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Description of document: Thirty-two (32) Unpublished Defense Nuclear Facilities Safety Board (DNFSB) Directives, Administrative Directives, Operating Procedures, Instructions, Notices, and Work Practices, 2000-2017

Requested date: 2017

Released date: 07-September-2017

Posted date: 09-April-2018

Source of document: FOIA Request  
Information/FOIA Officer  
Defense Nuclear Facilities Safety Board  
625 Indiana Avenue NW, Suite 700  
Washington, DC 20004  
Email: [FOIA@dnfsb.gov](mailto:FOIA@dnfsb.gov)

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## **DEFENSE NUCLEAR FACILITIES SAFETY BOARD records included**

### **DIRECTIVES**

Defense Nuclear Facilities Safety Board Directive Number: D-21.1, Directives Program, 2016

Defense Nuclear Facilities Safety Board Directive Number: D-31.1, Office of the Inspector General and Government Accountability Office Audits, 2016

Defense Nuclear Facilities Safety Board Directive Number: D-126.1, Executive Resources Board, 2013

Defense Nuclear Facilities Safety Board Directive Number: D-172.1, Full-Time External Professional Development Opportunities Programs, 2016

### **ADMINISTRATIVE DIRECTIVES**

Administrative Directive AD 131.1, Performance Management System for Excepted Service Employees, 2000

Administrative Directive AD 231.1, Freedom of Information Act, 2001

Administrative Directive AD 301-1, DNFSB Procedures for Handling Classified Information, 2000

### **OPERATING PROCEDURES**

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-11.1-2, Posting of Notational Vote Forms on the Internet, 2017

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP 11.2-1, Posting of Public Calendar and Outside Entity Briefing Materials on the Internet, 2016

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-21.1-1, Directive and Supplementary Document Procedures, 2016

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-31.1-1, Office of the Inspector General and Government Accountability Office Audits, 2017

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-530.1-2, Obtaining Information from DOE, 2014

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-532.1-1, Performing Reviews of New or Revised DOE Directives, 2016

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-542.1-1, Developing Site Representative Weekly Reports, 2015

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-542.1-2, Developing Monthly Site Reports, 2015

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-542.1-5, Developing Letters and Reports for External Distribution, 2016

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-542.1-6, Developing Board Recommendations, 2015

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-542.1-8, Internal Review and Concurrence for Technical Staff Documents, 2014

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-546.1-1, Developing Information Papers, 2014

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-546.1-2, Developing Group Weekly Reports, 2014

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-561.1-1, Resolving Differing Professional Opinions, 2014

Defense Nuclear Facilities Safety Board Operating Procedure Number: OP-602, Performing Reviews of New or Revised DOE Directives, 2015

## **INSTRUCTIONS**

Defense Nuclear Facilities Safety Board Instruction Number: 1-514.1, Technical Staff Internal Work Prioritization and Reporting Decision Criteria, 2016

Defense Nuclear Facilities Safety Board Instruction Number: 1-532.1, Technical Staff Oversight of DOE's Development or Modification of DOE Directives, 2014

Defense Nuclear Facilities Safety Board Instruction Number: 1-542.1, Technical Staff Development of Externally Released Documents, 2015

Defense Nuclear Facilities Safety Board Instruction Number: 1-546.1, Technical Staff Internal Communications, 2014

Defense Nuclear Facilities Safety Board Instruction Number: 1-562.1, Technical Staff Records Management and Information Retention, 2016

## **NOTICES**

Defense Nuclear Facilities Safety Board Notice Number: N-126.1, Executive Resources Board, 2015

Defense Nuclear Facilities Safety Board Notice Number: N-131.1, Performance Management System for Excepted Service Employees, 2015

Defense Nuclear Facilities Safety Board Notice Number: N-301.1-3, DNFSB Procedures For Handling Classified Information, 2016

## **WORK PRACTICES**

Defense Nuclear Facilities Safety Board Work Practice Number: WP-211.1-1, Guidance for Division of Acquisition and Finance (DAF) Staff on De-Obligating Excess Funds, 2015

Defense Nuclear Facilities Safety Board Operating Work Practice Number: WP-601, Providing Information for the Board's Daily Gold Folder, 2015



**From:** FOIA  
**Subject:** RE: FY 17-13 FOIA Request Final Document  
**Date:** Tuesday, March 28, 2017 10:22:18 AM  
**Attachments:** WP-601.pdf

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RE: Freedom of Information Act Request (FOIA # FY 17-13).  
One final document attached.

This is the Defense Nuclear Facilities Safety Board's (Board) response to your Freedom of Information Act (FOIA) request, which was received in the Board's FOIA Office on February 23, 2017, and assigned tracking number FY 17-13.

The Board located 32 records responsive to your request, attached you will find the final document. Some of these records are being released to you in part, as portions have been withheld under FOIA Exemption 5 and Exemption 6.

Exemption 5 allows an agency to withhold "inter-agency or intra-agency memorandums or letters which would not be available by law to a party... in litigation with the agency." See *Nat'l Labor Relations Bd. v. Sears Roebuck & Co.*, 421 U.S. 132, 149 (1975). Exemption 5 therefore incorporates the privileges that protect materials from discovery in litigation, including the deliberative process, attorney work-product, attorney-client, and commercial information privileges. In this case, portions of the responsive records qualify for withholding under the deliberative process privilege. To qualify for that privilege, the document must be both "pre-decisional" and "deliberative." *Mapother v. Department of Justice*, 3 F.3d 1533, 1537 (D.C. Cir. 1993). "Pre-decisional" refers to communications that are "antecedent to the adoption of an agency policy." *Jordan v. Department of Justice*, 591 F.2d 753, 774 (D.C. Cir. 1978). A communication is "deliberative" when it plays a "direct part of the deliberative process in that it makes recommendations or expresses opinions on legal or policy matters." *Vaughn v. Rosen*, 523 F.2d 1136, 1144 (D.C. Cir. 1975). The information redacted under Exemption 5 meets the criteria outlined above, because it reflects internal staff deliberations. Moreover, after applying the "foreseeable harm" standard, we have determined that disclosure of this record could chill the free exchange of ideas among Board staff. Accordingly, portions of the responsive records are being withheld in part pursuant to Exemption 5.

Exemption 6 applies to "personnel and medical files and similar files the disclosure of which would constitute a clearly unwarranted invasion of personal privacy." 5 U.S.C. § 552(b)(6). The phrase "similar files" covers any agency records containing information about a particular individual that can be identified as applying to that individual. See *United States Dep't of State v. Washington Post Co.*, 456 U.S. 595, 602 (1982). To determine whether releasing records containing information about a particular individual would constitute a clearly unwarranted invasion of personal privacy, we are required to balance the privacy interest that would be affected by disclosure against any public interest in the information. See *United States Dep't of Justice v. Reporters Comm. for Freedom of Press*, 489 U.S. 749, 773-75 (1989). The information that has been withheld under Exemption 6 consists of email addresses and telephone numbers. We have determined that the individuals to whom this information pertains have a substantial privacy interest in withholding it. Additionally, you have not provided information that explains a relevant public interest under the FOIA in the disclosure of this information and we have determined that its disclosure would shed little or no light on the performance of the Board's statutory duties. Because the harm to personal privacy is greater than whatever public interest may be served by disclosure, release of the information would constitute a clearly unwarranted invasion of the privacy of these individuals. Accordingly, we are withholding the email addresses and telephone numbers under Exemption 6.

You have the right to file an administrative appeal of this partial denial within 90 days of the date of this email. Your appeal must be in writing, clearly marked "Freedom of Information Act Appeal," and directed to the General Counsel at 625 Indiana Avenue NW, Suite 700, Washington, DC 20004, or FOIA@dntsb.gov.

By filing an appeal, you preserve your rights under FOIA and give the Board a chance to review and reconsider your request and the Board's decision. If you would like to discuss our response before filing an appeal to attempt to

resolve your dispute without going through the appeals process, please do not hesitate to contact me via phone at 202-694-7000, toll free at 800-788-4016, or via email at KatherineH@dnfsb.gov.

If we are unable to resolve your FOIA dispute, the Office of Government Information Services (OGIS), the Federal FOIA Ombudsman's office, offers mediation services to help resolve disputes between FOIA requesters and Federal agencies. The contact information for OGIS is:

Office of Government Information Services National Archives and Records Administration  
8601 Adelphi Road--OGIS  
College Park, MD 20740-6001  
202-741-5770  
877-684-6448  
ogis@nara.gov  
ogis.archives.gov

Your request is now completed, and there are no fees associated with this request. If you have any questions, please do not hesitate to contact me via phone at 202-694-7000, toll free at 800-788-4016, or via email at KatherineH@dnfsb.gov. Please provide your assigned Board tracking number (FY 17-13) in any future communications with our office regarding your request.

v/r,  
Katherine R. Herrera  
FOIA Officer

# **DEFENSE NUCLEAR FACILITIES SAFETY BOARD**

625 Indiana Avenue, NW, Suite 700

Washington, D.C. 20004

September 7, 2017

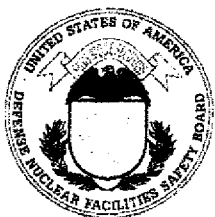
Re: DNFSB FOIA Request 17-13

Please find enclosed a CD containing a copy of the response to FOIA Request 17-13. As discussed, this includes both the cover letter and responsive documents.

Very truly yours,



Paul A. J. Wilson



# DIRECTIVE

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**Subject: DIRECTIVES PROGRAM**

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**Number: D-21.1**

**Approved: 8/22/2016**

**Review: 8/22/2021**

**Certified:**

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**Responsible Office: Office of the General Manager**

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1. **PURPOSE.** The purpose of this Directives Program is to provide the framework of the Directives and Supplementary Documents that support the Defense Nuclear Facilities Safety Board (Board) and its staff's activities subject to strategic plans, applicable laws, regulations, Executive Orders, and Board policies.
2. **CANCELLATION.** This Directive cancels Directive D-21.1, *Directives Program*, dated June 18, 2015.
3. **APPLICABILITY.** This Directive applies to all Board employees and takes precedence over all other agency Directives and other documents with respect to developing, approving, formatting, revising, or cancelling Board Directives and Supplementary Documents. No single Board Directive or Supplementary Document takes precedence (e.g., overrides requirements or responsibilities) over another, with the exception of this Directive relative to the development, approval and revision, or cancellation of Directives and Supplementary Documents. Where conflicts exist between Directives or Supplementary Documents, the General Manager, in consultation with the Technical Director and General Counsel, will confirm that a conflict exists and advise when appropriate revisions are required.
4. **EXEMPTIONS.** Exemptions to this Directive or individual requirements contained in this Directive must be documented and justified by the requesting Office Director, with concurrence from the other Office Directors, and approved by the Chairman.
5. **POLICY.** The Board will use the Directives Program to govern the preparation, coordination, approval, publication, dissemination, implementation, and internal review of all documents falling under the authority of this Directive. The Directives Program includes the following:
  - A. Directives:
    - i. Establish or describe policies, programs, and major activities; define requirements, delegate authority, and assign responsibilities as necessary to carry out Board and staff activities subject to strategic plans, applicable laws, regulations, Executive Orders, and Board

policies;

- ii. Do not duplicate or conflict with existing requirements contained in applicable laws, regulations, Executive Orders, and Board policies;
- iii. Are reviewed and concurred or non-concurred on by the Office of the Technical Director, Office of the General Counsel, and Office of the General Manager. Any non-concurrences shall be documented and accompany the proposed Directive or Supplementary Document when it is routed for approval;
- iv. Are provided to the Nuclear Regulatory Commission Office of Inspector General (OIG) for review;<sup>1</sup> and
- v. Are signed by the Chairman after approval by the Board.

B. Supplementary Documents:

- i. May include Operating Procedures, Instructions, Work Practices, Notices, or other guides;
- ii. Shall provide detailed requirements, responsibilities, processes, and procedures for conducting the Board's or its staff's activities; and
- iii. Shall follow a consistent format and structure, and are approved as defined in Operating Procedure (OP)-21.1-1.

6. **REQUIREMENTS.**

- A. The Board shall establish and maintain a Directives Program.
- B. Directives and Supplementary Documents shall be approved by an appropriate level of management whose span of control encompasses the scope of the Directive or Supplementary Document.
- C. Directives shall undergo a Certification Review for accuracy and continued relevance every five (5) years or less.
- D. Supplementary Documents shall undergo a Certification Review for accuracy and continued relevance every three (3) years or less.

7. **RESPONSIBILITIES.**

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<sup>1</sup> OIG review and comment on a policy document is limited to the detection of fraud, waste, and abuse, and not the enhancement of program efficiency. To remain independent and objective, OIG will not otherwise comment on the substantive content of the document, and the review is not subject to concurrence or objection.

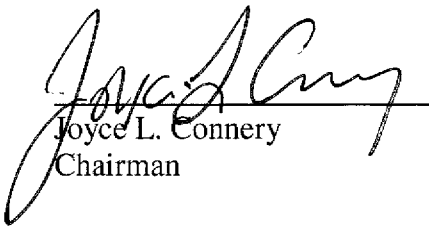
- A. The Chairman:
  - i. Signs Directives after approval by the Board; and
  - ii. May approve Supplementary Documents.
- B. The General Manager, in addition to the Office Directors' responsibilities listed in Section 7E:
  - i. Administers the Board's Directives Program;
  - ii. Develops, maintains, and approves OP-21.1-1; and
  - iii. Coordinates the periodic review of Directives.
- C. The Deputy General Manager is responsible for performing the above duties under Section B in the General Manager's absence.
- D. The General Counsel, in addition to the Office Directors' responsibilities listed in Section 7E, reviews for legal sufficiency, all Directives and Supplementary Documents that affect staff and procedures across the Board.
- E. The Office Directors (or their designee):
  - i. Develop, approve, resolve comments on, certify, and sign final Supplementary Documents falling within their purview;
  - ii. Develop content for specific Directives and/or Supplementary Documents;
  - iii. Review new and revised Directives and Supplementary Documents and provide any comments concerning interfaces, impacts on their Office, and subject matters within their area of responsibility;
  - iv. Review those Directives and Supplementary Documents under their purview before established deadlines;
  - v. Re-certify or cancel Directives and Supplementary Documents that are within their purview and do not have Board-wide application; and
  - vi. Coordinate the review and approval of their own Supplementary Documents.
- 8. **CONTROLS AND MEASURES.** Controls and measures shall be specified in OP-21.1-1.
- 9. **REFERENCES.**

- A. 42 U.S.C. § 2286 et seq., *Enabling Statute of the Defense Nuclear Facilities Safety Board*.
- B. 41 C.F.R. § 102-193, *Creation, Maintenance, and Use of Records*.
- C. Operating Procedure (OP)-21.1-1, *Directive and Supplementary Document Procedures*.

10. **DEFINITIONS.**

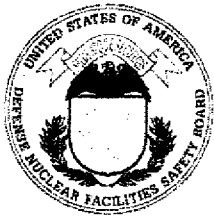
- A. **Directive.** The highest level Directives Program document, used to establish or describe policies, programs, and major activities, define requirements, delegate authority, and assign responsibilities. Final Directives are approved by the Board and signed by the Chairman.
- B. **Instruction.** A Supplementary Document that provides high-level direction for the execution of an Office program or function. Instructions do not assign responsibilities or establish requirements outside of the originating Office and are approved and issued by the Office Director.
- C. **Notice.** A Supplementary Document issued in response to a Board matter requiring prompt action to establish short-term management objectives. A Notice must be converted to or incorporated into another Board Directive Program document within one year of the effective date of the Notice unless an extension is granted or the Notice is allowed to expire.
- D. **Operating Procedure.** A Supplementary Document that implements a Directive or Instruction and provides detailed directions or instructions for the execution of a Board-wide or Office-wide program or function. Operating Procedures are approved by the Office initiating the Procedure and may impact employees in all Offices.
- E. **Supplementary Documents.** A lower tier Directives Program document developed at the Office level or below to provide detailed requirements, responsibilities, processes, procedures, guidelines and assistance for conducting the Board's or its staff's activities. Final Supplementary Documents are approved by the appropriate level of management whose area of responsibility includes the scope of the Supplementary Document as defined in D-21.1, *Directives Program*, and do not require the Chairman's signature.
- F. **Work Practice.** A Supplementary Document that provides guidance to Office staff to support the successful accomplishment of work in a specific type of activity.

