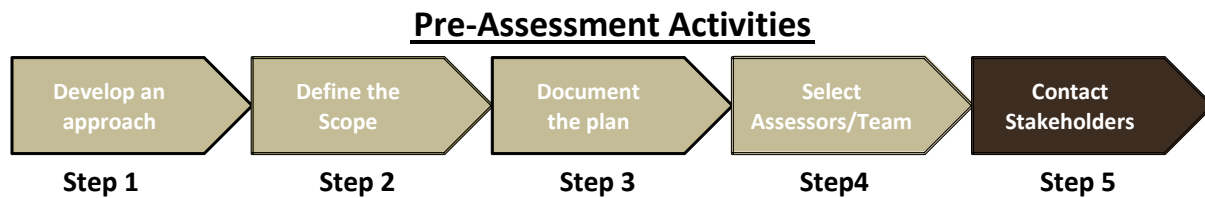- Ability to maintain confidentiality and security of information

Figure 4: Assessor KSAs

When using a pure Tier-1 team approach, the team should be comprised of a team leader and only select technical expert team members as determined by the scope. The goal during team selection is to field the best qualified team while maintaining a minimal team footprint so as to not over burden the tenants or process owners. The team leader may be selected from outside the environmental office so long as the leader possesses the necessary knowledge, skills and abilities of a trained assessor. In the event a team leader is selected from outside the environmental office it is highly encouraged that the senior environmental staff member serves as a consultant to resolve any technical conflicts. Additionally, the team leader should have the necessary confidence and briefing skills to be able to brief senior management on the results of the assessment in an open and frank manner. In some instances one assessor may cover multiple media areas in order to limit the team footprint. Figure 5 provides a list of media areas which are typically conducted by the same external EPAS assessor due to their similarities and may be replicated by the installation for its process. Lastly, the team should also have a designated staff member who serves in an administrative quality assurance role. This individual should have some knowledge of environmental standards and has a primary purpose to review and consolidate findings into a final report.

In a more mature program, all media program mangers/assessors will be proficient in the principles of ISO 14001 EMS and will be able to incorporate questions supporting EMS into their compliance checklists. This skill set will increase the feasibility of utilizing a phased approach to assessments and negate the need for an independent EMS assessment team.

- Environmental Management System and Environmental Noise
- Hazardous Waste, Hazardous Materials, and Waste Munitions
- Air Quality and Hazardous Materials (EPCRA)
- Petroleum, Oils and Lubricants (POL) and Storage Tanks
- Solid Waste and Pollution Prevention
- Lead Based Paint, Polychlorinated Biphenyls & Asbestos
- Waste Water and Water Quality
- Natural Resources and Cultural Resources

Figure 5: Common Environmental Media Pairings

Pre-Assessment Activities

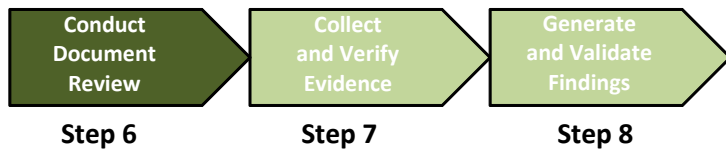| Develop an approach	Define the Scope	Document the plan	Select Assessors/Team	Contact Stakeholders
Step 1	Step 2	Step 3	Step4	Step 5

4.1.5 Contact Stakeholders

      Once the assessment plan has been completed the environmental office should develop a calendar schedule and communicate the intent and importance of the internal environmental assessment. Communications to tenant leaders should as a minimum be provided during the quarterly Environmental Quality Control Committee (EQCC) normally chaired by the installation or Garrison Commander. When presenting the schedule, the installation's environmental staff should reemphasis that although this is an assessment the main purpose is to assist the unit with identifying inconsistencies with legal, regulatory and local requirements before they have a negative effect on the Mission, Community, Environment or do not make economic sense. Utilizing this approach emphasizes the positive aspects of a normally negatively received purpose.

      Communication should be provided at all levels from the management (Commander) down to the process owner. Many installations operate a viable Environmental Officers (EO) Program in conjunction with the EQCC, which is the preferred mechanism for most environmental communications with individual installation tenant process owners. The environmental office staff should work closely with the installation unit EO and process owners to develop a mutually agreeable site visit and interview schedule unless the intent is to conduct unannounced (no-notice) visits. Although most Commanders want know when individuals will be visiting their areas there is some value in unannounced visits. Most Commanders can minimize the negative effects of an assessment by applying increased command emphasis just prior to the assessment team arrival. Therefore, environmental staff should consider the value of conducting their Tier-1 assessments unannounced when feasible. Unannounced site visits do not allow for initial prepare time and thus provide a truer picture "snap-shot-in-time" of the organization's actual business practices. A technique to belay concerns of managers and Commanders and still meet the intent of an unannounced schedule is by providing a window, typically quarterly, when an organization is subject to a visit. This technique provides limited notice while at the same time does not provide exact timelines where process owners can sanitize their operations.

In order to limit disruptions to process owner operations, EMS and Compliance schedules should be coordinated to be conducted simultaneously whenever possible.

When communicating with stakeholders the environmental staff should emphasize the positive aspects of the assessment and not treat it as just another inspection.

Assessment Activities

Conduct Document Review	Collect and Verify Evidence	Generate and Validate Findings
Step 6	Step 7	Step 8

4.2 ASSESSMENT ACTIVITIES

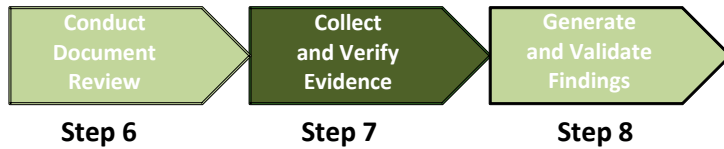#### 4.2.1 Conduct Document Review

The success of any assessment is based on a combination of detailed document reviews and staff interviews. Prior to any site visit individual assessors should review all applicable legal and other requirements and other documents and records which support collection of evidence (Appendix B). The U.S. Army utilizes The Environmental Assessment Manual (TEAM) guides (for Federal and State citations) and the Regular Army supplements as its primary regulatory compliance and program management source documents. These guides are at http://www.fedcenter.gov/programs/compliance/assessment/teamguides/. The U.S. Army utilizes the ISO 14001 Standard to structure its EMS and the installation's own procedures for its primary management system source documents to establish validation criteria. Individual assessors should also review other documents and records which support their media area(s) prior to the site visit. Some documents which should be reviewed include policies, objectives, plans e.g., IMCOM Campaign Plan and Garrison Strategic Plan, procedures, standards, instructions, licenses and permits, specifications, drawings, contracts and orders. Some records which should be reviewed include operational controls, previous inspections (internal and external), meeting minutes, audit reports and results of monitoring programs (metrics and measures etc). Assessors should also review the existing ICAP to determine 1) if there are repeat findings in particular areas, 2) the effectiveness of corrective actions, and 3) to determine if any trends have been established (positive or negative).

Document and Records reviews should include plans policies, procedures, goals, licenses and permits etc.

Documents are written, printed or electronic materials that provide information and are typically changed as needed.

Records are written, printed or electronic material that provides an accounting of an act or occurrence which does not change.