11. **CONTACT.** Address questions concerning this Directive to the Office of the General Manager.



Joyce L. Connery  
Chairman





# DIRECTIVE

**Subject: OFFICE OF THE INSPECTOR GENERAL AND GOVERNMENT  
ACCOUNTABILITY OFFICE AUDITS**

<b>Number: D-31.1</b>	<b>Approved: 11/10/2016</b>	<b>Review: 11/10/2021</b>	<b>Certified:</b>
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**Responsible Office: Office of the General Manager**

1. **PURPOSE.** The purpose of this Directive is to provide the Defense Nuclear Facilities Safety Board's (DNFSB) policies, requirements, and responsibilities when considering audit<sup>1</sup> reports issued by the Office of the Inspector General (OIG)<sup>2</sup> and the Government Accountability Office (GAO).<sup>3</sup>
2. **CANCELLATION.** None.
3. **APPLICABILITY.** This Directive applies to all DNFSB employees.
4. **EXEMPTIONS.** None.
5. **POLICY.**
  - A. The DNFSB shall review and provide timely, accurate, and complete responses to audit reports from the OIG and GAO.
  - B. All audit report recommendations for improvement in the DNFSB programs and operations shall be assessed and resolved, and corrective actions, where applicable, shall be implemented promptly.
6. **REQUIREMENTS.**
  - A. Prompt resolution and corrective actions on audit recommendations shall be provided, with resolution made within a maximum of six months after issuance of a final audit report.
  - B. Accurate records of the status of audit reports and recommendations shall be

<sup>1</sup> Defined terms (see Section 10) are underlined when first used.

<sup>2</sup> The Consolidated Appropriations Act for fiscal year (FY) 2014 permanently assigned the OIG of the Nuclear Regulatory Commission (NRC) to also serve as the Defense Nuclear Facilities Safety Board's (DNFSB) Inspector General (IG), in accordance with the Inspector General Act of 1978 (5 U.S.C. App.). The Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for FY 2015 specifically amended the DNFSB's statute to state that the NRC-OIG is the Board's IG. Any reference in this Directive to "OIG" thus means the NRC-OIG.

<sup>3</sup> GAO is an independent, legislative branch agency responsible for auditing and evaluating programs, activities, and financial operations of the executive branch.

maintained throughout the entire process of resolution and corrective action.

- C. Resolutions shall be consistent with all applicable laws, regulations, and the Administration's policy, and include written justification containing, when applicable, the basis for decisions not agreeing with the audit recommendations.
- D. Performance appraisals of appropriate officials shall reflect effectiveness in resolving and implementing audit recommendations.
- E. Internal follow-up reviews of completed audits shall be conducted to ensure corrective actions are complete and effective, and to identify trends and system-wide problems.
- F. DNFSB shall adhere to requirements applicable to OIG and GAO reports, including the time requirements for providing comments.
- G. Resolution to audit recommendations involving policy formulation shall be raised to the Board in a timely manner to allow the Board to approve the formal response via the voting process.

**7. RESPONSIBILITIES.**

**A. Chairman**

- i. Signs initial transmittal response to congressional committees, OMB, and GAO regarding recommendations in final GAO reports;
- ii. When necessary (i.e., when not resolved by the Audit Follow-up Official), resolves differences between OIG and DNFSB with regard to recommendations contained in OIG audit reports; however, when the resolution involves matters relating to policy formulation or any other matter within the Board's authority, refers such issues to the Board;
- iii. Consults with Office of General Counsel and the Board to determine whether resolution to audit recommendations involves policy formulation;
- iv. Initiates and signs formal comments on OIG and GAO draft reports, following input and majority vote from the Board per 7.B. below;
- v. Within 30 days of receipt of the OIG Semi-annual Report, transmits a report to Congress on significant recommendations from previous OIG reports where progress to implement audit recommendations has not been made for more than one year from the date of management decision, together with an explanation of delays.

**B. Board**

- i. When necessary, determines whether resolution to audit recommendations

involves policy formulation, in accordance with Section 1.4(A) of the Board Procedures;

- ii. Approves responses to OMB and congressional committees regarding recommendations in final reports from GAO, via the voting process;
- iii. Resolves differences between OIG or GAO and DNFSB, and approves the (DNFSB) final response, via the voting process, when resolution of a recommendation includes matters involving policy formulation or any other matter within the Board's authority; and
- iv. Provides input and votes on formal comments for OIG and GAO reports, as appropriate.

**C. General Manager (GM)**

- i. Serves as the Audit Follow-up Official with the responsibility of ensuring that:
  - 1. Systems of audit follow up, resolution, and corrective action are documented and in place;
  - 2. Responses to all audit reports are complete, timely, and in accordance with the accompanying operating procedures;
  - 3. Disagreements with OIG or GAO with regard to recommendations contained in OIG or GAO audit reports are resolved;
  - 4. Ensures that OIG Semi-annual reports are provided to the Board.
- ii. Ensures development of the OP necessary to implement this Directive;
- iii. Ensures that DNFSB officials understand the value of the audit process and are responsive to audit recommendations;
- iv. Ensures development and transmittal of comments on draft audit reports in accordance with the accompanying operating procedures; and
- v. Approves the completed audits selected for the internal follow-up review conducted by the Audit Liaison.

**D. Deputy General Manager (DGM)**

- i. Oversees the Audit Liaison's management of DNFSB's activities with OIG, the audit process, and resolution of audit report recommendations;
- ii. Provides final review and clearance of responses to OIG and GAO reports and recommendations prior to submission to OIG and GAO, except for responses that involve policy formulation;
- iii. Oversees the staff resolution and completion of corrective actions taken in response to audit recommendations; and
- iv. Ensures that appropriate agency actions are taken to address findings raised in

audit reports when they involve any matter within the Board's authority, such as policy formulation.

**E. Audit Liaison**

- i. Manages DNFSB, OIG, and GAO audits, including coordinating and facilitating entrance and exit conferences, information requests, DNFSB staff comments on draft reports, and status updates;
- ii. Ensures that audit report recommendations are resolved and tracked through completion;
- iii. Ensures that corrective actions are assigned, and that OIG and GAO are advised of actions taken relative to audit report recommendations;
- iv. Supports and coordinates with Office Directors and staff for timely response to requests, findings, and recommendations resulting from audits;
- v. Conducts internal follow-up reviews of completed audits to ensure corrective actions are complete and effective, and to identify trends and system-wide problems;
- vi. Maintains the OP; and
- vii. Provides the GM and DGM with monthly status reports on all audit recommendations.

**F. Office Directors or Designees**

- i. Fully participate in and provide information for audits, as requested;
- ii. Develop and provide the Audit Liaison with timely responses and action plans to implement corrective actions within their purview for inclusion into the DNFSB response to the final audit reports; and
- iii. Ensure corrective actions within areas of responsibility are prioritized, assigned, and implemented.

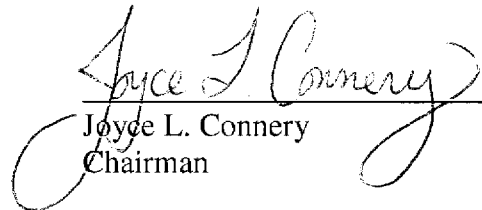
**G. General Counsel**

- i. When necessary, consults with other Federal agencies regarding GAO requests for documents originating with those agencies;
- ii. Resolves disagreements between GAO and DNFSB regarding requests for information;
- iii. When necessary, consults with DNFSB management to establish the legal basis for a management decision to disagree with an audit recommendation;

- iv. Assists the Chairman and the Board in determining whether a recommendation involves a policy matter, as needed; and
    - v. Reviews formal comments on draft audit reports.
  - H. Employees shall fully cooperate with audits as requested. Cooperation with GAO and OIG is required from all DNFSB employees, and no one may prohibit or interfere with GAO's or OIG's work.
8. **CONTROLS AND MEASURES.** Controls and measures shall be specified in the accompanying OP.
9. **REFERENCES.**
- A. OMB Circular A-50, *Audit Follow-up*, dated September 29, 1982.
  - B. Legislative Reorganization Act of 1970 (Pub. L. No. 91-510, 84 Stat. 1140), § 236, as codified at 31 U.S.C. § 720, specifies reporting requirements for GAO reports.
  - C. Inspector General Act of 1978, as amended (5 U.S.C. App.).
  - D. Consolidated Appropriations Act for Fiscal Year 2014 (Pub. L. No. 113-76, 128 Stat. 5, 182).
  - E. The Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for Fiscal Year 2015 (Pub. L. No. 113-291, 128 Stat. 3292, 3902).
  - F. Defense Nuclear Facilities Safety Board Procedures dated August 2015.
10. **DEFINITIONS.**
- A. **Audit** – A planned and documented activity performed using accepted auditing practices to determine by investigation, examination, or evaluation the adequacy of programs and activities, including their effectiveness, economic use of resources, and compliance with established procedures, laws, and regulations. Audit reports that may be generated as a result of an audit include the following:
    - i. **Draft Audit Report** – A report issued at the conclusion of audit activities and provided to the DNFSB for review and comment. The audit organization may modify the draft report based on its assessments of the comments received.
    - ii. **Final Audit Report** – A report of record of the audit. Reports may include audits performed by internal or external auditors and may contain monetary and nonmonetary recommendations. This report incorporates, as appropriate, any necessary revisions to the facts, conclusions, and recommendations included in the draft audit report, based on the discussion at the exit conference or generated from written comments provided by the agency. Written comments are included as an Appendix to the final audit report.

Some audits are sensitive and/or classified, and such final audit reports are not made available to the public.

- B. **Corrective Action** – Measures taken to implement resolved audit findings and recommendations. When proposed, corrective actions must include an anticipated date for completion.
  - C. **Resolution** – For OIG audits, this is the point at which OIG and DNFSB agree on the action to be taken on reported findings and recommendations; or, in the event of disagreement, the point at which the Audit Follow-up Official determines the matter to be resolved. For GAO audits, this is the point at which the DNFSB responds to Congress, as required by the Legislative Reorganization Act of 1970 (31 U.S.C. § 720).
  - D. **Responses** (to audit reports) – Written comments by the appropriate Office Director or designated staff indicating agreement or disagreement on reported findings and recommendations. Comments indicating agreement on final reports include planned corrective actions and dates for achieving actions. Comments indicating disagreement explain fully the reasons for disagreement. Where disagreement is based on an interpretation of law, regulation, or the authority of officials to take action, the response should include the legal basis.
11. **CONTACT**. Address questions concerning this Directive to the Office of the General Manager.

  
Joyce L. Connery  
Chairman



# DIRECTIVE

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**Subject: EXECUTIVE RESOURCES BOARD**

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**Number: D-126.1**

**Approved: 08/16/13**

**Review: 08/22/18**

**Certified:**

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**Responsible Office: Division of Human Resources**

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1. **PURPOSE.** This directive establishes the policy governing the establishment, membership, and responsibilities of the Defense Nuclear Facilities Safety Board's (Board) Executive Resources Board (ERB). Each agency is required by 5 U.S.C. 3393(b) to establish one or more ERB's to conduct merit staffing for career appointment into the Senior Executive Service (SES). As determined by the Chairman, the ERB may also be delegated responsibility for other matters relating to the oversight and direction of other executive resources functions.
2. **CANCELLATION.** This directive supercedes the Chairman's memorandum dated October 29, 2010, establishing the Board's ERB.
3. **APPLICABILITY.** This policy covers individuals designated to serve as members and support staff for the Board's ERB.
4. **EXEMPTIONS.** None.
5. **POLICY.** It is the policy of the Board to ensure that its SES merit staffing process is managed in accordance with applicable Federal laws and regulations and in such a way as to ensure institutional continuity in the Board's executive personnel management.
  - A. There will be one (1) ERB at the Board. The members of the ERB will be composed of four individuals, all of whom are employees of the agency:
    - i. The Vice Chairman. The Vice Chairman is a permanent member of the ERB and will serve as its Chair.
    - ii. One (1) Office Director. Office Directors will serve rotating 2-year terms. An Office Director may serve on the ERB only after completing his or her SES probationary period.
    - iii. One (1) non-Office Director (e.g., Deputy Office Directors or Group Leads). The non-Office Director members will serve rotating 2-year terms. A non-Office Director may serve on the ERB only after completing his or her SES probationary period.

- iv. Executive Secretary. The Director of Human Resources or his or her designee will serve as the Executive Secretary to the ERB and will provide administrative support to carry out the responsibilities of the ERB.

- B. The Chairman reserves the right to delegate, in writing, additional responsibilities to the ERB, as needed. These responsibilities may include activities relating to executive personnel planning, utilization of executive resources, executive training and development, executive performance, executive pay, and evaluation of executive programs.

6. **REQUIREMENTS.** None.

7. **RESPONSIBILITIES.**

- A. Chairman. The Chairman is the appointing authority for the Board's senior executives and retains final approval over all matters related to the SES. The Chairman's responsibilities include:
  - i. Appointing members to the ERB. Every 2 years, effective October 1, the Chairman will issue a memorandum establishing the membership of the ERB. ERB membership should be diverse and include, to the extent possible, both Presidential and SES appointees as well as representation by both women and minorities;
  - ii. Establishing the terms of ERB members;
  - iii. Increasing/decreasing or modifying the activities over which the ERB has purview; and
  - iv. Approving final updates or changes to the ERB Directive.
- B. ERB Chair. The ERB Chair is responsible for overseeing the activities of the ERB. These activities include:
  - i. As necessary, convening meetings of the ERB and establishing the ERB's agenda;
  - ii. Determining the need to establish a Qualifications Review Panel (QRP) and for making recommendations of external panel members;
  - iii. Leading the ERB through the merit staffing process; and
  - iv. Advising the Chairman on matters relating to ERB activities.



- C. Director of Human Resources. The Director of Human Resources and/or his or her designee are responsible for:
- i. Serving as advisor to the Chairman, ERB, and QRP on the Board's Executive Resources Program;
  - ii. Serving as Executive Secretary to the ERB;
  - iii. Ensuring the Board complies with applicable statutes and Office of Personnel Management (OPM) regulations; and
  - iv. Maintaining all records governing ERB activities.
- D. Executive Resources Board. The ERB is responsible for:
- i. Conducting the merit staffing process for career appointments in the SES, including reviewing the executive qualifications of candidates for career appointment and making written recommendations to the selecting official;
  - ii. The annual review and revision, as appropriate, of Executive Development Plans for current executives;
  - iii. Reviewing and evaluating applications and making final selections for eligible Board employees to participate in executive training programs;
  - iv. Reviewing and recommending policy changes to the Chairman on executive resources matters; and
  - v. Providing advice and guidance on SES matters when the Chairman requests an advisory opinion or when it is required by other Board policies.

NOTE: The ERB does not establish policies and procedures governing positions filled by Presidential appointment with the advice and consent of the Senate (PAS position) or positions at the DN-IV and DN-V levels in the Board's excepted service (DN) personnel system.

8. **CONTROLS AND MEASURES.**

- A. Every 2 years, no later than 30 calendar days before October 1, the ERB Executive Secretary will provide the Chairman with the names of eligible ERB participants. The memorandum establishing the new ERB will take effect October 1. If an expiring ERB is conducting merit staffing activities when the

new ERB takes effect, the expiring ERB will complete its work before disbanding.

- B. In accordance with 5 CFR 317.501(d), all documents related to the merit staffing process, as prescribed by OPM, will be retained for a period of 2 years to permit reconstruction of merit staffing actions.
  - C. Minutes of ERB meetings (not related to merit staffing activities) will be retained for 5 years.
9. **RECORDS.** The Division of Human Resources is responsible for maintaining records associated with activities of the ERB.
10. **REFERENCES.**
- A. 5 U.S.C. 3393(b)
  - B. 5 CFR 317.501(a) and (d)
11. **DEFINITIONS.**
- A. **Executive Development Plan.** An Executive Development Plan (EDP) is a document that contains the short-term and long-term developmental activities and goals intended to enhance an executive's performance. Members of the SES are required to prepare, implement, and update an EDP as specified in 5 CFR 412.401.
  - B. **Executive Resources Program.** A program managed by the Division of Human Resources that provides integrated executive policy and operational personnel support services to the Chairman and the Board's senior executives. The Executive Resources Program includes executive staffing and position management, executive compensation, and executive performance management.
  - C. **Executive Resources Board.** A panel of top agency executives responsible under the law for conducting the merit staffing process for career appointments to the SES.
  - D. **Qualifications Review Panel.** A panel established at the request of the ERB Chair when a member(s) of the current ERB must be replaced by an alternate panel member due to a conflict of interest or circumstances beyond their control. The alternate panel member(s) must be career SES and may be selected from either the Board or another Federal agency.

12. **CONTACT.** Questions concerning this Directive should be addressed to the Division of Human Resources, Office of the General Manager.

A handwritten signature in black ink, appearing to read 'P. S. Winokur', is written above a horizontal line.

Peter S. Winokur, Chairman



# DIRECTIVE

**Subject: FULL-TIME EXTERNAL PROFESSIONAL DEVELOPMENT  
OPPORTUNITIES PROGRAMS**

<b>Number: D-172.1</b>	<b>Approved: 11/29/2016</b>	<b>Review: 11/29/2021</b>	<b>Certified:</b>
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**Responsible Office: Division of Human Resources, Office of the General Manager**

1. **PURPOSE.** This Directive sets forth the policies, requirements, and responsibilities about any Full-time External Professional Development Opportunity (FEPDO) available to Defense Nuclear Facilities Safety Board (DNFSB) employees. FEPDOs are vital management tools that foster a flexible, supportive environment to engage employees and maximize organizational performance through the continued development of employees at the DNFSB. The agency is committed to providing such opportunities despite the short-term costs they may impose on the organization. In this regard, the Directive supports maximizing the organizational and professional development benefits of FEPDOs while providing flexibility to allow the agency to best plan for workload issues.
2. **CANCELLATION.** None.
3. **APPLICABILITY.** This Directive applies to all DNFSB employees and any program that promotes or enhances professional development for employees.<sup>1</sup>
4. **EXEMPTIONS.** None.
5. **POLICY.** The DNFSB is committed to fostering an atmosphere supportive of continuing professional development of all DNFSB employees. FEPDOs must provide equal opportunity for all employees regardless of race, color, religion, sex (including gender identity, sexual orientation and pregnancy), national origin, age, disability, genetic information, status as a parent, or prior Equal Employment Opportunity activity. It is the DNFSB's policy to:
  - A. Promote the use of FEPDOs that provide employees with the opportunity to expand their professional development without compromising mission objectives. Supervisors should regularly promote FEPDOs throughout their organization for eligible employees, and inform applicants of available FEPDOs when filling vacancies.
  - B. Value the professional development of all employees and empower individuals to participate in FEPDOs. As workload and resources allow, the DNFSB will offer opportunities to participate in FEPDO programs

<sup>1</sup> This Directive does not apply to, or cover, the Professional Development Program (PDP).

that do not exceed twelve consecutive months in length.

- C. Appropriately plan for the use of FEPDOs in each fiscal year by including a maximum allotment for the agency in the annual staffing plan.
- D. Allow for agency-wide flexibility, based on organizational need and resources, to incorporate any unpredicted FEPDOs that become available and will benefit both the agency and its employees.
- E. Ensure equity and transparency in the offering and selection processes for FEPDOs by establishing and communicating Selection Criteria appropriate to the opportunity and convening a multi-office Selection Panel to make final recommendations.

## **6. REQUIREMENTS.**

- A. The DNFSB's offerings of FEPDO program opportunities shall be implemented so as to conform to the referenced regulations, laws, and guidance in Section 10.
- B. Each specific FEPDO program will have a separate Operating Procedure, Work Practice, or other Supplementary Document(s), if necessary.
- C. A competitive process will be used to select employees for FEPDOs. As part of the competitive process, employees pursuing a FEPDO will be evaluated by a Selection Panel consisting of Office Directors and/or his or her designee. The Selection Panel will define appropriate Selection Criteria for the FEPDO, evaluate interested eligible employees against the criteria, and make final recommendations for selection to the Board's Chairman.
- D. Employees selected for a FEPDO will report back to the DNFSB on the usefulness and applicability of their experience in terms of their development and the mission of the Agency at least once during the opportunity and again at the end of the program.

## **7. RESPONSIBILITIES.**

- A. Chairman. Approves or disapproves Selection Panel recommendations for FEPDO candidates.
- B. Board Members. With the Chairman, provide oversight in determining priority areas of need for FEPDO opportunities and the maximum number of FEPDO slots to be allotted each fiscal year and included in the staffing plan.
- C. General Manager. With the concurrence of the General Counsel, ensures

the development and implementation of Operating Procedures or other Supplementary Documents to implement this Directive, if necessary.

- D. General Counsel. Reviews all FEPDO agreements and ensures the various FEPDOs permitted by this Directive are executed in accordance with all applicable laws and regulations.
- E. Director of Human Resources (DHR). The DHR, and/or his or her designee, is responsible for:
  - i. Providing guidance, direction, and oversight for all matters pertaining to the formulation, review, and execution of plans, policies, programs, and budgets addressing the use of FEPDO programs;
  - ii. Developing, coordinating, and executing procedural guidance for FEPDOs, if necessary; and
  - iii. Ensuring submittal of required reports to the Office of Personnel Management.

8. **CONTROLS AND MEASURES.** The use of FEPDO programs will be reviewed by the DHR once a year in coordination with the development of the annual DNFSB Staffing Plan.

9. **RECORDS.** The DHR is responsible for maintaining records associated with the use of FEPDOs.

10. **REFERENCES.**

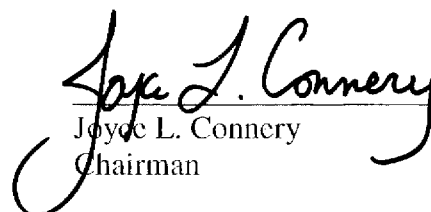
- A. 5 U.S.C. § 3341 and 5 C.F.R. § 300.301 – Details within Executive or military departments.
- B. 31 U.S.C. § 1301 – Appropriation Restrictions on Assignment of Employees.
- C. 3 U.S.C. § 112 – Details of Federal Employees to the White House.
- D. 2 U.S.C. § 4301 – Details of Federal Employees to Staff Offices or Committees of Congress.
- E. 5 C.F.R. § 532.411 – Details.
- F. 42 U.S.C. § 2286 et seq. – Enabling Statute of the Defense Nuclear Facilities Safety Board.
- G. 5 U.S.C. §§ 3371-3376 and 5 C.F.R. Part 334 – Details under the Intergovernmental Personnel Act of 1970.

- H. 5 U.S.C. § 3343 and 5 C.F.R. § 352.304 – Details to International Organizations and/or Foreign Governments.
- I. 64 Comp. Gen. 370 (1985) – Non-reimbursable Details.

## 11. DEFINITIONS.

- A. Full-time External Professional Development Opportunity. Any professional development opportunity that is allowable under applicable Federal laws, rules, and regulations and meets the following criteria:
  - i. Is external to the DNFSB;
  - ii. Requires fulltime participation by an employee for a specific period of time;
  - iii. Exceeds 6 months in duration;
  - iv. Is available to all eligible employees, and, based on the availability of organizational and financial resources, requires a competitive process; and
  - v. It is expected that an employee will return to his/her regular position at the end of the opportunity.
- B. Selection Criteria: A list of the key skills, knowledge, experience and attributes required for a FEPDO. The criteria used is unique to the opportunity and provides a measure against which candidates are objectively evaluated and enables members of the Selection Panel to assess an employee's suitability for the opportunity.
- C. Selection Panel: A multi-office panel is convened to make final recommendations to the Chairman for a FEPDO. The panel is made up of the DNFSB's Office Directors, or his or her designee, and is based on the FEPDO.
- D. Eligible Employee: Any DNFSB employee, as defined in 5 U.S.C. § 2105 (including Office of the Technical Director and Office of the General Counsel Excepted Service employees), who has successfully passed their applicable probationary period and demonstrates and sustains a Level 3 or above of performance.

12. **CONTACT.** Address questions concerning this Directive to the Director of Human Resources, Office of the General Manager.

  
Joyce L. Connery  
Chairman

# Defense Nuclear Facilities Safety Board

Washington, D.C. 20004

## Administrative Directive

**AD 131.1**

**Date:** December 29, 2000

**Initiated By:**

Office of the General Manager  
Division of Human Resources

**Distribution:**

All Excepted Service Employees

### Subject

**Performance Management System for  
Excepted Service Employees**

### Summary

This Administrative Directive establishes the policies and procedures for managing the performance of Excepted Service employees. It provides guidance on evaluating generic critical and non-critical performance elements that will be measured at the Highly Successful, Fully Successful, Marginal and Unacceptable levels using generic standards at the Highly and Fully Successful levels. The Directive specifies when performance will be appraised, how summary level ratings will be determined, what personnel actions may be taken based on performance, and how individual development will be pursued.

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Joseph R. Neubeiser  
Acting General Manager

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John T. Conway  
Chairman



## **PERFORMANCE MANAGEMENT SYSTEM FOR EXCEPTED SERVICE EMPLOYEES**

1. **PURPOSE.** This Administrative Directive establishes policies and procedures for managing the performance of Defense Nuclear Facilities Safety Board Excepted Service employees consistent with provisions of the law and Office of Personnel Management (OPM) rules and regulations. The objectives of the performance management system are as follows:
  - a. To permit the accurate evaluation of job performance based on objective criteria.
  - b. To provide information to employees on their performance and how it may be improved.
  - c. To serve as a basis for adjusting basic pay and for rewarding, training, promoting, reducing in level and removing employees.
  - d. To identify and plan activities that develop the knowledge and abilities needed to meet the goals of the agency as well as those of the employees.
2. **ACTION.** This Administrative Directive is effective as of December 29, 2000.
3. **SCOPE.** This performance management system covers all technical staff Excepted Service employees.
4. **REFERENCES.**
  - a. Title 5, United States Code, chapters 43, 45 and 53, which authorize agencies to establish performance appraisal systems and award programs and which provide the basis for Federal pay for their employees.
  - b. Title 5, Code of Federal Regulations, parts 293, 351, 430, 432, 451 and 771, which govern personnel records and files, reduction in force, performance appraisal, awards and grievances for Federal employees.
  - c. Applicable OPM rules and regulations.
5. **DEFINITIONS.**
  - a. *Appraisal Period.* The established period for which an employee's performance will be reviewed and a rating of record prepared.

- b. Critical Element. A work assignment or responsibility of such importance that unacceptable performance on the element would result in a determination that an employee's overall performance is unacceptable.
- c. Individual Development Plan. An action plan consisting of specific proposed development activities and a schedule for completing those activities. The proposed development activities are derived from an assessment of individual and agency development needs.
- d. Long-range. Three to five years.
- e. Performance. An employee's effort toward accomplishment of work assignments or responsibilities.
- f. Performance Appraisal. The act or process of reviewing and evaluating the performance of an employee against the described performance levels.
- g. Performance Management Record. All of the written performance elements and levels that set forth expected performance.
- h. Performance Management System. A system established under subchapter I of chapter 43 of title 5, United States Code, and subpart B of part 430, title 5, Code of Federal Regulations, which provides for the identification of performance elements, establishment of performance standards, communication of standards and critical elements to employees, establishment of methods and procedures to appraise performance against established standards and appropriate use of appraisal information in making personnel decisions.
- i. Performance Standards. A statement of the expectations or measurements established by management at one or more levels. A performance standard may include, but is not limited to, quantity, quality, timeliness and manner of performance.
- j. Performance Summary Levels. Levels used in the performance appraisal program to provide consistency in describing ratings of record. General summary level definitions and examples follow.

Level 5 (Highly Successful). Employee demonstrates extraordinary, high-quality performance. *Examples:* Work products are exceptionally reliable and timely; application of technical knowledge and skills exceeds what is expected for the position; interpersonal relationships are handled with exceptional skill, conflicts are anticipated and avoided; actively promotes cooperation with supervisor and others.

Level 3 (Fully Successful). Employee demonstrates fully acceptable performance. *Examples:* Work products meet requirements; application of technical knowledge is effective in getting the job done; works well as a team member, supports group efforts; successfully handles a variety of tasks; follows supervisor's directions.

Level 2 (Marginal). Employee demonstrates minimally acceptable performance for retention on the job and significant deficiencies that require correction. *Examples:* Work requires unusually close supervision to meet objectives on one or more occasions, or needs so much revision that deadlines are missed or imperiled; has incomplete grasp of one or more important areas of the field of work; application of technical knowledge is not reliable; behavior toward supervisor and others occasionally causes problems; reluctant to accept responsibility for assigned work.

Level 1 (Unacceptable). Employee demonstrates performance below the *Marginal* level. Work products do not meet the minimum requirements. *Examples:* Work products show little contribution to organizational goals; has poor work habits and strained work relationships; lacks credibility due to irresponsible work activity; demonstrates lack of positive response to supervisor's corrective efforts.

- k. Progress Review. Communicating with the employee about performance compared to the performance standards of critical elements. It is not in itself a rating.
- l. Rating Official(s). The official(s) responsible for informing the employee of the critical elements of his or her position, appraising performance and assigning the summary level rating.
- m. Rating of Record. The written performance rating prepared at the end of the appraisal period for performance over the entire period and the assignment of a summary level rating. Also the summary level rating, under 5 U.S.C. 4302, required at the time specified in this directive or at other times specified for special circumstances.
- n. Reviewing Official. An official in the appraised employee's chain of command who is responsible for reviewing appraisals prepared by the rating official(s). The reviewing official will normally be the appraised employee's second-level supervisor. The reviewing official is also the final approving official for ratings of record.
- o. Short-term. One to two years.

**6. POLICY.** It is the policy of the DNFSB that:

- a. Employees' work performance will be appraised annually, in a fair, equitable and an objective manner based on written job-related performance elements and standards.
- b. Employee development activities will be established annually to address employee and agency development goals.
- c. Performance appraisals and related determinations will be made without regard to race, color, religion, sex, national origin, age, handicap, marital status or political affiliation.
- d. The performance management system will be used by managers and supervisors to:
  - (1) Communicate and clarify agency and organizational goals, objectives and priorities to employees;
  - (2) Identify and communicate individual responsibility and accountability for the accomplishment of performance objectives;
  - (3) Assess, address and improve individual and organizational performance; and
  - (4) Take appropriate personnel actions.

**7. RESPONSIBILITIES.**

- a. The General Manager is responsible for:
  - (1) Providing overall direction and administration of the Board's performance management system and programs.
  - (2) Approving the policies and procedures for the performance management system and programs.
  - (3) Ensuring that employees are informed of the provisions of this Administrative Directive.
- b. The Director of Human Resources is responsible for:
  - (1) Recommending policy and developing standards and procedures on the performance management system and programs based on applicable law, rules and regulations.

- (2) Providing policy, procedural guidance and training on the performance management system and programs to managers and employees.
- (3) Maintaining data for proper management and evaluation of the system and programs.
- (4) Evaluating the effectiveness of the system and programs to recommend improvements.

c. The Technical Director and the Technical Leads are responsible for:

- (1) Communicating to technical staff employees the policies and procedures set forth in this Administrative Directive to ensure they fully understand the performance appraisal process.
- (2) Ensuring that performance elements for their subordinates are meaningful and adequately reflect the mission and priorities of the Board.
- (3) Establishing performance objectives for their employees at the beginning of the appraisal period and encouraging employee participation in the performance management process.
- (4) Assisting employees in improving unacceptable performance, and initiating action to reduce in pay or remove employees who continue to perform at the *Unacceptable* level after being notified in writing and given an opportunity to demonstrate acceptable performance.
- (5) Evaluating each employee during the appraisal period based on the employee's written elements and standards.
- (6) Ensuring that summary level ratings are fair and adequately reflect the employee's accomplishments.
- (7) Recognizing and rewarding employees whose performance so warrants.
- (8) Ensuring that development goals are established for each employee and facilitating development activities to meet these goals.

e. Employees are responsible for:

- (1) Actively participating with their supervisor in the ongoing evaluation of their performance.