Assessment Activities

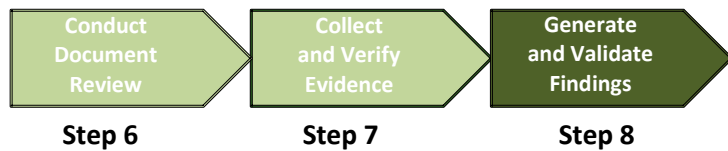| Conduct Document Review	Collect and Verify Evidence	Generate and Validate Findings
Step 6	**Step 7**	**Step 8**

4.2.2 Collect and Verify Evidence

Site visits and interviews aimed at collecting and verifying evidence of conformance to legal and other requirements are an especially important part of the assessment process. The purpose of site visits and interviews is to collect evidence which will verify programs are functioning properly or determine if deficiencies exist (Appendix B). The interview process is the most critical role as it provides the primary means of understanding the relationship between mission processes and environmental considerations, organizational relationships, roles and responsibilities, policies, adherence to legal and other requirements, and the systems that form the framework for the management of environmental aspects. More importantly, site visits and interviews often reveal differences in actual versus documented practices. Assessors should have formulated a series of questions and list of documents and records that need to be reviewed and should be kept on site. Some installations have successfully used job aides such as checklists or question banks for conducting interviews and collecting evidence. Additionally, assessors should take copious notes as their record of the site visit and the interview session as well as an aide for writing any potential findings afterwards. The following are interview technique best practices:

- Introduce yourself and the reason for being there.
- Conduct interviews at the most appropriate level within the organization from management process owners down to process operators.
- Conduct interviews during normal duty hours and, where practical, at the normal workplace of the interviewed person.
- Be timely, do not arrive later than scheduled and do not go beyond the allotted time. If additional information is required, schedule another time to return.
- Put the interviewed person at ease prior to, during and at the conclusion of the interview.
- Explain the reason for the interview and note taking.
- An effective ice-breaker is to have the interviewed person(s) describe their work.
- Remain focused and solicit evidence which supports initial findings from the document review or as a result of the interview.
- Avoid leading questions (those which may solicit one word responses e.g., yes or no). Ask how something is done and allow them to explain.
- Take photographs to document important conditions at the time of the interview or site visit.
- Summarize the interview session with the interviewed person.

It may be helpful to take photographs to record important conditions at the time of the interview or site visit that support a finding. Ensure the installation has approved of the use of cameras.

Assessment Activities

```
Conduct          Collect          Generate
Document    →    and Verify   →   and Validate
Review           Evidence         Findings

Step 6           Step 7           Step 8
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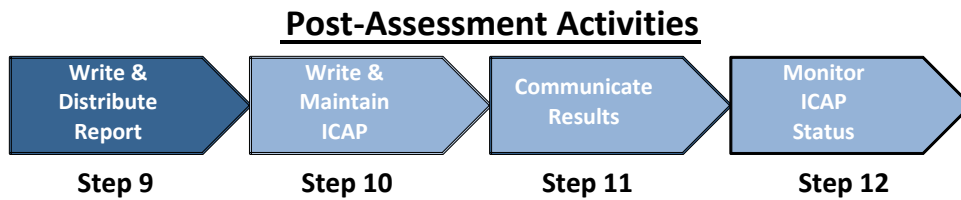
- Thank the interviewed person for their participation and cooperation

4.2.3 Generate and Validate Findings

Upon conclusion of the site visit and interview process all of the information collected must be collated into a set of findings, if applicable. Only information that supports the scope and assessment criteria and is verifiable against a valid citable legal or other requirement or has been identified as a BMP may be used as audit evidence. Therefore, upon conclusion of the site visit and interviews it may be necessary to conduct additional document and record reviews to corroborate or refute information collected. Findings may be positive or negative in nature; however positive findings should generally be issued only for those BMPs which are exportable across the installation.

> *Findings must be verifiable against a citable legal or other requirement or has been identified as a BMP.*

4.3 POST-ASSESSMENT ACTIVITIES

Post-Assessment Activities

Write & Distribute Report	Write & Maintain ICAP	Communicate Results	Monitor ICAP Status
Step 9	Step 10	Step 11	Step 12

4.3.1 Write/Distribute Report

Once findings have been generated and validated they must be formally recorded into an assessment report.   The Senior Environmental Manager or Assessment Team Leader is responsible for ensuring a final assessment report is completed in the agreed timeframe. The report should provide a complete, accurate, concise and clear record of the assessment.   The assessment report includes an Executive Summary, General Discussion and Individual Media sections. Any supporting documents pertaining to the assessment should be retained or destroyed per the installation procedure.

For ease of reading, each of the Media Summary Statement topic elements should be discussed in the same sequence for each environmental media.

The Executive Summary section details:
- Identification of the assessed organization e.g., Fort XXXXXXXX or USAG XXXXX.
- The assessment objective(s).
- The assessment scope to include the organizations involved and the audit time period (to and from date).
- A listing of the media areas covered during the assessment.
- A wrap-up of the number of findings in each media area/EMS and whether there were any repeat findings.

The General Discussion section details:
- In more detail, the information provided in the executive summary.
- A general discussion of how the assessment was conducted e.g., in accordance with the installations EMS procedure.
- Identification of the senior assessor and individual media assessors. If process owners e.g., unit Environmental Officers were utilized this section should detail how they were used.
- Individual media-specific reports.

Each media manager/assessor is responsible for writing their media-specific information as part of the final report. Each media-specific report is comprised of four sections 1) Tracking Data, 2) Citation and Description, 3) Corrective Action, and 4) Root Cause.   A sample findings record form with instructions is provided in Appendix C.

The following are general writing guidelines for developing the Media Summary Statement:

- Should include a **program overview:**
  - Compliance Universe (is the facility or site permitted or not).
  - Compliance size in regulatory terms, etc. e.g., Large Quantity Generator, Title V Permit.
  - Significant physical facilities (as appropriate).
  - Number and type of compliance sites at the garrison (contract vs. in-house operations).
- State the **scope of assessment:**
  - What was exempted from the assessment and why (privatized, too busy, etc.).
  - Define the compliance site and record the sampling strategy (as determined during Step 2).
  - How these were chosen (random sample, priority, at the direction of the garrison). This statement should mirror the installations overall Internal Assessment Plan Scope statement.
- Include any trends in findings and their root causes. **DO NOT LIST ALL FINDINGS HERE.**
- Include anything that interested or bothered you that were not listed as a finding.
- Mention anything else that will help the next assessor understand the program as you found it.
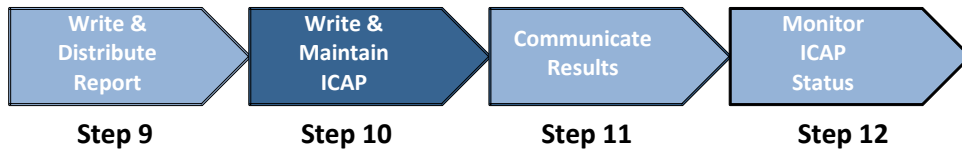
The following are general writing style guidelines which should be considered when completing the findings report:

- **Actions** should all match/agree/complement each other.
- The **Summary Condition Statement** is the headline of the problem and should answer the question, "What was wrong?"
- The **1st** sentence in the **finding description** is a clear, **active** (not passive) description of the noncompliance/deficiency. The rest of the finding description contains enough detail to identify the site and understand the scope of the problem and non-compliance.
- **DO NOT** simply restate the requirement- better to have too much detail than too little in describing the problem.
- **Repeat vs. Carryover**- ensure that a finding listed as a "Repeat" was found in the same place on a previous audit, was corrected, but occurred again.
- A "Carryover" is a finding found in a previous assessment, but never corrected.
- Spell out **acronyms** the first time you use them.

- **Corrective Actions** (projects/equipment buys/contract support) should address the Root Cause of the finding and list resource requirements (funding/FTE etc).
- **Rolling up findings-** If the multiple findings are of the same nature and are within same organization or is an installation-wide problem they should be consolidated into a single finding.
- The **Root Cause** should **not** match/agree/complement the Class, Requirement, Summary Condition Statement, Finding Description, or Corrective Action.

ACSIM Policy Memorandum, SUBJECT: Environmental Management and Assessment Requirements, dated 12 OCT 2010, contains the approved list of root causes.

Post-Assessment Activities

Write & Distribute Report	Write & Maintain ICAP	Communicate Results	Monitor ICAP Status
Step 9	Step 10	Step 11	Step 12

4.3.2 Write the Installation Corrective Action Plan

The Installation is responsible developing an Installation Corrective Action Plan (ICAP) procedure and for implementing and maintaining the ICAP. The purpose of the ICAP is to provide the installation a mechanism for identifying, addressing, tracking and monitoring the completion of all of its environmental non-conformities and compliance deficiencies (findings), preventive actions and corrective actions. Two important reasons for documenting corrective actions in an ICAP are: 1) to provide a record of evidence considered and decisions made during problem solving, and 2) to enable external assessors to verify that the installation's management system is functioning effectively. The ICAP should include findings of all previous external and internal assessments and inspections such as the EPAS, OIP, CIP, IG, EPA/State Regulator, and separate individual media assessments e.g., HWAP quarterly inspections, etc. The installation must also record and monitor the effectiveness of its corrective actions in order to ensure the action(s) put in place actually work. If the original corrective or preventive action failed to achieve its desired result the installation must readdress the non-conformance/finding and develop a new action.

The ICAP is a formal document and record which must be maintained within the ISO 14001 EMS protocols.

As part of the ICAP, the installation is also required to conduct a Root Cause analysis for each finding or if findings are similar in nature, a group Root Cause. Root Cause analysis is nothing more than an exercise in problem solving in order to determine the most underlying reason for a finding. "Problem solving," as used here, begins with the recognition that findings observed during

Once corrective, preventive actions and resource requirements have been identified, the installation should use the current funding guidance to program resources.

Root Cause Analysis is a method of problem solving and considered a tool for continual improvement.

internal or external assessments do in fact constitute problems that require analysis and decision-making to *prevent recurrence*. The intent is to analyze the finding down to the lowest critical point of failure. Failure to conduct an in-depth Root Cause analysis may lead the organization to treat a symptom rather than the true point of failure cause. Assessors must ensure they progress through a fundamental decision-making process looking at all aspects of the problem from the easiest to implement and low cost/no cost solutions before they progress to

Individual media assessors conduct their root cause analysis which is transferred to the ICAP.

The installation should maintain a consolidated ICAP which captures the results of all assessments and inspections, and not a separate ICAP for each.

the hardest to implement and least cost effective solutions. The decision tree would typically first look at failures in plans, policies, procedures, training or individual failures before looking at equipment purchases or facility construction. ACSIM approved Root Cause Codes are provided in Appendix D.