- (2) Actively participating with their supervisor in the establishment and ongoing evaluation of their individual development goals.
  - (3) Accepting accountability for performing the critical and non-critical elements of their job.
8. **SUPPLEMENTARY PROCEDURES.** Procedures developed at the office level are prohibited unless approved in writing by the Director of Human Resources.
9. **ASSISTANCE.** Questions concerning the DNFSB performance appraisal system should be directed to the Division of Human Resources.
10. **REQUESTS FOR COPIES.** This Directive is on the DNFSB Intranet.

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## **CHAPTER I**

### **PERFORMANCE APPRAISAL**

1. **REQUIREMENTS.** Excepted service employees will be formally appraised in writing annually using generic critical and non-critical elements and standards.
2. **PERFORMANCE APPRAISAL SCHEDULE.** The normal performance appraisal period begins on **July 1** and ends on **June 30** of the following calendar year. Generally, all excepted service employees who have worked under a performance plan for **90** calendar days or more will receive a rating of record by July 30 of each year for the rating period completed on June 30. The Director of Human Resources must approve requests to deviate from the normal appraisal period in advance.
3. **EXCEPTED SERVICE PERFORMANCE MANAGEMENT RECORD.**

The DNFSB Excepted Service Employees Performance Appraisal (Form DNFSB F-3-1) is the *official* document for appraisal. In addition to the cover page, which has employee information, and performance plan development certification, progress review and summary rating documentation, it contains the following:

- a. **Performance Elements.** Critical and non-critical. All elements are equally weighted. Unacceptable performance on a *critical element* would result in a determination that an employee's overall performance is unacceptable.
- b. **Performance Standards.** Generic performance standards have been established at the *Fully* and *Highly Successful* levels. The absence of an established performance standard at a level specified in the program, however, does not preclude a determination that performance is at that level. Also, performance expectations have been established at DN levels III, IV and V.

Interns and Site Representatives are under a different set of elements and standards due to the nature of their duties and responsibilities in their positions.

4. **COMMUNICATING PERFORMANCE EXPECTATIONS.** Performance expectations, elements and standards will be communicated to the employee in writing using the DNFSB excepted service performance appraisal record in the following instances:
  - a. When the employee is initially assigned to a position;
  - b. When there is a change in supervisors; and

- c. At or as near as possible to the beginning of each appraisal period, normally within 30 days.

Rating officials are responsible for giving employees a copy of their performance appraisal record.

## **5. APPRAISING PERFORMANCE.**

- a. Minimum Appraisal Period. The minimum period of performance that must be completed before a performance rating can be prepared is **90 days** in the same position under established performance elements and standards.
- b. Ongoing Appraisal. Rating officials will monitor employee performance on a continuing basis during the rating period by holding informal discussions with employees. Discussions should focus on planning work, setting priorities, reviewing work processes, determining required resources and identifying beneficial training and job development requirements. The effectiveness of interactions with supervisors, coworkers and customers should also be discussed.

Ongoing appraisals must also include, but not be limited to, conducting a *formal progress review* with the employee, preferably at the midpoint of the appraisal period, to discuss progress to date; make any necessary changes to the performance communication plan; clarify expectations; point out and discuss any deficiencies that might impede accomplishment of assigned objectives; and reinforce good work behaviors. Completion of this review must be documented on the cover page of the DNFSB Excepted Service Employees Performance Appraisal.

Rating officials should consider the following in ongoing appraisals of employee performance:

- ◆ How is performance appraised? Through supervisory review, work sampling, feedback, or comparison with a model, policy, procedure, past practice or established process?
- ◆ Are specific activities important, such as obtaining official approvals and signatures or providing progress reports?
- ◆ What acceptable work practices are attainable by a fully qualified employee? Have they been defined, clarified and communicated? Do employees know the level of their authority? Does the level of authority match the knowledge, skill and ability required by the position?

- ◆ What makes a significant difference in the way a particular task is completed? Timeliness? Quality? Problem-solving ability? Creativity? Initiative?
  - ◆ Has the employee had the opportunity, or taken advantage of the opportunity, to progress in the job or improve technical competencies?
  - ◆ Does the employee receive regular feedback? Did performance improve after coaching, counseling or training?
  - ◆ Is performance documented for use in preparing the rating of record?
- c. Determining a Rating of Record. **Annually**, rating officials must determine how well each employee performed relative to the generic elements and standards, unless the employee has had insufficient opportunity to demonstrate performance.
- (1) Critical and Non-Critical Elements. Employees are rated against a scale -- Highly Successful (5), Fully Successful (3), Marginal (2) and Unacceptable (1).
- (2) Performance Standards. Generic performance standards have been developed at the *Highly* and *Fully Successful* levels for each element. As already stated, the absence of a standard definition at a level does not preclude a determination that performance is at that level. The following performance standards definitions are provided as a general guideline for rating officials in appraising performance.
- ◆ Highly Successful Standard -- The employee's work substantially exceeds the Fully Successful standard. The employee: prepares for the unexpected; is able to implement alternatives to meet goals; has a thorough understanding of assignment objectives and the procedures for meeting them; is highly successful in interactions with customers, peers and supervisors. (Equates to level 5.)
  - ◆ Fully Successful Standard -- The employee's work fully meets job requirements. The employee: completes tasks in an accurate, thorough and timely way in line with established policies and procedures; considers priorities in planning and performing work; promotes attainment of work objectives in interactions with customers, peers and supervisors. (Equates to level 3.)

- ◆ Marginal Standard – The employee's work is at the minimum level for retention on the job, and requires correction. The employee: has an incomplete understanding of one or more areas of the field of work; is disorganized in carrying out assignments; lacks awareness of policy implications of assignments; demonstrates behavior toward supervisor and others that occasionally interferes with the cooperation needed to complete the work; is reluctant to accept responsibility. (Equates to level 2.)
- ◆ Unacceptable Standard -- The employee's work does not meet the minimum requirements of one or more critical elements. The employee: fails to respond to supervisors' corrective efforts; is inattentive to changes in procedures, priorities or program direction; has strained work relationships; fails to apply adequate technical knowledge to complete the work. (Equates to level 1.)

(3) Assigning Critical Element Ratings. Rating officials will assign each critical element one of the four ratings shown below.

<u>Rating</u>	<u>Numeric Equivalent</u>
Highly Successful	= 4
Fully Successful	= 3
Marginal	= 1
Unacceptable	= 0

- d. Assigning a Recommended Summary Level Rating. After recording all elements appraised, the rating official will total the numerical equivalents, divide by the number of elements rated, and round off the resulting quotient to the second decimal place. The result will be compared with the conversion table, and a summary level rating assigned. The point range for each summary level rating is as follows:

<u>Numeric Range</u>	<u>Rating</u>
3.60 - 4.00	Highly Successful
3.00 - 3.59	Fully Successful
1.00 - 2.99	Marginal
0 - 0.99	Unacceptable *

\* NOTE: One critical element rated Unacceptable results in an Unacceptable summary level rating, regardless of the average point calculation.

The rating official then signs and dates the appropriate line and gives the recommended rating of record to the reviewing official for his or her approval.

e. Reviewing Official Approval Requirement.

The reviewing official **must approve** the recommended rating of record prepared by the rating official. *Rating officials **must** gain approval of the ratings of record they recommend for their employees from the reviewing official **before** discussing these ratings with employees.*

f. Preparing for the Performance Review Meeting.

To prepare, the rating official should:

- (1) Identify specific examples of the employee's accomplishments and their impact on the organization (initiative shown, dollars saved).
- (2) Identify specific examples of performance deficiencies or problems and how they might be improved (negative results, resources lost).
- (3) Consider the employee's overall performance in relationship to the generic elements and standards, and develop an explanation for the appraisal given for each rated element.

g. Conducting the Performance Review Meeting. Meetings should be arranged at a mutually convenient time, and allow adequate time for uninterrupted discussion. In the meeting, the rating official should give the employee feedback that is specific, descriptive, concrete and phrased in behavioral (not personal) terms; address both positive and negative performance; talk through any disagreements; summarize the appraisal of each element; tell the employee the summary rating assigned; ask the employee if he or she has any questions; and inform the employee that he or she may submit written comments within **three** workdays.

At the end of the meeting, the rating official should ask the employee to sign/date the appraisal and indicate if comments will be submitted. If the employee is dissatisfied with the rating, the rating official should inform the employee of the right to grieve the rating as outlined in Administrative Directive 16-1, Employee Grievances.

h. Closing Out the Performance Year. Rating official should give the employee a copy of his or her performance rating and send the **original** rating and any attachments to the Division of Human Resources for filing in the employee's performance folder as soon as practical after the performance review meeting.

## **6. PERFORMANCE BELOW THE MARGINAL STANDARD.**

### **a. Policy and Definition.**

- (1) *Policy.* Supervisors should attempt to help employees *whenever* their performance is not meeting expectations. Assistance may include, but is not limited to, formal training, on-the-job training, counseling or closer supervision.

Supervisors will notify employees in writing when their performance is unacceptable in one or more critical elements. Such notification will identify the critical element(s) failed, the specific instances of unacceptable performance, and the standard that must be met (*Fully Successful*) to demonstrate fully acceptable performance. The notification will also inform the employee that they may be reassigned, demoted or removed unless unacceptable performance in the critical element(s) improves and is sustained at the *Fully Successful* standard.

Employees will be provided assistance as appropriate and a reasonable opportunity to demonstrate performance at the *Fully Successful* standard after receiving notification of unacceptable performance and before proposing an action based on unacceptable performance. The decision to demote an employee instead of removal rests with management. Supervisors **must** contact the Division of Human Resources **before**: 1) issuing written notification of unacceptable performance and 2) initiating performance-based actions.

- (2) *Definition.* At the unacceptable level of performance, the employee's work does not meet the minimum requirements of one or more critical elements.

### **b. Unacceptable Summary Level Rating.**

An appraisal of *Unacceptable* on any critical element will result in a rating of record of *Unacceptable*.

### **c. Procedural Requirements.**

- (1) Employees proposed for demotion or removal for unacceptable performance are entitled to 30 days advance written notice of a *proposed* action. The written notice will identify the specific instances of unacceptable performance on which the proposal is based, including the specific critical elements failed, and will inform the employee of the right to:

- (a) Review the material supporting the action proposed in the notice;

- (b) Be represented by an attorney or representative; and
  - (c) Have a reasonable amount of time to answer orally and in writing.
- (2) A decision to remove or demote will have the concurrence of an official at a higher organizational level than that of the proposing official (unless proposed by the agency head); will be made within 30 days after expiration of the written notice period; and will be based on unacceptable performance occurring during the one year period preceding the proposed notice of action.
- (3) Eligible employees will be notified of appeal rights to the Merit Systems Protection Board and grievance rights under the administrative grievance system.

**7. OTHER APPRAISALS.** In addition to the rating of record given at the end of the appraisal period, other performance ratings are required.

- a. Employee Transfers Outside the Board. Rating officials will prepare a rating, including the assignment of a summary level, when an employee transfers to another federal agency. When employees transfer or are reassigned *into* the Board, the rating prepared by the losing agency will be considered when deriving the next rating of record.
- b. Employee Detailed for 90 days or More Within the Board (as a Site Rep). Performance objectives will be communicated to employees as soon as possible but no later than 30 calendar days after the beginning of a detail of 90 days or more. Performance ratings will be prepared for details within 30 calendar days following termination of the detail, and will be considered in deriving the employee's next rating of record.
- c. Employee Detailed Outside the Board. For employees detailed outside the Board, a reasonable effort will be made to obtain performance rating information from the outside organization for consideration in deriving the employee's next rating of record.
  - (1) If the employee *has* served in the Board under established elements and standards for at least 90 days, he or she will be given a performance rating which takes into consideration information from the outside organization.
  - (2) If the employee *has not* served in the Board at least 90 days, but *has* served in the outside organization for at least 90 days, the Board will make a reasonable effort to prepare a performance rating based on the performance plan obtained from the outside organization.

- d. Supervisor Vacates Position. A supervisor who vacates a position must prepare summary level ratings for subordinates before leaving. This rating will be incorporated into the employee's next rating of record.
8. **EXTENSION OF APPRAISAL PERIOD.** The appraisal period is extended and a rating of record is postponed until an employee has served 90 days in the same position under written elements and standards.
9. **DISABLED VETERANS.** As provided in Executive Order 5396, the performance appraisal and resulting rating of a disabled veteran may not be lowered because the veteran has been absent from work to seek medical treatment.
10. **QUOTAS OR ARTIFICIAL LIMITS ON PERFORMANCE RATINGS.** Supervisors are prohibited from using quotas or establishing limits on the number of ratings at particular performance levels within their organization.
11. **GRIEVANCES.** Ratings of record are grievable under the administrative grievance procedure. Performance objectives, critical elements and standards, per se, are not grievable when established according to this Administrative Directive.
12. **SYSTEM EVALUATION.** The Division of Human Resources will periodically evaluate the effectiveness of the performance management system. Evaluation data will be used to revise and improve the system and its programs.
13. **RECORDS MAINTENANCE.** The original performance document will be filed in the employee's official performance file in the Division of Human Resources. Rating officials are responsible for providing employees with a copy of their performance document. Ratings of record and any related documents will be maintained in compliance with 5 CFR 293, Subpart D.



## CHAPTER II

### USE OF PERFORMANCE APPRAISALS AS A BASIS FOR OTHER PERSONNEL ACTIONS

1. **AWARDS.** This section describes the relationship between awards and performance appraisals. (See DNFSB Administrative Directive 6-1a, Subject - Awards, for specific guidance.)

Special Act or Service Award. This award is presented for a special act or service performed by individual employees or groups of employees in the public interest. The special act or service can be a contribution either within or outside job responsibilities, a scientific achievement, or an act of heroism. If the award relates to performance on a particular critical element, that element must be appraised at the *Highly or Fully Successful* levels.

2. **QUALITY PERFORMANCE INCREASE (QPI).**

A QPI is an increase in basic pay (salary) based on performance. The Technical Director recommends in writing the amount of the increase after completing an annual review of performance and salary. The Chairman is the approving official.

Normally, only employees with a current rating of record of *Highly Successful* will be recommended for a QPI. In unusual cases, an employee with a current rating of *Fully Successful* may be recommended for a QPI. (See DNFSB Administrative Directive 25-1, Subject - Position Classification and Pay Administration System for Scientific and Technical Personnel for specific guidance.)

3. **PERFORMANCE BONUSES.**

A performance bonus is a cash payment given to employees based on the most recent rating of record, which must be at the *Highly or Fully Successful* summary level. The Technical Director recommends the amount of the increase. The Chairman is the approving official.

Performance-based cash awards are granted only once a year; they do not increase basic pay. (See DNFSB Administrative Directive 25-1, Subject - Position Classification and Pay Administration System for Scientific and Technical Personnel for specific guidance.)

#### **4. REDUCTION IN FORCE.**

- a. Responsibility. The agency is responsible for deciding if a reduction in force (RIF) is necessary, when it will take place and what positions are abolished. Employees may receive additional service credit for performance in a RIF.
- b. Applying RIF Regulations and Crediting Performance.

- (1) No summary rating or rating of record will be assigned for the sole purpose of affecting an employee's RIF retention standing.
- (2) No new rating of record will be prepared for employees who have received a specific notice of reduction in force until after the effective date of the RIF.
- (3) Entitlement to additional service credit for performance will be based on the employee's three most recent annual performance ratings of record received during the 4-year period prior to the date of issuance of RIF notices.

An employee who has not received three ratings of record during the 4-year period prior to the date of issuance of RIF notices will only receive credit for performance based on the actual rating(s) of record received.