Additionally, a non-compliance Root Cause can be tied back to an element of the EMS, thus it should also be identified as a level of failure in the EMS portion of the assessment. Figure 6 provides a sample Installation Corrective Action Model. Many findings may be easy to fix (yellow boxes) and may not require an in-depth Root Cause analysis. However, most findings require deeper Root Cause analysis (grey boxes) and require longer periods of time for the corrective action. These more difficult findings are listed and tracked on the ICAP. In either case the installation should maintain documentation along with the ICAP which clearly shows how the findings were corrected. The extent of the documentation should be proportional to the seriousness of the finding.

Further ICAP and Root Cause guidance is contained in ACSIM Policy Memorandum, SUBJECT: Environmental Management and Assessment Requirements, dated 12 OCT 2010.
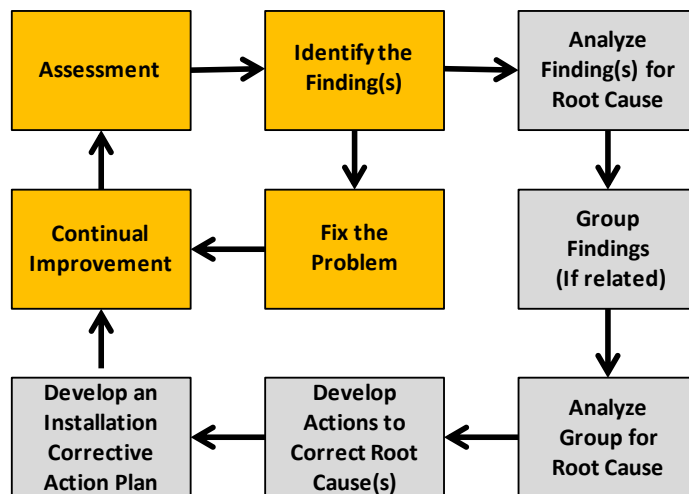
Figure 6: Installation Corrective Action Model

Although there is no prescriptive method for documenting the ICAP the installation must as a minimum identify the following information:

- Describe the non-conformance, finding, corrective or preventive action.
- Describe the corrective or preventive action.
- Describe who is responsible for the corrective or preventive action.
- Set a time frame in which actions must be completed.
- Identify the Root Cause.
- For ease of retrieving the non-conformance/finding the installation may choose to develop a uniform identification system.

Post-Assessment Activities

Write & Distribute Report	Write & Maintain ICAP	Communicate Results	Monitor ICAP Status
Step 9	Step 10	Step 11	Step 12
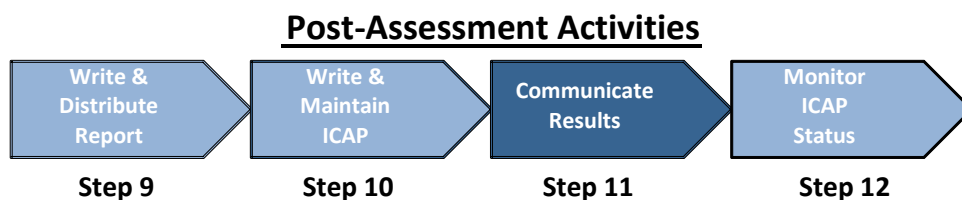
4.3.3 Communicate Results

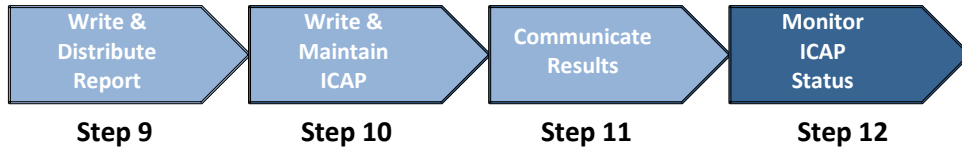The assessment is not complete until management (the senior commander) has been informed of the results. In most installations the report is typically staffed to the Commander through the Director of Public Works and may be presented via a separate office call or through a memorandum for record. A memorandum for record of the results satisfies the EMS requirement for maintaining records. A sample is provided in Appendix E. As a minimum the results of the assessment must be discussed as an element of the EMS management review process. In addition to the Commander it is suggested the ICAP be distributed to the Staff Judge Advocate Office (SJA) for legal review, Public Affairs, and tenants, as appropriate. The recommended venue for presenting the results to the installation at large is via the EQCC.

The installation may have a legal requirement to self-report and should consult legal counsel prior to doing so.

Individual environmental subject matter experts know the underlying reportable legal and regulatory requirements and have an obligation to self-report to the regulator, no matter how or by whom a violation was discovered. Failure to report may also lead to a separate violation. The environmental office must consult with their local installation SJA, IMCOM G-4 or AEC before self-reporting. For those installations which do not have an environmental expert within their SJA they should contact the AEC Office of Counsel for help in determining Federal and State reporting requirements.

Post-Assessment Activities

Write & Distribute Report	Write & Maintain ICAP	Communicate Results	Monitor ICAP Status
Step 9	Step 10	Step 11	Step 12

4.3.4 Monitor ICAP status

Monitoring the status of corrective actions within the ICAP is a key component of the process of continual improvement. Although there is no designated format for reporting the status of corrective actions it is recommended this be accomplished through the EQCC. Figure 7 provides a simple briefing formant which could be used during the EQCC.

> *When presenting findings and status updates to the EQCC, it is recommended that the information be "sanitized" to keep from calling out any particular unit.*

I-EPAS EMS - Status

EMS Para	Deficiency	Corrective action	POC	Due Date	Status
4.4.3	Standard contract language had not been developed to communicate EMS information and requirements to contractor and suppliers as stipulated in Section IV.5 of USAG Daegu EMS Procedure 7, *Communications*.	Work with Contracting Command and tenant units to incorporate EMS language into appropriate contracts and Inter-Service Support Agreements (ISSA)	Mr. Jones	30-Oct-13	A

I-EPAS Status - Drinking Water Status

Code	Deficiency	Corrective action	POC	Due Date	Status
WQ-001	Improper disposal of water treatment plant (WTP) filter backwash water	Update Water Treatment Plant Procedure; Conduct additional training.	Mr. Smyth DPW Util Br.	1-July-13	R

G ON Plan   A Behind Plan/ Marginal Impact   R Behind Plan/ Major Impact

Figure 7: Sample EQCC I-EPAS Monitoring

APPENDIX A: Sample Internal Assessment Procedure

PROCEDURE # (insert document #) **– Internal Program Assessment (Evaluation of EMS Conformance and Compliance)**

I. REFERENCE

ISO 14001:2004, Section 4.5.2
U.S. Army Environmental Management System Implementers Guide (Version 3.0) Step 29

II. RESPONSIBLE PERSONNEL:

Office of Primary Responsibility (OPR)	Affected Personnel
Garrison Commander	All Garrison Unit and Tenant Organizations, Contractors and Civilians
DPW Environmental Office	
Unit Environmental Officers	
Environmental Quality Control Committee (EQCC)	

III. PURPOSE

This procedure identifies a standardized process for evaluating the environmental functions within the garrison/installation. This includes all aspects of the Environmental Management System (EMS) to include other Program Management functions e.g., funding and staffing etc, Compliance with all legal and other requirements applicable to the U.S. Army.

IV. SCOPE

As a United States (U.S.) Department of Army (DA) installation operating (within, outside) the continental United States in the (State or Country) of (insert State or Country), the primary legal requirement for (insert installation) is AR 200-1. Other requirements that apply to the installation include Executive Orders (EOs), Army Regulations (ARs), agreements with public authorities or customers, and DoD regulations or overseas agreements pertaining to Army operations.

Internal assessments are conducted annually within current DA guidance and follow these protocols: US Army Environmental Command (AEC) Environmental Performance Assessment System (EPAS), U.S., "The Environmental Assessment and Management (TEAM) Guide" (U.S. TEAM Guide), Active Army Supplement to the U.S. TEAM Guide, and (State Supplement/ Overseas Supplement) to the U.S. TEAM Guide, Document (insert document #)-AR 200-1. The internal assessment also known as the Internal-EPAS (I-EPAS) shall also assess those protocols within the Headquarters Installation Management Command (IMCOM) Organization Inspection Program per (insert document #). Note: The EPAS and OIP were developed to help Army commanders assess the health of the environmental program and status of Compliance with legal and other requirements, and to

identify and track solutions for those activities found to be in Non-Conformance/Non-Compliance. The intended purpose of the Internal Assessment is to track the same in years no EPAS is conducted.

V. DEFINITIONS

Audit Criteria – Set of policies, procedures or requirements. Audit criteria are used as reference against which audit evidence is compared (ISO 19011:2011).

Audit Evidence – Rrecords, statements of fact or other information which are relevant to the audit criteria and are verifiable (ISO 19011:2011).

Audit Plan – Outlines required assessment locations based on input from program managers as to what are the most significant installation environmental requirements or risks.

Assessor/Auditor – Person with the competence to conduct an assessment/audit (ISO 14001:2004).

Assessment – Systematic, independent and documented verification process of objectively obtaining and evaluating evidence to determine conformance/compliance with a defined standard to include management directed goals and objectives.

Environmental Management System – Part of an organization's management system used to develop and implement its environmental policy and manage its environmental aspects (ISO 14001:2004).

Finding (compliance) – Any practice, procedure, action or inaction that is out of compliance with federal, state or local law (listed as Class I, II, or III).

Finding (nonconformity) – Non-fulfillment of a requirement of the ISO Standard (ISO 19011:2011) or the installation's procedure.

Internal Audit – systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which the environmental management system audit criteria set by the organization are fulfilled (ISO 14001:2004).

Nonconformity – Non-fulfillment of a requirement (ISO 14001:2004).

Root Cause – The underlying cause for a finding, identification of which aids in determining solutions to prevent recurrence.

VI. PROCEDURE

The I-EPAS is conducted in accordance within standard EPAS guidelines established by Document (insert document #)- AR 200-1., Environmental Protection and Enhancement, and OIP Document (insert document #) and may include any other local developed documents e.g., the Hazardous Waste Accumulation Point (HWAP) inspection checklist, or unit self-assessments checklists. I-EPAS are coordinated by the Environmental Office and conducted under the direction of installation senior management, in accordance with applicable legal and other requirements. I-EPAS are conducted annually or modified in the years an external EPAS assessment is conducted.

1. Pre-Assessment Activities:

Prior to conducting an I-EPAS, the following activities are completed:
- Develop an Internal Assessment Checklists based either on the EPAS software or from a self-developed form.
- The basic approach for conduct of the installation I-EPAS will:
    - Cover 100% of the media areas and EMS.

- Utilize a Tier-2 approach in which process owners will conduct local level assessments periodically throughout the year as identified within the Internal Assessment Plan.