- (4) Additional service credit will consist of the *average* (rounded in the case of a fraction to the next higher whole number) of the employee's last three ratings of record computed on the following basis:
  - (a) Twenty additional years of service for each performance rating of *Highly Successful* or Level 5 equivalent.
  - (b) Twelve additional years of service for each performance rating of *Fully Successful* or Level 3 equivalent.
- (5) Employees who have received an improved rating following an opportunity to demonstrate fully acceptable performance will have the improved rating considered as the current annual performance rating of record.
- (6) Employees demoted because of unacceptable performance who have not received a rating of record for performance in the position to which demoted as of the date of issuance of RIF notices, will be presumed to be at the *Fully Successful* or Level 3 equivalent.

## **5. PROBATIONARY PERIOD.**

New employees will be carefully observed and appraised during their one-year probationary period to determine whether they perform their duties acceptably and have the qualities needed to become successful career employees. Information obtained during the ongoing performance appraisal process will assist supervisors in determining whether to retain employees in the Federal service.

## **6. TRAINING.**

Training may be authorized to improve or enhance performance in an employee's present job. Supervisors should discuss training needs with their employees during the rating period. Information concerning training is documented on an Individual Development Plan (IDP).

Ongoing performance appraisals should help supervisors identify areas where training may be necessary for an employee to perform acceptably. The decision of whether training will lead to needed improvements in job performance is made by the supervisor. Such training will be provided when there is reasonable assurance that the training will lead to performance at the fully acceptable level.

## **7. PROMOTIONS.**

Normally, employees may be considered for promotion from one pay band to the next higher pay band only after they have been in the lower band for a minimum of one year. Promotion to a higher pay band requires a recommendation from the Technical Director. The Chairman is the approving official.

Under rare circumstances, highly meritorious employees may be considered for promotion to the second higher pay band (e.g., promotion from Band I to Band III). Such promotions will be recommended by the Technical Director for approval by the Chairman only after the employee has fully demonstrated the possession of unusual qualifications and performance at the level of the higher band to which promotion is proposed. (See DNFSB Administrative Directive 25-1, Subject - Position Classification and Pay Administration System for Scientific and Technical Personnel for specific guidance.)

## **CHAPTER III INDIVIDUAL DEVELOPMENT PLANS**

1. **REQUIREMENTS.** Individual Development Plans will be formally established in writing annually.
2. **INDIVIDUAL DEVELOPMENT PLAN SCHEDULE.** The normal revision cycle for IDPs will coincide with the performance appraisal period. IDPs will be established for the coming year as part of the annual performance appraisal.
3. **EXCEPTED SERVICE INDIVIDUAL DEVELOPMENT PLAN RECORD.** The DNFSB Excepted Service Individual Development Plan includes the following:

Individual Profile. An assessment of strengths and areas of proficiency, weaknesses, interests, and potential growth.

Development Goals. Short-term as well as long-range development goals.

Development Activities. An action plan identifying specific activities to address the development goals, and providing a schedule or time frame for accomplishing these activities.

Previous Development Activities. A listing of previously proposed development activities and the status of these activities (i.e., completed, ongoing, deferred, deleted, etc.)

4. **INDIVIDUAL DEVELOPMENT PLAN EXPECTATIONS.** The IDP provides the opportunity to assess individual and agency development needs, establish goals, and then to propose specific activities to meet these goals.
  - a. Development needs and goals can originate from several sources: the need to improve individual or agency performance, the need establish, maintain, replace or strengthen necessary agency expertise, the need to prepare an individual for new assignments, the need to increase interest or satisfaction in an individual's current work, or even the desire to provide intellectual challenge and stimulation.
  - b. The needs and goals established in the IDP and the activities identified should generally serve to increase or optimize the already substantial expertise of each individual.
  - c. Development activities do not have to be limited to training classes. Development activities could include university courses, training classes, self-study, attendance at

workshops/conferences/seminars, special projects or assignments, and participation in professional organizations.

- d. The IDP is not a performance appraisal, although strengths and weaknesses are considered. The purpose of the IDP is not to address performance problems. Successful completion of IDP activities does not necessarily imply successful performance.

## **5. ESTABLISHING INDIVIDUAL DEVELOPMENT PLANS.**

- a. New IDPs should be established whenever an employee joins the agency.
- b. The IDP is drafted by the employee.
  - (1) The employee establishes short-term and long-range goals by assessing strengths and weaknesses, areas of interests, and potential growth.
  - (2) The employee identifies development activities to achieve the development goals and proposes a schedule for completing these activities.
  - (3) The employee discusses the IDP with the supervisor.
- c. After agreement is reached, the IDP is signed by the rating official(s).
  - (1) The rating official's signature represents general agreement with the development goals and the proposed activities to accomplish these goals.
  - (2) The rating official's signature does not represent a contract with the individual. A signed, approved IDP is not a guarantee for payment. The individual may not be allowed to take advantage of development activities for various reasons, including budgetary or workload constraints.
  - (3) The rating official's signature does not represent a promise for promotion, reassignment, etc. Identifying and completing a development activity that could be linked to a position or assignment does not assure that position or assignment.

## **6. UPDATING INDIVIDUAL DEVELOPMENT PLANS.**

- a. Changes to the IDP can and should be made at any time when there is a significant change in the direction of development needs or in the nature of development activities to be pursued.

- b. In general, the IDP will be revised and updated during the annual and mid-year review.
- c. Existing IDPs should also be revised when employees are detailed outside the Board or are given substantially new assignments. Whenever the IDP is changed or updated, the listing of previously proposed development activities will be updated to show the current status (i.e., complete, deleted, deferred, etc.)

**7. EVALUATING PROGRESS ON INDIVIDUAL DEVELOPMENT.** In evaluating progress against the IDP, there is no intent to measure verbatim compliance. The IDP represents a commitment to individual development and not a commitment to specific activities.

- a. Annual Review. Progress made toward accomplishing IDP activities should be evaluated annually, coincident with the establishment of the next year's goals and proposed activities.
- b. Ongoing Review. Rating officials will also monitor employee progress on proposed IDP activities on a continuing basis throughout the year in order to facilitate the employees development and to ensure organizational success. These ongoing reviews should include at least one progress review coincident with the midyear performance appraisal.

# **Defense Nuclear Facilities Safety Board**

**Washington, D.C. 20004**

## **Administrative Directive**

**AD 231.1**

**Date:** September 4, 2001

### **Initiated By:**

Division of Information Technology and  
Security  
Office of the General Manager

**Distribution:** All DNFSB Employees

### **Subject**

**Freedom of Information Act**

### **Summary**

This Administrative Directive establishes procedures for implementing the Freedom of Information Act (FOIA) and the Board's FOIA rule.

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Kenneth M. Pusateri  
General Manager

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John T. Conway  
Chairman

## FREEDOM OF INFORMATION ACT

1. **Purpose.** This administrative directive provides procedures and guidelines for Defense Nuclear Facilities Safety Board (Board) employees and assigns responsibilities for implementing the Freedom of Information Act (FOIA) and the Board's FOIA rule, 10 CFR §1703.
2. **Scope.** The procedures set forth in this administrative directive apply to all Board personnel.
3. **Policy.** It is the policy of the Board to implement the FOIA uniformly and consistently and to provide maximum allowable disclosure of Board records upon request by any individual. Records shall be disclosed unless they are appropriate for withholding and are protected by one or more of the FOIA exemptions or exclusions. Requests shall be processed within the time limits defined by the FOIA. Individuals requesting information will be informed of the right to seek administrative appeal of the Board's adverse initial determination.
4. **Definitions.**
  - A. **FOIA Officer.** The person designated to administer the FOIA at the Board.
  - B. **FOIA Attorney.** Any Board attorney designated by the General Counsel as having responsibility for counseling the Board on FOIA matters.
  - C. **FOIA Coordinator.** The person designated by the Technical Director on the technical staff to oversee the search for documents in response to a FOIA request.
  - D. **General Counsel.** The General Counsel is the chief legal officer of the Board.
5. **Responsibilities.**
  - A. **Office of the General Manager** prescribes internal procedures and guidelines and assures overall program effectiveness in complying with the provisions of the FOIA. The General Manager shall designate the Board FOIA Officer who will ensure all administrative aspects of the FOIA implementation are completed, including: processing of requests, appeals, annual FOIA report, internet postings, and maintaining of official FOIA files.
  - B. **Office of the General Counsel** is responsible for ensuring the legal adequacy of the Board's FOIA program and FOIA responses, appeals, and reports. The General Counsel shall designate the FOIA Attorney who will provide counsel for the Board's FOIA program and concur on all FOIA correspondence.



- C. Office of the Technical Director will ensure that members of the Board's technical staff know and understand their FOIA obligations. The Technical Director shall designate a person on the staff as the FOIA Coordinator who will organize and direct the technical staff search efforts in response to a FOIA request.

6. **Processing a FOIA Request.**

- A. Review and Filing of Request. A request for access to records can be submitted by mail, telefax, or electronic mail (e-mail) and should reasonably describe the records requested so that records can be located with reasonable effort. Upon receipt of a request, the FOIA Officer will review the request to determine if it is properly directed to the Board. If the request was sent to the Board in error, for example, confusing the Board with another Federal government agency, the requestor will be informed of the error and the request will be forwarded, if possible, to the appropriate agency.
  - (1) FOIA requests properly directed to the Board will be assigned a sequential number by the FOIA Officer and entered into the FOIA file system. All subsequent correspondence on the request and appeal, if any, will be placed in the file.
  - (2) FOIA number, date of receipt, and summary of request will be entered into the FOIA log record.
  - (3) Statutory response time, 20 days for normal and 10 days for expedited, will commence when the FOIA Officer accepts the request.
- B. Vague or Overly Broad Requests. Where the FOIA Officer concludes that a request is not specific enough to identify the documents or classes of documents requested, the FOIA Attorney will be consulted. If the FOIA Attorney concurs that the request cannot reasonably be responded to as written, the FOIA Officer will contact the requester by phone, mail, or e-mail to provide clarification. The statutory response time is suspended until such time as the requester clarifies the scope and nature of the request. If the requester declines to clarify the request, the FOIA file may be closed and the requester will be informed that no response will be forthcoming.
- C. Estimate of Document Search Time and Cost. When a FOIA request sufficiently identifies the documents or classes of documents requested, the FOIA Officer will develop an estimate of search time and copying and mailing costs. If the requester seeks a waiver of search fees under the Board's FOIA rules, the FOIA Attorney will be consulted on whether such a waiver should be granted, unless the requester's status has been established in prior cases and that status is unchanged. The requester will then be informed of the estimated costs of completing action on the request.

D. Fees and Fee Waivers.

- (1) Fees for Record Requests. The Board shall establish a schedule of fees and the average hourly pay rates for copying, search time, etc., and will update that schedule once every twelve months. This schedule shall be published in the Federal Register. Payment of fees by the requester must be by check or money order made payable to the U.S. Treasury.
- (2) Fee Waivers. When a FOIA request includes a request for a waiver or reduction of fees, the FOIA Officer shall make a determination on whether the request will be granted or denied. No decision shall be made that a fee waiver or reduction request should be denied, until the FOIA Officer has consulted with the FOIA Attorney. If the decision is made to deny request, the FOIA Officer shall inform the requester and set forth his or her appeal rights.

E. Referral of FOIA Request to Other Federal Agencies. When a request specifically identifies documents of another Federal agency not already part of the Board's public files, the FOIA Officer will refer the request to that agency and so inform the requestor.

F. Internal Transmission of Request. Requests that require a search of records beyond those immediately available to the FOIA Officer will be transmitted by the FOIA Officer to the Office of the General Manager, Office of the General Counsel, Office of the Technical Director, Site Representatives, and Board Members as appropriate to the documents requested. The transmittal will contain: (1) a cover sheet, which includes the FOIA number and processing information; and (2) a copy of the FOIA request. Ten days should be allowed for the document search, unless expedited treatment has been granted, in which case no more than five days should be allowed.

G. Compilation of Responsive Documents. Board offices and individuals should provide a cover sheet with copies of the documents that respond to the FOIA request or a "no documents" response indicated to the FOIA Officer. All responsive documents for which an exemption may be claimed (e.g., UCNI, predecisional, etc.) should be clearly identified and the grounds for the exemption briefly explained. Documents originating with another Federal agency and not in the Board's public file should be processed using the procedure in Section 6E above.

H. Exemption Determination. The FOIA Attorney will determine if a document is exempt from disclosure. If it is determined that a document is exempt, the FOIA Attorney will draft the appropriate language for inclusion in the FOIA response.

- I. FOIA Response and Transmittal. When a requested record has been identified and a determination made that it will be released, the FOIA Officer shall prepare a draft response notifying the requester as to when the record will be available, or transmit the record promptly if available in the required time frame. If there is no fee waiver requested, the response should include fee charges in accordance with the Board's schedule of fees. Concurrence on the draft response shall be obtained from the FOIA Attorney. Once concurrence is completed, the response shall be finalized and transmitted to the requester.
- J. FOIA File Closure and Retention. The FOIA file for a request may be closed immediately after the response is transmitted to the requestor if no documents or portions thereof are being withheld. In withholding cases, the file will be kept open until the appeal time frame has passed (30 days from the initial determination) and until appeal disposition, if an appeal is filed. Closed FOIA files should be maintained, disposed of, and archived in accordance with the National Archives and Records Administration (NARA) General Records Schedule (GRS) 14.
- K. Special Procedures for Large or Complex Requests. When it is determined that a FOIA request will require an extensive search, the application of exemptions, classification reviews, and/or other complicating factors, the FOIA Officer, FOIA Attorney, and FOIA Coordinator will meet within a few days after receipt of the request to discuss how the response will be developed. The results of this meeting will be recorded and kept as a record in the FOIA file. Further meetings should be held as the response is developed.
- L. Special Procedures Where Litigation is Involved. When litigation is involved in a FOIA request (e.g., the requester is seeking documents in support of a lawsuit against another Federal agency), the FOIA Attorney will be consulted on all aspects of the response, participate in all oral discussions with the requester, and formally concur in all electronic and paper responses.
- M. Availability of Information.
  - (1) There is no obligation to compile or create a record solely for the purpose of satisfying a FOIA request.
  - (2) There is no obligation to honor a request for records not yet in existence, even if such documents are expected to exist at a later time. The requester may be notified when the document may be available.

7. **FOIA Search Procedures.**

- A. Searches. The FOIA Officer will prepare and issue a search request letter. This letter will be sent to all office directors and will include a date when the search is to be completed and a response returned to the FOIA Officer. Negative responses (no material found) must also be returned to the FOIA Officer. The Offices of the General Manager, General Counsel, Technical Director and Site Representatives will each be responsible for conducting searches of records under their control. When necessary, the FOIA Officer will coordinate a search of Board Member offices. All areas where documents could be filed must be searched: desks, file cabinets, book shelves, etc.
- B. Electronic Document Systems and Network Files. The FOIA Officer will be responsible for searching the Board's administrative files, the document management system, and the local area network.
- C. Individual Employee Electronic Files. Each employee as directed will search his or her electronic files, to include electronic mail, accessible on the employee's desktop computer.
- D. Classified Files. The FOIA Officer will be responsible for a search of classified files, using all of the protections and procedures applicable to viewing classified records.
- E. Classification Review. When a FOIA request covers documents in Board files that have not received a classification review, the FOIA Officer will send the documents to the Department of Energy for that purpose. The requester will be informed by letter and, if possible, given an estimate of the delay expected while the review is conducted.
- F. Consultation with the Department of Justice (DOJ). If the General Counsel determines that the response to a FOIA request requires DOJ advice, the FOIA Attorney will inform the FOIA Officer. The General Counsel and the FOIA Attorney will then consult with the DOJ, record the results of this consultation, inform the FOIA Officer of the results, and place the record of the consultation in the FOIA file.
- G. Privileged Treatment of Documents. When a FOIA request covers documents received by the Board under a claim of privileged treatment, the procedures set forth in 10 CFR § 1703.111 will be followed.

8. **Processing an Appeal of Document Denial.**

- A. Receipt of Appeal. When an appeal letter is received, the FOIA Officer will note the date received and transmit a copy of the letter to the General Counsel, not the FOIA Attorney, for action.

- B. Assignment to Attorney for Review. The General Counsel will assign an Office of General Counsel attorney other than the FOIA Attorney to the appeal.
  - C. Memorandum Recommending Disposition. The assigned attorney will write a legal memorandum to the General Counsel with a recommended disposition of the appeal and a draft letter to the requester.
  - D. Appeal Response. Final decision on the appeal is made by the General Counsel, who is responsible for writing to the requester. A copy of this letter will be provided to the FOIA Officer for the FOIA file.
  - E. File Closure and Retention. Following receipt of the General Counsel's appeal response, the FOIA file will be kept open for an additional 60 days to await further correspondence to and from the requester. When all correspondence is complete, the FOIA file may be closed.
9. **FOIA Annual Report.** The FOIA Officer will take the lead in the assembling of data needed for the FOIA annual report and preparing the report. The FOIA Attorney will review and concur in the final report and transmittal letter.

# Defense Nuclear Facilities Safety Board

Washington, D.C. 20004

## Administrative Directive

**AD 301-1**

**Date:** May 12, 2000

**Initiated By:** Office of the  
General Manager

**Distribution:** All Employees

### Subject

## DNFSB PROCEDURES FOR HANDLING CLASSIFIED INFORMATION

### Summary

This Administrative Directive establishes the procedures to be used to receive, transmit, destroy, generate, and protect classified material or information in DNFSB office space. This directive also establishes the individual responsibility for the control and safeguarding of classified material at the DNFSB. This Administrative Directive supersedes AD 22-1a.

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John T. Conway  
Chairman

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Kenneth M. Pusateri  
General Manager

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1. **PURPOSE:** The DNFSB security procedures described in this plan are to ensure the protection of all classified and sensitive material used and stored at the DNFSB headquarters in Washington, DC. These procedures are based on the related Department of Energy (DOE) security orders and include the requirements presented in those orders.
2. **ACTION:** This Administrative Directive is effective May 12, 2000.
3. **SCOPE:** This Administrative Directive applies to all DNFSB employees, consultants, and contractors handling any classified or privileged information in the DNFSB office space.
4. **REFERENCES:** DOE orders and procedures. (See Exhibit 1)
5. **DEFINITIONS:**

**ACCESS AUTHORIZATION or SECURITY CLEARANCE:** An administrative determination that a DNFSB employee, contractor, consultant, or expert, who possesses the appropriate DOE security clearance and has a need-to-know, is eligible for access to classified information.

**ACCOUNTABILITY:** Part of the security program that includes inventory and verification to account for sensitive or classified materials.

**CLASSIFICATION:** A means of identifying information concerning the national security of the United States that requires protection against unauthorized disclosure.

**CLASSIFICATION CATEGORY:** Identifies the type of classified information: National Security Information (NSI), Formerly Restricted Data (FRD), and Restricted Data (RD). See Table 1 below for summary of clearance requirements.

**CLASSIFICATION LEVEL:** Indicates the importance of classified information, based on sensitivity or level of damage to national security from unauthorized disclosure: Top Secret (TS), Secret (S), and Confidential (C). See Table 1, page 10 for summary of clearance requirements.

**CLASSIFIED DOCUMENTS/MATERIAL:** Any information, regardless of physical characteristics, including but not limited to the following: handwritten, printed, typed, painted, drawn, or engraved matter; audio, magnetic, optical, or electromechanical recordings; automated data processing (ADP) input, contents, equipment and/or media, including memory, punch cards, tapes, diskettes, and visual displays; and reproductions of the above by any process.

**CLASSIFIED INFORMATION:** Information that must be safeguarded in the interest of national security.

**CLASSIFIED MATTER:** Documents and/or material containing classified information.

**COMPROMISE:** Disclosure of classified information to unauthorized persons.

**CONFIDENTIAL (C):** The classification level applied to information that, in the event of unauthorized disclosure, could cause damage to national security. See Table 1, page 10 for summary of clearance requirements.

**FORMERLY RESTRICTED DATA (FRD):** Classified information jointly determined by the DOE and the Department of Defense (DOD) to be related primarily to the military utilization of atomic weapons and removed by the DOE from the Restricted Data category pursuant to Section 142(d) of the Atomic Energy Act of 1954, as amended. See Table 1 below for summary of clearance requirements.

**FOR OFFICIAL USE ONLY (FOUO):** A designation of unclassified information used by the DOD which equates to Official Use Only (OUO).

**"L" ACCESS AUTHORIZATION:** A DOE security clearance that allows access to the following classification levels and categories:

- |                 |   |
|-----------------|---|
| ! Secret:       | Formerly Restricted Data (S/FRD)<br>National Security Information (S/NSI)                           |
| ! Confidential: | Restricted Data (C/RD)<br>Formerly Restricted Data (C/FRD)<br>National Security Information (C/NSI) |

**LIMITED OFFICIAL USE (LOU):** A designation of unclassified sensitive or privileged information used by the Department of State. Such information shall be handled and stored just as DOE Confidential.

**MARKING:** The physical act of indicating a classification, a change in classification, or limitations on classified matter.

**NATIONAL SECURITY INFORMATION (NSI):** Information that has been determined, pursuant to Executive Order 12356, to require protection against unauthorized disclosure in the interest of national security. NSI does not include

Restricted Data or Formerly Restricted Data. See Table 1, page 10 for summary of clearance requirements.

**NEED-TO-KNOW:** Access to classified information may be granted only to those properly authorized individuals who need it to perform their official duties or satisfy contractual obligations. Curiosity is not a need-to-know. No person shall be entitled to classified information solely by virtue of his or her rank, office, position, or security clearance.

**OFFICIAL USE ONLY (OUO):** A designation of unclassified information that may be exempt from mandatory disclosure under the Freedom of Information Act. This designation does not always protect information from disclosure.

**"Q" ACCESS AUTHORIZATION:** A DOE security clearance that allows access to the following classification levels and categories on a "need-to-know" basis:

! Top Secret:           Restricted Data (TS/RD)  
                             Formerly Restricted Data (TS/FRD)  
                             National Security Information (TS/NSI)

Note: All access to Top Secret information requires written approval by the DNFSB Chairman.

! Secret:                Restricted Data (S/RD)  
                             Formerly Restricted Data (S/FRD)  
                             National Security Information (S/NSI)

! Confidential:        Restricted Data (C/RD)  
                             Formerly Restricted Data (C/FRD)  
                             National Security Information (C/NSI)

**RESTRICTED DATA (RD):** Classification category assigned to all data concerning the design, manufacture, or utilization of atomic weapons; the production of special nuclear material; or the use of special nuclear material in the production of energy.

Excluded are data declassified or removed from the Restricted Data category pursuant to Section 142 of the Atomic Energy Act of 1954, as amended. See Table 1, page 10 for summary of clearance requirements.

**"S" ACCESS AUTHORIZATION:** A DOE security clearance that allows access to the following classification levels and categories:

! Secret:                      Formerly Restricted Data (S/FRD)  
                                     National Security Information (S/NSI)

! Confidential:                Formerly Restricted Data (C/FRD)  
                                     National Security Information (C/NSI)

**SECRET (S):** The classification level applied to information that, in the event of unauthorized disclosure, could seriously damage national security. See Table 1 below for summary of clearance requirements.

**SECURITY INFRACTION:** Any act, mistake, incident, or event, intentional or unintentional in nature, that increases the vulnerability of a facility (which is required under law to be protected) or of classified information, data, or equipment, shall be reported as a security infraction.

**SIGMA DEFINITIONS:** Weapon data that is controlled through compartmentalization categories of information concerning the design, manufacture, or utilization of atomic weapons or nuclear explosive devices. Such compartments will be referred to as Sigma categories. The approval for access to Sigmas requires appropriate clearance and need-to-know. The DOE Office of Security Support for Defense Programs is the approving authority for Sigmas 1 through 13, although authority has been given to some DOE field offices. The Office of Nuclear Weapons Security and Control, DP-212, is the approving authority for the Sigmas 14 and 15.

**Sigma 1:** Theory of operation (hydrodynamic and nuclear) or complete design of thermonuclear weapons or their unique components.

**Sigma 2:** Theory of operation or complete design of fission weapons or their unique components. This includes the high explosive system with its detonators and firing unit, pit system, and nuclear initiation system as they pertain to weapon design and theory.

**Sigma 3:** Manufacturing and utilization information not comprehensively revealing the theory of operation or design of the physics package. Complete design and operation of non-nuclear components but only information as prescribed below for nuclear components. Utilization information necessary to support the stockpile to target sequence. Information includes:

- a. General external weapon configuration, including size, weight, and shape.
- b. Environmental behavior, fusing, ballistics, yields, and effects.

- c. Nuclear components or subassemblies which do not reveal theory of operation or significant design features.
- d. Production and manufacturing techniques relating to nuclear components or subassemblies.
- e. Anticipated and actual strike operations.

**Sigma 4:** Information inherent in pre-shot and post-shot activities necessary in the testing of atomic weapons or devices. Specifically excluded are the theory of operation and the design of such items. Information includes:

- a. Logistics, administration, other agency participation.
- b. Special construction and equipment.
- c. Effects, safety.
- d. Purpose of tests, general nature of nuclear explosive tested including expected or actual yields and conclusions derived from tests not to include design features.

**Sigma 5:** Production rate and or stockpile quantities of nuclear weapons and their components.

**Sigma 9:** General studies not directly related to the design or performance of specific weapons or weapon systems, e.g., reliability studies, fusing studies, damage studies, aerodynamic studies, etc.

**Sigma 10:** Chemistry, metallurgy, and processing of materials peculiar to the field of atomic weapons or nuclear explosive devices.

**Sigma 11:** Information concerning inertial confinement fusion which reveals or is indicative of weapon data.

**Sigma 12:** Complete theory of operation, complete design, or partial design information revealing either sensitive design features or how the energy conversion takes place for the nuclear energy converter, energy director or other nuclear directed energy weapon systems or components outside the envelope of the nuclear source but within the envelope of the nuclear directed energy weapon.

Note: Theory of operation or complete design information for a nuclear directed energy weapon requires access to Sigmas 1, 2, and 12 information. Cleared persons not requiring access to Sigmas 1, 2, or 12 information will normally be granted Sigmas 3 and 13, as appropriate.

**Sigma 13:** Manufacturing and utilization information and output characteristics for nuclear energy converters, directors or other nuclear directed energy weapon systems or components outside the envelope of the nuclear source, not comprehensively revealing the theory of operation, sensitive design features of the nuclear directed energy weapon or how the energy conversion takes place. Information includes:

- a. General, external weapon configuration and weapon environmental behavior characteristics, yields, and effects.
- b. Component or subassembly design that does not reveal theory of operation or sensitive design features of nuclear directed energy weapons categorized as Sigmas 1, 2, or 12.
- c. Production and manufacturing techniques for components or subassemblies of nuclear directed energy weapons that do not reveal information categorized as Sigmas 1, 2, or 12.

**Sigma 14:** The category of sensitive information concerning the vulnerability of nuclear weapons to deliberate unauthorized nuclear detonation.

**Sigma 15:** The category of sensitive information concerning the design and function of nuclear weapons use control systems, features, and their components. This includes use control information for passive and active systems.

**TOP SECRET (TS):** The classification level applied to information that, in the event of unauthorized disclosure, could gravely damage national security. See Table 1 below for summary of clearance requirements.

**"TS" ACCESS AUTHORIZATION:** A DOE security clearance that allows access to the following classification levels and categories:

! Top Secret:	Formerly Restricted Data (TS/FRD) National Security Information (TS/NSI)
---------------	---

Note: All access to Top Secret information requires written approval by the DNFSB Chairman.

! Secret:	Formerly Restricted Data (S/FRD) National Security Information (S/NSI)
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! Confidential:	Formerly Restricted Data (C/FRD) National Security Information (C/NSI)
-----------------	---

**UNCLASSIFIED CONTROLLED NUCLEAR INFORMATION (UCNI):** A designation of unclassified information prohibited from unauthorized dissemination under section 148 of the Atomic Energy Act, as amended. UCNI is information:

- ! which concerns atomic energy defense programs;
- ! which pertains to the design of production or utilization facilities; security measures for the physical protection of production or utilization facilities, nuclear material contained in such facilities, or nuclear material in transit;
- ! which pertains to the design, manufacture, or utilization of any nuclear weapon or component and has been either declassified or removed from the RD category; or
- ! whose unauthorized dissemination could be expected to have a significant adverse effect on the health and safety of the public or the common defense and security by increasing the likelihood of illegal production of nuclear weapons or the theft, diversion, or sabotage of nuclear materials, equipment, or facilities.

**VISITOR:** Any individual who is not a DNFSB employee and enters the DNFSB space for personal or official business. This includes any friend, relative, contractor, consultant, expert, or employee of another government agency.

**Table 1**  
**Summary of Clearance Requirements**  
**for the Various DOE Classifications**

Classification Levels	Classification Categories		
	Restricted Data	Formerly Restricted Data	National Security Data
TOP SECRET	Q	Q or TS	Q or TS
SECRET	Q	Q, TS, S, or L	Q, TS, S, or L
CONFIDENTIAL	Q or L	Q, TS, S, or L	Q, TS, S, or L

6. **RESPONSIBILITIES:**

a. **Office of the General Manager**

To ensure compliance with the security procedures described in this document, the positions of Security Management Specialist, Document Custodian, and Monitor have been established to serve as the Security Administrators.

An individual assigned to any one of these positions must be capable of performing the duties of all three. Such individuals must be employees of the DNFSB and have an active DOE "Q" clearance. A current list of Security Administrators is maintained by the Security Management Specialist and posted on the DNFSB Intranet.

**(1) Security Management Specialist**

The Security Management Specialist administers all aspects of the DNFSB security system, including updates of the DNFSB Security Plan. When security matters arise, this individual is the contact between the Board and officials in law enforcement, DOE security, other Federal agencies, and state and local government. The Security Management Officer may enter any area of the DNFSB to perform assigned duties.

Other duties of the Security Management Specialist include the following:

- ! Ensures that personnel seeking access to classified information have proper authorization and a need-to-know;
- ! Controls the dissemination of security related codes, combinations, and keys to DNFSB employees;
- ! Controls the inventory and issuance of the DNFSB Security-Card photo badges;
- ! Tests and maintains the DNFSB alarm system and responds to any activated alarms in the DNFSB space;
- ! Changes the combination locks in the DNFSB at least once a year or when an employee with access to the combination terminates employment with the DNFSB;



- ! Administers a security education program for the DNFSB which ensures that all employees, contractors, and consultants receive proper security briefings;
- ! Immediately advises senior management of any security infractions;
- ! Maintains individual personnel security files for all employees, consultants, and contractors, including classified visit records to various DOE facilities;
- ! Conducts security self-inspections biannually to evaluate DNFSB security procedures;
- ! Ensures proper disposal or destruction of classified material.

## **(2) Document Custodian**

The Document Custodian may access any area of the DNFSB to perform assigned duties. The Document Custodian is responsible for the handling of classified documents created, received, stored, or distributed and destroyed by the DNFSB. Other duties include:

- ! Maintains the DNFSB classified document accountability records;
- ! Ensures that only those individuals with proper authorization and a need-to-know receive access to classified documents;
- ! Ensures that classified material is stored properly upon receipt and when not in use; is used exclusively in controlled areas; and is either properly forwarded according to applicable DOE orders or transported outside the controlled access portion of the DNFSB by an authorized courier;
- ! Supervises the preparation of classified information for mailing or shipping; and
- ! Copies classified documents only when it is necessary for individuals to perform their assigned duties.

### **(3) Monitor**

Routinely, the Monitor is responsible for performing a double-check on the required actions of the Security Management Specialist and the Document Custodian. These double checks include ensuring that all classified documents are accounted for and properly stored when not in use and that the physical alarm system is operating properly. The Monitor substitutes for the Security Management Specialist or Document Custodian in their absence.

The Document Custodian and Monitor will conduct an annual inventory of all classified documents to ensure accountability.