- The scope is defined by:
  - Utilizing the EMS aspect and impact analysis to identify types and locations of environmental aspects (media activities, products and services).

  - Identifying the legal and other "assessment" requirements (what and how often) e.g., for HWAP or Asbestos etc.
  - Conducting a Risk Determination. This is accomplished by rating the following and determining whether assessments may be increased or decreased beyond current mandated requirements:

    - Are they installation- identified Significant Aspects?
    - Are results in line with installation planning goals and objectives?
    - Are the aspects under periodic regulatory scrutiny?
    - Are they currently within or out of regulatory compliance?
    - Has the corrective action been successful or is on schedule?
    - Is funding available to support the program or corrective action?
- Complete the Internal Assessment Planning Summary document #(insert document #):
  - Indicating who and how often the process owners should check their aspects (Tier-2).
  - Indicating who will conduct the Tier-1 assessments and when.
- Develop an annual calendar schedule indicating dates Tier-1 and Tier-2 are to be completed and reporting requirements (dates).
- Coordinate with process owners for scheduled or unannounced site visits.

2. Assessment Activities:

- Conduct a document review of all legal and other requirements prior to the site visit.
- Tier-2 assessors will conduct individual site assessments within their areas of responsibility.
- Tier-1 assessors will conduct periodic reviews with process owners throughout the Fiscal Year (FY) and will conduct programmatic level assessments.
- Collect and verify evidence by reviewing again the legal and other requirements. The data collected is sufficient, reliable, and relevant so as to provide a sound basis for the evaluation of findings of non-conformance/non-compliance and recommendations for improvement.
- Generate and validate findings by conducting a peer review.

3. Post-Assessment Activities:

- Write and distribute the Report:
  - The environmental office individual media program managers will:
    - Use all data available in writing the report to include result of previous assessments e.g., regulatory, OPI etc.
    - Write a media summary of the program detailing specifically the scope of their individual media assessments. This will include a listing of all sites visited and general observations and a list of areas excluded and the

rationale why. This statement will support the Internal Assessment Summary Table document # (insert document #). Media Summaries:

1. Should include a **program overview-** Compliance Universe (is the facility or site permitted or not),
2. Compliance size in regulatory terms, significant physical facilities (as appropriate), number
3. Type of compliance sites at the garrison, contract vs. in-house ops.

4. State the **scope of assessment-** what was exempted from the assessment and why (privatized, too busy, etc.).
5. Define the compliance site and record sampling strategy (how many reviewed/visited out of how many there are, and how these were chosen: random sample, priority, at the direction of the garrison).
6. Include any trends in findings and their root causes**. DO NOT LIST ALL FINDINGS.**
7. Include anything that interested or bothered you that was not listed as a finding.
8. Mention anything else that will help the next assessor understand the program as you found it.

▪ Write individual findings within the established writing style:
1. Do **NOT** name specific people.
2. Do not start a sentence with a preposition (i.e., before, beyond, except, since, until, without).
3. Spell out acronyms during first use.
4. For time, measurements, and money, always use numbers.

- Conduct a Root Cause analysis
- Distribute the Report:
  o Report results of designated Tier-2 assessments in time for inclusion in the senior management's Environmental Quality Control Committee (EQCC) meeting. This is useful for trends analysis (leading and lagging indicators).
  o Report results of the program level review no-later-than the 4th Quarter (EQCC). See Management Review procedure # (insert document #). Note: This information is critical for development of the follow FY and out-year funding requirements. These are also useful for development of mostly lagging indicators.

4. Conduct Post-Evaluation Activities

- Post out-brief, findings are forwarded by the DPW, Environmental Office to the responsible organizations.
- Organizations prepare corrective action plans and return them to the DPW, Environmental Office. These plans may be in the form of memorandums, emails or an establish PCAR form.
- The DPW, Environmental Office compiles the Finding Closure Information and develops a corrective action plan. This plan may be as simple as an Excel matrix identifying the non-compliance, the responsible agency or individual, and suspense to complete the corrective action.

- The DPW, Environmental Office maintains the database of assessment findings and milestones to track findings and milestones for closure.

5. Close Audit Findings

The DPW, Environmental Office develops an Internal Corrective Action Plan (ICAP) and assigns the I-EPAS findings to a particular unit or tenant commander or other relevant party to correct. The assigned organization or individual is responsible for implementing the recommended corrective or preventative actions. They must also provide periodic status reports to the DPW, Environmental Office on their progress towards closing the finding, in accordance with ICAP. Closing and reporting of non-conformances/non-compliances is conducted in accordance with the procedures established in the EMS Procedure # (insert document #) – Nonconformity, Corrective Action, and Preventative Action. The results of the I-EPAS, as well as root cause analysis and progress towards finding closure, are reviewed as part of the EMS Procedure 17 – Management Review.

VII. RELATED DOCUMENTS

1. Procedures
EMS Procedure # (insert document #) – Documentation
EMS Procedure # (insert document #) – Document Control
EMS Procedure # (insert document #) – Nonconformity, Corrective Action, and Preventative Action
EMS Procedure #(insert document #) – Management Review

2. Records: *
Environmental Performance Assessment Report
I-EPAS Findings Packet
IEPAS Corrective Action Plan

3. Documents: *
Document # (insert document #) – AR 200-1, Environmental Protection and Enhancement
Document # (insert document #) – (Insert installation or USAG name) Internal Program Assessment (Evaluation of EMS Conformance and Compliance)
Document (insert document #) – AR 1-201, Command Inspection Program

For record and document locations and retention schedules refer to the Document/Record Management System Overview (located in EMS Procedure # (insert document #)-– Control of Documents)

The checklists within this appendix provide a sampling of media specific sites, documents, and records which should be checked during the conduct of the assessment. These are neither complete nor comprehensive of all media.

Air Management Internal Assessment Checklist

Items that should be physically inspected:
- Boilers
- Emergency Generators
- Peak Shaving Generators
- Refrigerant Shops
  - Refrigerant Storage Area
  - Refrigerant Recovery Equipment
  - Records
    - Training
    - Volume/mass refrigerant replaced
- Paint Booths
  - Paint Guns
  - Solvent and rag storage
  - Paint
  - Filters
    - Correct kind of filters (especially in Aerospace Booths)
    - Proper filter maintenance
    - Pressure drop meter and associated records
  - Paint Storage Areas for paint booths
    - ensure coating VOC levels compliant with applicable rules
    - Check for coatings that include inorganic Hazardous Air Pollutants (Chromium, Lead, etc.)
- Vehicle fueling stations and bulk storage tanks (those controlled by the installation)
- Woodworking shops
- Motor pools (solvent cleaning tanks)
- Incinerators and demilitarization furnaces
- Landfills (asbestos cells in particular)
- Areas subject to dust control requirements (landfills, roads, etc.)
- Incinerators and demilitarization facilities
- Air pollution control devices at remediation sites
- Chemical processing operations
- Electro-plating shops
- Metal finishing shops (polishing, grinding, cutting, etc.)
- Dry Cleaning Shops
- Bus stops (if anti-idling restrictions in place)

People to interview:
- Boiler Operators
- Emergency Generator Operators and maintenance personnel
- Peak Shaving Plant Operators and maintenance personnel

- Refrigeration shop personnel – refrigeration contractor or contracting officer
- Fuel purchasing contract officers
- Paint booth operators
- Solvent tank users
- Incinerator/demilitarization plant operators
- Contracting officers/contractors in charge of maintenance of air emissions sources such as emergency generators and boilers
- On-post bus operators (if Clean Air Act rules such as anti-idling affect them)
- Gasoline station and bulk plant operators (where installation controls their activities)
- Landfill operator
- Vehicle fueling station operator
- Chemical Process Plant operators
- Metal finishing shop operators
- Electroplating shop operators

Documents and records to review:

- Permits
    - o Overall operating permits.   Most installations are required to have one of these three kinds of permits.
        - Title V (Part 70) Major Source Permit
        - Title V (Part 70) Synthetic State minor source permit (generally no more than one per installation)
        - State Minor source permit covering all regulated sources
    - o Source specific permits – can be required when overall permit not required – or in addition to overall permits.   These source specific permits typically cover the following kinds of sources at Army installations.
        - Each individual generator engine (i.e., engines for emergency or peak-shaving generators)
        - Each boiler
        - Each wood-working shop
        - At AMC installations, each process vent
        - Each paint booth
        - Each incinerator or demilitarization furnace (rare)
        - Each solvent degreasing tank (rare)
        - Each engine test cell (rare)
        - Various other operations
    - o New Source Review Permits – installations must only rarely obtain these kinds of Clean Air Act construction permits for planned large new sources of air emissions prior to construction of the source.   These permits can be for
        - Prevention of Significant Deterioration
        - Non-attainment New Source Review (for installations in National Ambient Air Quality
- Conformity Review or studies. These can be required at installations in National Ambient Air Quality non-attainment areas.
- Semi-Annual or Annual Compliance reports. These reports
    - o Certify that the installation was in continuous compliance with all applicable requirements for the past six months (semi-annual) or 12 months (annual).
    - o When they were not in continuous compliance, the report must state that.

- Emissions Inventories. Installations with Title V major source or synthetic minor permits will generally have been required to complete an air emissions inventory either annually or tri-ennially. They are to list all of an installations actual emission for a year. They generally list emissions by source. You can use them to:
  - Check the inventories list of installation sources against the sources covered in permits.
  - Make sure that all sources required to be permitted are.
  - Make sure that installation has correct permits.
- Installations without major source permits should make sure their Potentials to Emit do not exceed major source thresholds. (Note, these thresholds are lower for installations in non-attainment areas than those that are not.)
- Make sure potential emissions increases from very large new sources (like new or replacement central boilers, do not exceed thresholds for new source permits like Prevention of Significant Deterioration.)
- Records of Notifications of Enforcement.
- Inventories of Ozone Depleting Chemicals (should include location, refrigerant, and mass of refrigerant per independent circuit in piece of refrigeration equipment)
- Landfill records (for installations with asbestos cells in their landfills – landfill records – records of amount of asbestos waste received, locations of asbestos cells.)

Other documents and records that you may have to review:

- Monthly fuel logs at any gasoline fueling stations controlled by the installations (the AAFES stations generally will be permitted and controlled by AAFES, not the installation)
- Fuels purchase contract (ensure that fuels subject to Sulfur limits meet those limits)
- Fuel receipts (ensure that fuels subject to Sulfur limits meet those limits)
- Design specifications for installation controlled gasoline fuel tanks
- Design specifications for gasoline distribution bulk terminals (I think only Irwin and Redstone have these)
- Emergency Generator, non-emergency generator, and peak shaving plant operating logs (these are generally kept at each individual generator or plant. They should show the amount of time the generator or plant engines run in each mode (emergency, maintenance, other)
- Paint and other coating usage logs at paint booths and other operations coating materiel or vehicles. Check for: paint and coating usage volume, coating Volatile Organic Compound content.
- At manufacturing/rework operations, records related to material throughput – records of amount of materials electroplated, chemicals manufactured.
- At demilitarization furnaces – records of amount and kinds of wastes treated.
- Work order process system. Does system flag new activities subject to Clean Air Act requirements. In particular – emergency generators, projects that will disturb asbestos, or new boilers.
- Greenhouse gas calculations.
- Contracts covering maintenance of Clean Air Act regulated activities – such as generator engines, boilers, air conditioners and other refrigeration processes, etc. Ensure that contracts require maintenance be performed, and records kept, as required by Clean Air Act.
- Training certificates for workers working with ozone depleting chemical (e.g., refrigeration shop employees)
- Commuter mileage reduction plans

Cultural Resources Management Internal Assessment Checklist

Items that should be physically inspected:

- Historic Properties
- Curator Facility and Stored Artifacts and Records
- Artifact and other Cultural Resource Displays
- GIS Data Layers and Related Maps
- Cultural Resource Website

Records to review:

- ICRMP and Historic Properties Component
- Cultural Resources 3rd Quarter EQ Data-Call Reporting Tables and Totals
- Previous EPAS Reports
- National Historic Preservation Act (NHPA) Memorandums of Agreement (MOAs) and Programmatic Agreements (PAs)
- NHPA mitigation documentation in accordance with NHPA, MOAs and PAs
- Section 106 documentation for planned construction (including maintenance, demolition, rehabilitation, etc.) activities: findings of no historic properties affected, findings of adverse effect, SHPO concurrence letters, etc.
- National Environmental Policy Act (NEPA) list of projects
- National Register of Historic Places (NRHP) Determinations/Nominations and SHPO correspondence
- Standardized Operating Procedures (SOPs)
- ARPA permits and criminal violation reports
- Curation inventories and agreements
- Inventory of historic properties
- Accuracy of Integrated Facilities System (IFS) which transitioned to the General Fund Enterprise Business System – or GFEBS) historic property status codes
- Cultural resources reports, contracts, and scopes of work
- Tribal consultation letters and other documentation, such as letters demonstrating Government-to-Government consultation, Comprehensive Agreements, Plans of Action, Memoranda of Understanding, files relating to Native American Grave Repatriation Act (NAGPRA) consultation, etc.

Hazardous Waste Management Internal Assessment Checklist

Items that should be physically inspected:

- Disposal sites
- Accumulation points
- Incinerators
- Vehicles used for transport
- Storage facilities (including drums)
- Surface impoundments
- OB/OD sites
- Treatment units
- Generation sites
- Satellite accumulation points
- Recycling sites

Documents and records to Review:

Generator (including TSDFs if they are also generators):

- Notification (USEPA identification number)
- Hazardous waste manifests
- LDR Restriction Notification Forms
- Manifest exception reports
- Biennial reports
- Inspection Logs (as applicable)
- Delistings
- Land disposal restriction certifications
- Employee training documentation
- Contingency plan
- Notifications of hazardous waste oil fuel marketing or blending activity

In addition to the above, TSDFs, e.g., DLA Disposition Services (formerly DRMO), would require:

- Permits, if issued, otherwise Part A application
- Unmanifested waste reports
- Waste analysis plan(s)
- Operating record
- Groundwater monitoring records and annual reports (where required)
- Biennial reports
- Closure/postclosure plans
- Closure/postclosure notices (where applicable)
- Location map of the TSDF
- Part A permit, including:
  - o inspection plan
  - o training plan
  - o closure/postclosure plans
  - o other documents as required by the permit
  - o Emergency permits

Natural Resources Management Internal Assessment Checklist

Items that should be physically inspected:

- TES &/or wildlife habitat improvement/monitoring areas
- Wetlands areas
- Vegetation control areas, including invasive species treatment areas
- Prescribed burn areas
- Timber harvest areas
- Forest or open grounds conversion areas
- Agricultural/grazing outlease areas
- Natural Resources Restricted Use areas

Records to review:

- Biological Opinions
- Federally Issued Permits (BGEPA, MMPA, MBTA, CWA 404)
- INRMPs
- Component Plans for the INRMP (ESMCs, IWFMP, GMP)
- Cooperative Agreements
- MOAs/MOUs
- Agriculture/Grazing Outlease Agreements
- Timber Sales Contracts
- RPTS
- Withdrawn lands documentation, if applicable
- Garrison Natural Resources Orders/Policies
- State Issued Permits (hunting/fishing)
- Natural Resources briefing documentation for newcomers & troop training

People to interview:

- Natural Resources Staff (Foresters, Biologists, TES Specialists, Wetlands PM, Wildlife Conservation PM, Agriculture Outlease Specialist, Wildland Fire PM)
- NEPA PM
- DPTMS Staff (Range Control Officer, ITAM Coordinator, military trainers)
- DES Staff (Provost Marshal [CLEO], Fire Chief)
- SJA
- Real Estate (for withdrawn lands)
- MWR Outdoor Recreation Staff (hunting/fishing)

Petroleum, Oil, & Lubricants (POL) Management Internal Assessment Checklist

Items that should be physically inspected:

Refueling facilities, including:
- Above and belowground storage tanks and dikes
  - Venting
  - Fill pipe
  - Gauges
  - Cathodic protection test stations
- Washrack areas
- Vehicle maintenance areas
- Oil separators
- Sites where oil is stored in containers other than tanks
- Fire training pits
- Grease racks
- Oil transfer locations (including lighting, communications, emergency shutdowns, and hose assemblies)
- Oil waste retention facilities
- Bilge areas

Documents and records to review:

- Records of all spills, leaks, and associated site assessment/cleanup activities (3 yrs)
- Official correspondence with state implementing agency
- Spill Prevention and Response Plan
- Facility response plan required by OPA