#### **b. Employees**

Employees are also responsible for the protection of classified and sensitive material at the DNFSB. To this end, they must:

- (1) ensure that only individuals with proper clearance and a need-to-know view DNFSB or DOE classified information. When necessary, such as in classified discussions, they must contact the Security Management Specialist for verification of either another employee's or a visitor's clearance.
- (2) safeguard all classified information in their possession at all times and return it to one of the Security Administrators mentioned above when the material is no longer in use.
- (3) remain in an interior, windowless room or a room with closed blinds and curtains when working with classified information. The door(s) to the room must be closed and a sign posted nearby indicating that classified material is being used in the room.
- (4) if they observe or suspect a security infraction or violation, take appropriate action to protect classified information, for instance, remain in the area to prevent unauthorized access and notify the Security Management Specialist immediately.
- (5) ensure that all visitors, consultants, and contractors follow the guidelines set forth in this directive.
- (6) not reproduce classified documents or parts of such documents in any form. When necessary, one of the security administrators will reproduce classified

documents and make the appropriate entry in the Classified Document Inventory Log.

7. **POLICY: CLASSIFIED INFORMATION CONTROL**

This section describes the document handling procedures established at the DNFSB to ensure the protection of classified information used and stored here. "Document" or "material", as used in this report, is any information, regardless of physical characteristics, including but not limited to: handwritten, printed, typed, painted, drawn, or engraved matter; audio, magnetic, optical, or electromechanical recordings; photographic prints, exposed or developed film, and still or motion pictures; ADP input, contents, equipment and/or media, including memory, punch cards, tapes, diskettes, and visual displays; and reproductions of the above by any process.

a. **Accountability Records**

The DNFSB has established classified document accountability logs to control all classified documents (see Exhibits 3 and 4). These logs are the responsibility of the Security Administrators, who will maintain a current accountability record showing how documents are originated, received, transmitted, reproduced, downgraded, declassified, and destroyed. In addition, the records will show a clear audit trail. Each classified document in the accountability system will be assigned a unique document control number.

(1) The Classified Document Inventory Log (see Exhibit 3) shall contain the following data for each document:

- ! date received/sent,
- ! DNFSB document control number,
- ! type of document (letter, memorandum, report, notes, facsimile, or other),
- ! description of document (unclassified subject or title, originator, DOE document number, and page count),
- ! classification level and category,
- ! number of copies, and
- ! copy number and series.

The above data will also be kept for documents created, reproduced, received, transmitted, destroyed, or their classification changed.

An inventory verification of all classified documents will be performed no less than once a year by the Document Custodian and the Monitor. Upon its completion, a report will be given to the Security Management Specialist for review and submission through the General Manager to the Chairman.

(2) Classified Document Control Log

Each document received at the DNFSB must be assigned a Classified Document Control Log (see Exhibit 3), which will contain the following information:

- ! the date and time the classified document was checked out and returned to inventory,
- ! the initials of the individual making these entries, and
- ! the document title and number, with **the printed name and signature of the recipient.**

b. Requesting Classified Materials

All classified documents mailed to the DNFSB must be approved by the Technical Director and the Chairman beforehand. A requestor must complete the Request for Classified Documents form (see Exhibit 7) for each document needed, specifying a time period for retaining the document no longer than necessary to carry out the Board's mission. (After this period, the document will be either destroyed or returned to the original sender.) The requestor must then obtain the approvals and forward them to either the Document Custodian or the Security Management Specialist before making arrangements to have the document transmitted to the DNFSB. The current Classified Mailing Address is maintained by the Security Management Specialist and posted on the Intranet.

The Classified Mailing Address is on the DOE Master Facilities Registration System. If further verification of the DNFSB Classified Mailing Address is needed, the sender may contact the following individuals at the DOE Office of Safeguards and Security, Physical Protection Program, SO-213.1, Washington, DC. The current list of contacts is maintained by the Security Management Specialist and posted on the Intranet.

The Document Custodian, Security Management Specialist, or designated alternate will sign for the Registered Mail and pick it up at the post office. The documents will be logged in the Classified Document Inventory Log as soon as they are brought into the DNFSB space.

If the DNFSB receives either classified material through unauthorized procedures or material that is improperly packaged or damaged such that tampering is suspected, the Security Management Specialist must determine if classified material has been compromised and, if warranted, write a report.

**c. Transmission of Classified Documents**

Prior to transmission of a classified document, the Security Management Specialist ensures that the recipient has a need-to-know, the authorization of the DNFSB Chairman, proper clearance, an approved Classified Mailing Address, and an approved storage facility.

If the U.S. Postal Service is used for delivery, all Secret documents are sent by Registered Mail and all Confidential documents are sent by Certified Mail, with return receipt requested.

If documents must be hand-carried, only DOE-authorized couriers will be used. A "DOE Messenger Receipt", HQ F 1410.6, or equivalent, must be completed and attached to the outside of the package which provides a list of each person that has handled the package. Currently, no DNFSB employees are designated classified material couriers.

Private mail carriers such as Federal Express will be used only in emergency situations where the information must be received on the next workday. Before using the carrier, the Security Management Specialist will check with the DOE Office of Safeguards and Security to verify that the carrier is approved to deliver classified documents.

Any classified document prepared for delivery from the DNFSB to other facilities will be handled by one of the security administrators. All classified documents prepared for delivery outside of a security area must be enclosed in two opaque envelopes. The inner envelope will have the recipient's name and Classified Mailing Address and bear the appropriate classification level (TS, S, or C) and category (RD, FRD, or NSI), along with the sender's return Classified Mailing Address. The outer envelope must be addressed in the ordinary manner, using the recipient's Classified Mailing Address and the sender's Classified Mailing Address for the

return address, with no indication of the classification of the contents. (See Exhibit 5)

A receipt (DOE F 5635.3 or equivalent) must be included and inserted into the inner envelope if the document being transmitted is Secret (See Exhibit 6). The use of a receipt for Confidential documents is at the sender's discretion.

Specific rules and requirements apply to the transmission of Top Secret documents. Therefore, the transmission of Top Secret documents will be handled by the DOE Top Secret Control Officers at the DOE sites and by the Document Custodian or Security Management Specialist at the DNFSB.

**d. Hand-Carry Authority**

The DNFSB Security Management Specialist or Document Custodian will make arrangements with the DOE Security or the DOE Logistics Operations Branch to have an authorized DOE Courier carry classified materials between the DNFSB and/or the DOE facilities. Under no circumstances may a DNFSB consultant or expert receive classified documents to hand-carry to the DNFSB. If an emergency situation arises, the Chairman may designate a DNFSB employee for this task.

**e. Reproduction of Classified Documents**

The DNFSB will reproduce classified documents only when absolutely necessary. The Document Custodian or the Security Management Specialist will make all copies of classified documents, ensuring that the requestor has a need-to-know. The documents will be entered in the Classified Document Inventory Log.

To preclude unauthorized access, classified information may be reproduced only on approved equipment and under appropriate security supervision. Notices indicating approval for classified use and the requirements for reproducing classified information must be posted near all machines located in secure areas. Classified material may not be reproduced in the presence of uncleared persons. Care should be taken to ensure that no classified waste is trapped in the equipment; the machine must be cleared of all possible residual images by running at least three blank sheets through the machine following classified reproduction. The current list of copy machines that can be use is maintained by the Security Management Specialist and posted on the Intranet.

**f. Facsimiles of Classified Documents**

Classified documents will only be sent or received via secure facsimile equipment in the DNFSB Secure Document Room (vault) under the supervision of a Security Administrator.

**g. Classified Waste and Destruction**

When classified document inventories and classified waste (i.e., working papers, carbons, typewriter ribbons) are no longer required for operational, research, or historical purposes, they must be delivered to a Security Administrator for storage until arrangements can be made for proper transportation and/or disposal. The Document Custodian will maintain records of destruction and annotate it on the Classified Document Inventory Log. Only the Document Custodian or the Security Management Specialist is authorized to destroy classified documents.

**h. Disposition of Classified Documents**

When classified material is no longer needed, a Security Administrator can return it to the originator for appropriate disposition or destroy the document by shredding. All security measures will remain in effect at the DNFSB until all classified material has been properly disposed of by a Security Administrator. When disposing of classified material at the DNFSB, a "two-man-rule" will be followed. One of the individuals must be a Security Administrator, and both individuals must sign the destruction certificate.

**i. DNFSB Created Classified Documents**

Any DNFSB personnel or contractor who must create a classified document must only use the computer workstations that are supplied in the Secure Document Room (vault). The document can either be saved to the hard drive or an appropriately marked diskette which will be logged in and stored in a safe. DNFSB personnel and contractors are not authorized to "classify" newly created documents that may contain classified information. Such documents must be temporarily marked with the classification level of the original document(s) that it was derived from or highest classification level (i.e. Secret/Restricted Data). The temporarily markings should read, "Pending Classification Review - Protect as Secret/Restricted Data." The markings must be on the top and bottom of each page of the document, and show the level and category of classification (e.g., Secret/Restricted Data). DNFSB personnel will notify the Security Management Specialist to request a review of the document by an authorized DOE classification

officer. A document cover indicating the classification level and the number of copies in existence must be attached to the front of the document.

The DOE Office of Classification must be contacted by the Security Management Specialist for classified documents review. The current contact list is maintained by the Security Management Specialist and posted on the Intranet

**j. Use of Classified Material**

Only individuals with proper authorization and a need-to-know may use classified material. The Document Custodian, Security Management Specialist, or designated alternate is responsible for distributing classified information to the DNFSB user (employee or consultant), and ensuring its proper return. All classified material must be returned to the Document Custodian, Security Management Specialist, or designated alternate at the end of each workday for proper storage in the Secure Document Room (vault).

Documents may be viewed only between the hours of 7:30 am and 4:00 pm, Monday through Friday, excluding holidays. If classified documents must be viewed at other times, special arrangements must be made in advance through the Office of the General Manager.

Each review of any classified document at the DNFSB must be logged. These logs are a record of each individual who has had access to the specified material. Each time the user requests access to a classified document, he/she is required to enter his/her name, along with the date and time, in this log along with the subject of the document and its corresponding document control number.

The user of a classified document is responsible for its safeguarding while in his/her possession. When using classified material, the user must work in an interior, windowless room or have the window blinds closed. The door(s) to the room must be closed, with signs posted nearby indicating that classified material is being used in the room. Signs are available from the Security Management Specialist.

**k. Telephone Conversations**

Classified information must not be discussed over un-encrypted or non-secure telephone systems and it must not be discussed using personally devised code words, nicknames, symbols, abbreviations, or paraphrasing to circumvent this provision. When necessary to discuss classified information, DNFSB personnel must contact a Security Administrator to arrange for the use of the Motorola Sectel 1500 STU III telephone in the Secure Document Room (vault).



No cellular or mobile phones are allowed in any classified conference room or the Secure Document Room (vault). When any classified material is being discussed, all non-secure phones must be unplugged from the wall outlet.

**8. POLICY: PRIVILEGED AND PROPRIETARY INFORMATION CONTROLS**

The DNFSB recognizes the existence of information that does not directly affect national security, yet is of a privileged or proprietary nature. This information, designated privileged and proprietary information (PPI), is not classified but requires protection from unauthorized dissemination. The following are examples of PPI, including information maintained in the Nonpublic (NONPUB) database of IRIS/DARS:

- ! Official Use Only (OUO)
- ! For Official Use Only(FOUO)
- ! Limited Official Use (LOU)
- ! Unclassified Controlled Nuclear Information (UCNI)
- ! Suspense
- ! Patent Rights
- ! Applied Technology
- ! Not for Public Dissemination
- ! Not for Public Disclosure
- ! Preliminary
- ! Predecisional
- ! Draft
- ! Limited or Restricted Distribution INPO Documents

**a. Protection in Use or Storage**

Any authorized DNFSB individual possessing PPI must maintain physical control over the material to prevent unauthorized disclosure. When not in use, PPI shall be stored in a desk drawer, file cabinet, bookcase or by any means to preclude disclosure. The exception is Limited Official Use (LOU) from the Department of State, which will be stored in the Secure Document Room just as DOE Confidential information.

**b. Transmission**

PPI can be transmitted or discussed on non-secure telephone lines. UCNI requires more secure means of transmission than the other types of PPI.

UCNI cannot be transmitted by means of telephone, video teleconferencing, Internet, E-mail, facsimile, or other telecommunication devices because of possible disclosure to unauthorized individuals and the public. If UCNI is transmitted over

public switched broadcast communications paths, the information must be protected by encryption. Therefore, UCNI must be faxed or discussed by using a Secure Telephone Unit (STU-III). In emergency situations, security management at the receiving facility may make a determination to waive encryption requirements.

Restrictions or policy on transmitting PPI and UCNI sometimes varies from facility to facility. Before transmitting any PPI or UCNI, check with a DNFSB Security Administrator or the Facility Security Officer at the receiving end.

**c. Reproduction**

Unless the originator specifically states otherwise, PPI may be reproduced without the permission of the originator only when necessary to perform official duties. It shall be marked and protected just as the original document.

**d. Destruction**

All PPI must be destroyed by burning or shredding to preserve the proprietary and privileged interest. Certificates of Destruction are not required.

**9. POLICY: INFRACTIONS, VIOLATIONS, LOSSES, AND COMPROMISES**

A security infraction is any act, mistake, omission, incident, or event, intentional or unintentional in nature, involving the failure to comply with the DNFSB safeguards and security directives, which increases the vulnerability of the information, equipment, or facilities to be protected. The following represents instances wherein a report of Security Infraction may be issued. The list is not all-inclusive. If it is determined that any of these actions is intentional or caused by gross negligence, such action may constitute a "violation", resulting in criminal prosecution or other administrative action.

- ! Leaving classified documents exposed and unattended or unsecured at any time.
- ! Improper storage of classified documents.
- ! Use of unclassified computers, i.e., workstations, laptops or home computers to create or store classified material.
- ! Failure to properly report any alarms that occur in DNFSB space.
- ! Failure to safeguard or account for classified documents or material resulting in the compromise or unaccountability of the document.

- ! Removal of classified documents from a secure area without proper authorization.
- ! Failure to properly mark a document after a classification determination has been made.
- ! Failure to obtain classification guidance, thereby causing a compromise of classified information.
- ! Changing a document's classification status without proper authorization.
- ! Failure to properly safeguard combinations of repositories containing classified information.
- ! Improper transmission of classified documents.
- ! Discussion of classified information within the hearing of unauthorized persons.
- ! Failure to escort uncleared persons in security areas.
- ! Loss of pass or badge due to negligence.
- ! Failure to safeguard a computer access password for a secure computer system.
- ! Failure to safeguard STU III activation keys.
- ! Unauthorized reproduction of classified information.
- ! Unauthorized destruction of classified information.

A security violation is defined as an alleged, suspected, or actual criminal breach of Federal laws involving a national or the DNFSB security interest. Examples of violations include allowing an unauthorized person access to classified information, theft of classified material, espionage, sabotage, and treason.

Individuals who observe or suspect a security infraction or violation should take appropriate action to protect classified information, such as remaining in the area to prevent unauthorized access and notifying the Security Management Officer immediately.

**a. Unaccounted for Documents and Potential Compromises**

Any person who discovers that a classified document is unaccounted for or that classified information has been compromised must immediately notify the Security Management Specialist, who will promptly report the incident to the General Manager of the DNFSB. If the document originated from the DOE, the DOE Office of Safeguards and Security must be notified within 24 hours.

A report with the circumstances and all pertinent known facts will be written. If the compromise involved a DOE classified document, a copy of the report will be forwarded to the DOE Office of Safeguards and Security. This written report shall contain the following information:

- ! the title and type of document unaccounted for and a brief description of the document's contents;
- ! the document number, including the copy and series number (if any), the date of the document, and the number of pages;
- ! the classification level and category of the document and whether the document contains classified intelligence information;
- ! the author and the originating organization of the document;
- ! the name of the person currently responsible for the custody of the document;
- ! the names of personnel who have had access to existing copies and the unaccounted for copy or copies;
- ! the date the document was last accounted for, and the date the document became unaccounted for, compromised, or possibly compromised;
- ! the known circumstances of the matter;
- ! what action was taken;
- ! a statement of the type of search made of repositories, area classified document receipts, destruction certificates, etc.;
- ! damage assessment by classification authority; and
- ! whether a security infraction was issued.