- Records of spill response training programs
- Records of all spills, leaks, and associated site assessment/cleanup activities (3 yrs)
- Ships Log
- Engine room Log
- Oil Record Book
- Certificate of Inspection
- Classification Society Certificates
- Licenses, documents, and endorsements for crew members
- Vessel Response Plan
- Oil transfer procedures
- Training and Drill exercises
- Cathodic protection system routine maintenance logs

Pesticide Management Internal Assessment Checklist

Items that should be physically inspected:

- Installation Pest Management Office/Storage Areas
- Training/Range Management Offices
- Golf Courses-Pesticide Storage Areas
- Self-Help Pesticide Storage Areas
- Commissary-Pesticide Sales Area
- Post Exchange-Pesticide Sales/Storage Area
- Animal Stables (If they store pesticides)
- Fire Station (Inventory of Pesticides Stored on Installation)
- Military Unit Storage/Supply Areas
- DPW/DOL Supply and Storage Areas
- Field Sanitation Team Training Sites

Documents and records to review:

- Installation integrated pest management plan
- Appointment orders for Integrated Pest Management Coordinator
- Staffing requirements for pest management program
- Training and Certification records for all applicators (DoD or Contract Personnel)
- Aerial validation plan
- DD Form 1532-1's or computer generated equivalents
- Pest Management Contracts and Contractor's Application Records
- Pesticide labels and MSDSs for each product stored.
- Pesticide Inventory (Storage Area, Safety Office, Fire Station-First Responders)
- Records of Equipment Calibration

Solid Waste Management Internal Assessment Checklist

Items that should be physically inspected:

- Resource recovery facilities
- Incineration and land disposal sites (active and inactive)
- Areas where nonhazardous waste is disposed
- Construction debris areas
- Waste receptacles
- Solid waste vehicle storage and washing areas
- Compost facilities
- Transfer stations
- Recycling centers

Documents and records to review:

- Record of current nonhazardous solid waste management practices
- Estimated generation rates
- Documentation of locations (map) and descriptions of all nonhazardous waste storage, and disposal sites
- Records of operational history of all active and inactive disposal sites
- State and Federal inspection reports
- Environmental monitoring procedures or plans
- Records of resource recovery practices, including the sale of materials for the purpose of recycling
- Solid waste removal contracts and inspection records
- Operating record for onsite MSWLFs
- Groundwater monitoring well data
- Regional solid waste management plan
- Pollution prevention management plan

Storage Tank Management Internal Assessment Checklist

Items that should be physically inspected:

- Refueling facilities, including:
    - o Belowground storage tanks and dikes
    - o Venting
    - o Fill pipe
    - o Gauges
- Vehicle maintenance areas
- Transfer terminal
- Bulk storage tank farms
- Secondary containment structures
- Tank peripheral piping, manifolds, filling and dispensing areas
- Dispenser pumps and check valves
- Tank sumps, manway areas
- Leak detection equipment
- Overflow alarms or other audible and visual alarms, sight gauges
- Fill ports, catchment basins
- Oil/water separators
- Cleanup equipment (e.g., absorbent materials, fuel recovery pumps, personal protective gear)

Documents and records to review:

- UST records regarding leak detection performance and maintenance including:
- monitoring results over the last 12 mo
- most recent tank tightness test(s)
- manual tank gauging records
- copies of performance claims provided by leak detection equipment manufacturers
- records of recent maintenance, repair and calibration of on-site leak detection equipment
- Records of required inspections and test of corrosion protection systems
- Records of repairs or upgrades to UST systems
- Site assessment results of closed USTs
- Spill Prevention Control and Countermeasure (SPCC) Plans
- Spill Response Plans
- Results of AST integrity assessments, sampling, monitoring, inspection and repair work
- Notification forms and registration records for all in-service, temporarily out-of-service, and permanently closed tanks
- Records of all spills, leaks, and associated site assessment/cleanup activities
- Official correspondence with state implementing agency
- Registration records for all in-service, temporarily out-of-service, and permanently closed tanks

Toxic Substances Management Internal Assessment Checklist

Items that should be physically inspected:

- PCB storage areas
- Equipment, fluids, and other items used or stored at the facility containing PCBs
- Pipe, spray-on, duct, and troweled cementitious insulation and boiler lagging
- Ceiling and floor tiles for Asbestos Containing Materials (ACM)
- Boiler rooms for ACM

Documents and records to review:

- Asbestos waste shipment and disposal records
- Asbestos annual site inventory records
- Polychlorinated biphenyl (PCB) transformer registration records
- PCB transformer quarterly inspection records
- Inspection, storage, maintenance, and disposal records for PCBs/PCB Items
- PCB Equipment inventory and sampling results
- Manifests and CODs
- Correspondence with regulatory agencies concerning noncompliance situations
- Annual reports
- Asbestos management plan and operating plan
- Notification to regulators concerning asbestos disposal
- Records of onsite disposal and transportation and offsite disposal of asbestos
- Regulatory inspection reports
- Documentation of asbestos sampling and analytical results
- Documentation of preventive measures or action
- Results of air sampling at the conclusion of response action
- Records of asbestos training program
- List of buildings insulated with asbestos or housing ACM
- Record of demolition or renovation projects in the past 5 yr that involved friable asbestos
- Decision documents/records of decision
- Administrative record
- Federal facility Master Plan Document
- Spill Prevention Control and Countermeasure (SPCC) Plan

Water Quality (Drinking Water) Management Internal Assessment Checklist

Items that should be physically inspected:

- Any on-site laboratory analysis facilities
- Underground injection wells
- Drinking water treatment facilities (if not privatized[1])
- Any water storage facilities (both elevated and underground)
- Any additionally treatment (e.g., re-chlorination)? Look at those treatment facilities.
- Any potable wells (e.g., in the training ranges)
- Backflow prevention devices
- Pumping station and well house (look at security of building, does everything look operable and orderly, is there excessive noise, odor, vibration, heat?)

Documents and records to review:

- Review permits to ensure compliance
- Bacterial and chemical analyses of drinking water (sampling dates, locations, and dates of analyses, analytical methods used, and results of analyses)
- Any sampling in accordance with Unregulated Contaminant Monitoring Rule (UCMR) (currently the UCMR 3)
- Monthly operating reports
- State and public notification of noncompliance with primary drinking water regulations (review to ensure the noncompliance was corrected, any records kept of actions taken to correct violations must be maintained for 3 years)
- Sanitary surveys of the water system conducted by the facility itself, a private consultant, or any local, state, or Federal agency
- Public notification of noncompliance with secondary Maximum Contaminant Level (MCL) for fluoride
- Potable well water data
- Inspection and maintenance records for backflow prevention
- Wellhead protection plan
- Cross Connection Control plan
- Any records for a corrosion control or flushing program
- Any Consumer Confidence Reports (CCR)
- Verify an emergency or contingency plan

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[1] Privatized water system: A DoD public water system where the ownership, operation, maintence, and improvements of the drinking water system is transferred to a municipal, private, local, or regional water authority. The installation becomes a drinking water customer, not a drinking water provider, and the permit/Public Water System Identification System (PWSID) number listed in the EPA Safe Drinking Water Information System (SDWIS) and serving that installation belongs to the municipal, private, local or regional entity/authority and not the DoD installation.

Wastewater Management Internal Assessment Checklist

Items that should be physically inspected:

- Discharge outfall pipes
- Wastewater treatment facilities
- Industrial treatment facilities
- Oil/water separators and other pretreatment devices (e.g., grease traps, and sand inceptors)
- Stormwater ditches around motor pools
- Stormwater collection points
- Wash racks
- Construction sites (stormwater)
- Landfills (stormwater)
- Burrow pits (stormwater)

Documents and records to review:

- NPDES permits and any applications (renewal)
- Any pretreatment permits
- Discharge Monitoring Reports (DMRs)
- Laboratory records of analytical results
- Any sampling procedures
- Monthly operating reports for wastewater treatment facilities
- Treatment plant operator certification
- Sanitary sewer overflow records and corrective actions
- Sewer system bypass records
- Stormwater pollution prevention plan or management plan-review to ensure completeness and accuracy
- Records of any stormwater inspections required by the permit and any record of deficiencies identified and corrected after the inspection
- All enforcement actions and the status of the actions
- Federal facility compliance agreements

APPENDIX C: Sample Media Summary and Findings Record Sheet

<u>Sample Media Summary Waste Water:</u>
Fort Friendly contains XX square miles of open space within the cantonment area and more than XX square miles of open space within training and impact areas. The installation currently operates three Wastewater Treatment Plants (WWTP), six Oil Water Separators (OWS), and Vehicle Wash Racks and Washing Facilities. The Friendly Road WWTP discharges wastewater in accordance with the State Pollutant Discharge Elimination System (SPDES) Discharge Permit No. NJ0023761. The permit expired April 2011 and the State has not issued a new permit. The WWTP was built in 1955 and has a permitted monthly average flow of 2.06 Million Gallons/Day. The Friendly Road wastewater system is a combined sewer system (CSO) that conveys both sanitary and storm flows out of outfall 001 into the Hudson River. As flows to the combined sewers exceeded their conveyance capacity, overflows have been diverted to the receiving water body. The Buckley Road WWTP (Permit No. NJ0023213) was built in 1973 and has a monthly average flow of 1.0 Million Gallons/Day. The Buckley Road WWTP is a storm water system conveying the outflow to the lower reaches of the Hudson River. The Logistics Pool Area V-Industrial WWTP (Permit No. NJ0274666) constructed in 2002 discharges domestic sanitary sewage (1,500 Gallons per Day (GPD)), Automated Vehicle wash building with recycling (1,000 GPD), Covered Wash rack (750 GPD), and Maintenance High temperature Clean (250 GPD) in accordance with SPDES permit No. NJ0274666. The Five OWSs are located at the following facilities: Roads and Grounds Motor Pool (bldg. 905), Friendly Fire Station #2 (bldg. 1203), Maintenance (bldg. 1940), Washrack at Administration (bldg. 1946), and Secondary Re-fueling Station (bldg. 912). Each of these OWS is a 500 gal system designed with capacity to handle a 100 year rain storm event, with the exception of the Maintenance OWS located at bldg 1940 which is a 1000 gal system. In the event the installation deems necessary each OWS has a manual safety bypass switch which can be closed in the event of a greater than 100 year rain event. All of the OWSs discharge to the sanitary sewer (except bldg. 912 discharges to the surface water). Soils associated with Fort Friendly are three dominant soils to include Booton Series soil, which formed from glacial till. It is acidic and originated from shale, basalt and diabase rocks. Also present are the Carlisle series soil, which formed from the decomposition of woody plants in a boggy environment, and the Dunellen series soil, which formed on the outwash plains of the Saddle River. Due to the acidity of the soil, steep slopes within the installation boundary, and overall soil composition, erosion of disturbed soils is a leading cause of concern.

APPENDIX C (Cont'd): Finding Records Sheet

INTERNAL ASSESSMENT FINDING SHEET			
PART 1. TRACKING DATA			
Installation Name Insert installation name		Finding Number Designated installation tracking system	
Finding Site Operator-Manager Organization	Insert the name of the Organization being assessed and office etc.		
Media Name Insert Media assessed		Finding Category Class I, II or III/Major or Minor Non-Conformance	
Enforcement Action Yes or No	Repeat Finding Yes or No	Carry Over Has the finding been carried over from the previous assessment Yes or No	
Building Number Insert the number or area #		Building Name Insert the name if any	
PART 2 CITATION AND DESCRIPTION			
Facility Insert as taken from the FAT list	Activity Facility Insert as taken from the FAT list	Task Facility Insert as taken from the FAT list	
Protocol # Insert the page/paragraph/item #	Regulatory Reference Insert the Legal, regulatory or local reference		
Regulatory Requirement Text	Insert the text as quoted from the legal, regulatory or local guidance reference		
Summary Condition Statement (SCS)	Insert the TEAM Guide SCS		
Finding Description	Describe the exact finding and indicate if pictures are available		
Assessor Comments	Insert any comments that are required to clarify the statement or tie it to a root cause.		
PART 3. CORRECTIVE ACTION			
Suggestive Corrective Actions	Explain the potential solution(s) to fix the deficiency		
Cost Estimate	Insert the estimated cost to fix the deficiency		
PART 4. ANALYSIS			
Root Cause	Select the appropriate root cause from the ACSIM approved list		
PART 5. REVIEWER COMMENTS			

Name	Insert name	Organization	Insert Designation		Telephone	Insert number
Email	Insert email address		Concur	Yes or No	Date	Insert date
Review Comments	Insert reason for non-concurrance or other appropriate comment					

APPENDIX D: ACSIM Approved EPAS Root Cause Codes

Major Heading	Sub-Heading	Code	Definition	ISO 14001 Section
Command Emphasis & Oversight	Policy (CP)	CP01	Strategic planning or formal policies of environmental protection and stewardship are not established or are deficient.	4.2
		CP02	Formal policies are not issued from an appropriate level of authority.	4.2
	Management (CM)	CM01	Management is not aware of or has misinterpreted the regulations.	4.3.2
		CM02	Management review process supporting, controlling, or improving daily/contract operations is absent or inadequate.	4.4.6 4.5.1 4.6
		CM03	Environmental responsibilities are not clearly defined in position standards or understood by personnel.	4.4.1
		CM04	Management functions within the organizational structure are not afforded appropriate priority to support the environmental mission.	4.4.1
Plans & Implementation	Plans (IP)	IP01	Environmental management plans or procedures are not in place or inadequate.	4.4.4 4.4.6
		IP02	Environmental management plans or procedures are not properly implemented.	4.4.1 4.4.6
		IP03	Review process to update existing plans, procedures, or systems is not established or is inadequate.	4.4.5 4.6
	Implementation (II)	II01	Document control or retention for reporting and tracking is absent or is inadequate.	4.4.5 4.5.4
		II02	Personnel ignore and are not held accountable for established environmental plans, policies, or procedures.	4.4.1 4.4.6
		II03	Personnel do not consistently follow established environmental plans, policies, or procedures.	4.4.1 4.4.6
		II04	Review and follow-up of assessments, inspection programs, and/or identified environmental problems are not conducted or are inadequate.	4.5.3

Major Heading	Sub-Heading	Code	Definition	ISO 14001 Section
	Communication (IC)	IC01	Communication with external agencies is ineffective.	4.4.3
		IC02	Communication channels within the organization are ineffective.	4.4.3
Training & General Awareness	Training (TT)	TT01	General environmental awareness training is not conducted or is inadequate.	4.4.2
		TT02	Environmental media specific management training is not conducted or is inadequate.	4.4.2
Resources	Resources (RR)	RR01	Funds for environmental-related activities are not sufficient.	4.4.1
		RR02	Staffing levels for environmental-related activities are not sufficient.	4.4.1
		RR03	Inadequate design or failure in equipment or material selection.	4.4.6
		RR04	Supplies/contracted deliverables were not properly identified or have not been received.	4.4.6
Other (External Phenomena)	Other (OO)	OO01	Noncompliance is resulted from theft, tampering, sabotage, criminal trespass, vandalism, or fire.	4.4.7
		OO02	Noncompliance is caused by weather, ambient conditions, or acts of God.	4.4.7
		OO03	Compliance is dependent upon external entity action.	---
		OO04	To be determined by Quality Assurance team.	---

APPENDIX E: I-EPAS Memorandum to Commander

(Type on Installation Letterhead)

Insert Unit ID Code

MEMORANDUM FOR Commander, Insert Installation or Garrison unit designation and address

SUBJECT: Internal Environmental Performance Assessment System (I-EPAS) Results for Insert Installation or Garrison unit designation

1. References:
    a. Army Regulation 200-1, Environmental Protection and Enhancement, 13 Dec 07.
    b. Memorandum, ACSIM (DAIM-ZA), 12 Oct 10, Subject: Environmental Management and Assessment Requirements.
    c. Operations Order 12-133, HQ, IMCOM 14 Feb 12, Subject: Army External Environmental Performance Assessment System (EPAS).
    d. Memorandum, IMCOM (IMCG), 22 Nov 10, Subject: Installation Management Command Policy – Environmental Quality Program Requirements.

2. Scope: Reference 1b requires Active Army installations to receive an internal environmental assessment on an annual cycle. The insert Installation or Garrison unit designation from Insert dates. This internal EPAS included an assessment on the Environmental Management System (EMS) and compliance with legal and other requirements for 20 environmental media.

3. Findings: The EMS audit identified List # of major non-conformance and List # of minor non-conformances. The environmental compliance assessment identified List # of Class I findings, List # of Class II findings, and List # of Class III findings. The EMS non-conformances and the compliance findings are maintained in the attached as Enclosure 1 (attach media summary and findings sheet for each media area and the EMS).

4. Corrective Actions:
    a. The Installation has created an Installation Corrective Action Plan (ICAP) attached as Enclosure 2.
    b. A single ICAP will include corrective actions for compliance and EMS findings. The installation environmental offices will update the ICAP on a quarterly basis and report via (insert how it will be reported).
    c. All compliance findings and EMS non-conformances should be corrected following guidance attached as Enclosure 3 (insert ACSIM Policy Memo Environmental Management and Assessment Requirements dtd 12 Oct 10).

5. POC for this memorandum is (insert POC name, contact #, and designation).

Insert Environmental Manager Signature Block

3 Encls
1. Media Summary and Findings
2. Installation ICAP
3. ACSIM Policy Memorandum