**b. Organizations to be Notified In the Event of Security Compromises**

Any person discovering an unaccounted document, a compromise of classified information, or a breach in the security of the DNFSB space should first contact the DNFSB Security Management Specialist or the Security Administrator. If neither is available, they should contact the DOE Emergency Operations Center or the FBI. The current list of contacts is maintained by the Security Management Specialist and posted on the Intranet.

**c. Administrative Actions Regarding Security Violations**

The DNFSB will take appropriate disciplinary action against employees who violate the security practices established in this directive. Such action will be decided on a case-by-case basis by the Board, General Manager, and Security Management Specialist. All applicable federal laws will be enforced. It is emphasized that administrative action will be taken against security violations due to negligence.

## **EXHIBIT - 1**

### REFERENCES

May 12, 2000

<u>Order Number</u>	<u>Title</u>
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DOE O 470.1,	Safeguards and Security Program
DOE O 471.1,	Identification and Protection of Unclassified Controlled Nuclear Information
DOE O 471.2A,	Information Security Program
DOE M 472.2-1B,	Classified Matter Protection and Control Manual
DOE M 472.2-2,	Classified Information Systems Security Manual
DOE O 472.1B,	Personnel Security Activities
DOE M 472.1-1,	Personnel Security Program Manual
DOE O 474.1,	Control and Accountability of Nuclear Material
DOE M 474.1-2,	Nuclear Materials Management and Safeguards System Reporting and Data Submission
DOE M 475.1-1,	Identifying Classified Information
DOE O 5610.2,	Chg. 1, Control of Weapon Data
DOE 5632.1C,	Protection and Control of Safeguards and Security Interest

The Defense Nuclear Facilities Safety Board also follows the regulations presented in "Safeguarding of Restricted Data" (10 CFR 1016; 48 Federal Register 155, pp. 36432-36437).

**EXHIBIT - 2**

Classification Level	Type of Information	Clearance Required	Storage Required	Transmittal Receipt Required
Top Secret (TS)	CLASSIFIED	Yes	Safe	Yes
Secret (S)	CLASSIFIED	Yes	Safe	Yes
Confidential (C)	CLASSIFIED	Yes	Safe	Yes
Limited Official Use (LOU); <small>Term used by the Dept. of State</small>	PPI	No	Safe	Yes
Official Use Only (OUO); <small>Term used by the Dept. of Energy</small>	PPI	No	File Cabinet/ Desk Drawer	No
For Official Use Only (FOUO); <small>Term used by Dept. of Defense</small>	PPI	No	File Cabinet/ Desk Drawer	No
Unclassified Controlled Nuclear Information (UCNI)	PPI	No	File Cabinet/	No
Suspense	PPI	No	File Cabinet/ Desk Drawer	No
Patent Rights	PPI	No	File Cabinet/ Desk Drawer	No
Applied Technology	PPI	No	File Cabinet/ Desk Drawer	No
Not For Public Dissemination	PPI	No	File Cabinet/ Desk Drawer	No
Not For Public Disclosure	PPI	No	File Cabinet/ Desk Drawer	No
Preliminary	PPI	No	File Cabinet/ Desk Drawer	No
Predecisional	PPI	No	File Cabinet/ Desk Drawer	
Draft	PPI		File Cabinet/ Desk Drawer	
Limited or Restricted Distribution INPO Documents		No	File Cabinet/	No

**EXHIBIT - 3**

**DNFSB CLASSIFIED DOCUMENT INVENTORY LOG**

CUSTODIAN(S):					SAFE NUMBER:			PAGE NO.	
DOCUMENT NUMBER	DATE RECEIVED	TYPE OF DOCUMENT	ORIGINATOR	DOCUMENT DATE	CLASS & CATEGORY	COPY & SERIES	NO. OF PAGES	DOCUMENT REQUESTED BY: (IF KNOWN)	DISPOSITION
UNCLASSIFIED SUBJECT:									
UNCLASSIFIED SUBJECT:									
UNCLASSIFIED SUBJECT:									
UNCLASSIFIED SUBJECT:									
UNCLASSIFIED SUBJECT:									
UNCLASSIFIED SUBJECT:									



**EXHIBIT - 4**

## DNFSB CLASSIFIED DOCUMENT SIGN IN/OUT LOG

[illegible]

## ENVELOPES AND WRAPPINGS

**INNER ENVELOPE (OPAQUE)**  
**SECRET OR CONFIDENTIAL**

RETURN ADDRESS (A4)    SECRET (A1)

(A2)    CLASSIFIED MAIL ADDRESS (A3)

Return Security Information or Restricted Data or Formerly Restricted Data Marking

SECRET (A1)

**FRONT**

SECRET (A1)

(A5)

SECRET (A1)

**BACK**

**OUTER ENVELOPE (OPAQUE)**

RETURN ADDRESS (B1)    REGISTERED (B3)    PENALTY CLAIM

SECRET

CLASSIFIED MAIL ADDRESS (B2)

RETURN ADDRESS (B1)    REGISTERED CERTIFIED (B3)    PENALTY CLAIM

CONFIDENTIAL

CLASSIFIED MAIL ADDRESS (B2)

**CLASSIFICATION FOR EXHIBIT PURPOSES ONLY**

### A. Inner Envelope or Wrappings (OPAQUE)

- (A1) The classification level of the highest documents being transmitted shall be placed on the top and bottom, front and back, of the inner envelope or wrapping.
- (A2) The classification category of the most sensitive information being transmitted shall be placed in the lower left-hand corner of the front of the inner envelope or wrapping.
- (A3) Use only approved Classified Mailing Addresses. Identify the intended recipient.
- (A4) Use your approved Classified Mailing Address as the return address.
- (A5) Both inner and outer envelopes and wrappers shall be securely sealed (including all seams) with tape to prevent unauthorized access and to show evidence of tampering while in transit.

### B. Outer Envelope or Wrappings (OPAQUE)

- (B1) Use your approved Classified Mailing Address as the return address.
- (B2) Use only the approved Classified Mailing Address for the recipient.
- (B3) Method of Transmission.
  - When Secret, it must be sent "REGISTERED".
  - When Confidential, it can be sent "REGISTERED" or "CERTIFIED" - "RETURN RECEIPT REQUESTED".

**EXHIBIT - 6**

**CLASSIFIED DOCUMENT RECEIPT**

This is a 3 part form: top copy is signed and returned to sender; middle copy is retained by receiver; bottom copy is retained in the senders tickler file.

<b>U.S. Defense Nuclear Facilities Safety Board</b> <b>CLASSIFIED DOCUMENT RECEIPT</b>					
Return Classified Mailing Address: PO Box 7887, Washington, DC 20044-7887					
POSTAL NUMBER:			DATE MAILED:		
TO:					
FROM:					
UNCLASSIFIED DESCRIPTION	DOCUMENT NUMBER	DATE OF DOCUMENT	CLASSIFI- CATION	COPY NO.	NO. OF PAGES
<p>I have received the document(s) listed above and assume responsibility for safeguarding in accordance with security regulations.</p> <p>Signature of addressee or name of addressee and signature of recipient.</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/> <p>Name of recipient -- PRINTED</p> <hr style="border: 0; border-top: 1px solid black; margin: 10px 0;"/>					

Return original Classified Document Receipt in self-addressed envelope.

**EXHIBIT - 7**

**REQUEST FOR CLASSIFIED MATERIAL**

Classified Mailing Address: DEFENSE NUCLEAR FACILITIES SAFETY BOARD  
P.O. Box 7887, Washington, DC 20044-7887

DATE:	DNFSB Person Requesting Document:
Name of Facility Sending Document:	
Point of Contact & Phone Number:	
Unclassified Title of Requested Document:	
Classification Level:	
Purpose for Requesting Document:	
Date the Document is Needed:	
Length of Time Document is Needed:	

APPROVED BY: \_\_\_\_\_  
Technical Director

\_\_\_\_\_  
Date

APPROVED BY: \_\_\_\_\_  
Chairman

\_\_\_\_\_  
Date

Completed form must be forwarded to one of the security administrators below, who are also available if further assistance is needed.

Andrew Thibadeau  
Document Custodian

**Exemption 6**

Michael Leggett  
Security Management Specialist

**Exemption 6**



DEFENSE NUCLEAR FACILITIES SAFETY BOARD Washington, D.C. 20004

# OPERATING PROCEDURE

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**Subject: POSTING OF NOTATIONAL VOTE FORMS ON THE INTERNET**

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**Number: OP-11.1-2**

**Approved: 2/10/2017**

**Review: 2/10/2020**

**Certified:**

**Responsible Office: Office of the General Manager**

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1. **PURPOSE.** To define the requirements, responsibilities, and procedures for posting on the Defense Nuclear Facilities Safety Board's (Board) public website after each Notational Vote Package, including all completed forms<sup>1</sup> found in the appendices to the Board Procedures, and an electronic copy of the Board's Correspondence Log, in accordance with the referenced Board Actions.
2. **CANCELLATION.** This Operating Procedure (OP) replaces OP-11.1-2, *Posting of Notational Vote Forms on the Internet*, dated August 17, 2016.
3. **APPLICABILITY.** These Operating Procedures apply to all Board employees.
4. **EXEMPTIONS.** None.
5. **REQUIREMENTS.** All completed forms found in the appendices to the Board Procedures related to a notational vote (i.e., Appendices 5 and 6, and, depending on the nature of the vote request, either Appendix 2, 3, or 4), whether the vote passed or failed, and an electronic copy of the Board's Correspondence Log shall be posted to the Board's public website and intranet. The Correspondence Log posted to the public website shall be a redacted version of the Correspondence Log posted to the Board's intranet. The following information is protected from public disclosure, and thus will be redacted from the posted Correspondence Log and forms in accordance with applicable law: (1) Controlled Unclassified Information (CUI)<sup>2</sup>; and (2) privileged<sup>3</sup> or otherwise legally protected information. These procedures do not apply to notational votes containing potentially classified information, which must not be processed on Board computer networks.

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<sup>1</sup> Defined terms (see Section 9) are underlined when first used.

<sup>2</sup> Includes information formerly known as Unclassified Controlled Nuclear Information (UCNI), Office Use Only (OUO) Information, and Vulnerability Information.

<sup>3</sup> The Board, in notational vote 2017-300-010, decided to waive its deliberative process privilege with respect to Board Member comments in notational vote packages. This information will not be redacted based on the Board's deliberative process, from vote packages posted to the internet. Note that deliberative process has not been waived as applied to other information (e.g. staff communications to the Board).

6. **PROCEDURES.**

- A. Executive Secretary (ES). Within three business days of receiving completed notational ballots from all participating Board Members, the ES handling the action shall complete all applicable steps in this subsection 6.A. The ES shall update the internal log and prepare in electronic format the complete notational vote package, including the following forms: the Notational Vote Response Sheets completed by each Board Member (Appendix 5), the Affirmation of Board Voting Record (Appendix 6), and the Request for Board Action (either Appendix 2, 3, or 4).
- i. If each completed Notational Vote Response Sheet has no Board Member comments, and the vote did not result from a Request for Board Action (i.e., there is no Appendix 2, 3, or 4), the ES shall update the Correspondence Log and submit the notational vote package for posting to the public website.
  - ii. If any one of the completed Notational Vote Response Sheets has Board Member comments, or the vote resulted from a Request for Board Action (i.e., a completed Appendix 2, 3, or 4), the ES shall update the Correspondence Log and send the notational vote package to the General Counsel (or designee) for review.
- B. Office of the General Counsel (OGC). Within 3 business days of receiving the notational vote package from the ES under 6.A.ii, the General Counsel or designee shall thoroughly review the Correspondence Log and each form in the notational vote package for any privileged or otherwise legally protected information, such as attorney-client privileged material, deliberative process privileged material, or Privacy Act-protected information.
- i. If the General Counsel or designee determines that the Correspondence Log and forms do not contain any privileged or otherwise legally protected material, the General Counsel or designee will immediately update the internal log and transmit the notational vote package back to the ES.
    - 1. If the notational vote package is regarding internal Board matters (i.e., 300 series) or solely contains matter previously reviewed by the Department of Energy (DOE), the ES shall then update the Correspondence Log and submit the notational vote package for posting to the public website.
    - 2. If the notational vote package is not as described in 6.B.i.1. above, the ES shall update the Correspondence Log and transmit the

notational vote package to the document security mailbox for review.

- ii. If the General Counsel or designee's review reveals that the Log or one or more of the forms contains privileged or otherwise legally protected material, or if such material is incorporated by reference into one or more of the Forms:
  - (1) In the case of material covered by the Privacy Act or attorney-client privilege, the General Counsel or designee shall make all necessary redactions to the document(s) and immediately inform Board Members of the redaction and the reason for it.
  - (2) In the case of all other material proposed for redaction, the General Counsel shall request Board approval via a Request for Board Action (RFBA). The proposed redaction and the reason for it shall be provided with the RFBA as background material. The General Counsel or designee shall make all redactions once approved by the Board.<sup>4</sup>
  - (3) Upon completion of 6.B.ii (1) and/or (2), the document(s) shall be returned to the ES with the applicable redactions. In the case of Privacy Act-protected information relating to a Board employee, the General Counsel or his designee shall contact the affected employee in writing to see if he/she will consent to publicly releasing the information. If the employee objects, the wording in question shall be redacted.
  - (4) Upon receipt of the redacted document(s), the ES shall update the internal log and submit the notational note package to the document security mailbox for review, unless the notational note package has been fully redacted. If the notational vote package has been fully redacted, the ES shall submit the package for posting to the public website.
  - (5) If the Board decides to waive any privilege associated with the Notational Vote Package, the General Counsel or designee shall review for any privileges not waived and other information that remains legally protected. If the Board decides to waive any privilege after the Notational Vote Package is reviewed and submitted back to the ES, the ES shall consult with the General Counsel or designee to ensure that the posted document complies with the Board's decision.

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<sup>4</sup> If the material proposed for redaction on the basis that the material is covered by privilege other than the attorney-client privilege, a failure to approve the redaction shall be considered a waiver of that privilege.

- C. Headquarters Security Office. Within 3 business days of receiving the Notational Vote Package from the ES, the document security official shall update the Correspondence Log and submit the notational vote package to DOE for review for security-related CUI Information.<sup>5</sup>
- i. If DOE determines that the notational vote package does not contain CUI, the document security official shall update the Log and submit the notational note package to the ES. The ES shall update the Log and submit the notational note package for posting to the public website.
  - ii. If DOE determines that the Log or one or more of the forms may contain CUI, the document security official shall update the Log and transmit the redacted forms and/or Log to the ES. The ES shall then update the Log and submit the notational note package for posting to the public website.
7. **RESPONSIBILITIES.** Responsibilities are included as part of Section 6, Procedures.
8. **REFERENCES.**
- A. Board Procedures dated August 2015, which encompass the procedures governing the conduct of business at the Board Member-level of the Defense Nuclear Facilities Safety Board.
  - B. Board Actions 2014-095, 2017-300-010, and 2017-300-027.
9. **DEFINITIONS.**
- A. Classified Information. Information that Executive Order 13526, “Classified National Security Information,” December 29, 2009 (3 CFR, 2010 Comp., p. 298), or any predecessor or successor order, or the Atomic Energy Act of 1954, as amended, requires agencies to mark with classified markings and protect against unauthorized disclosure.
  - B. Controlled Unclassified Information. Information the Government creates or possesses, or that an entity creates or possesses for or on behalf of the Government, that a law, regulation, or Government-wide policy requires or permits an agency to handle using safeguarding or dissemination controls. CUI does not include classified information or information a non-executive entity possesses or maintains in its own systems that did not come from, or was not created or possessed by or for, an executive branch agency or an entity acting for an agency.
  - C. Correspondence Log. A public log identifying all publicly posted notational vote

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<sup>5</sup> If the document security official determines the notational vote package clearly does not contain security-related CUI information, he/she shall provide the package directly to the ES and update the log accordingly.



packages. For each notational vote package, the log includes: the date of Board approval, the date of the underlying staff document (if applicable), the section of the public website wherein the approved document may be found (if applicable), and the name of the approved document (if applicable).

- D. Forms. The documents found in the appendices to the Board Procedures which are completed after each notational vote (i.e. Appendices 5 and 6, and depending on the nature of the vote request, Appendix 2, 3, or 4). These forms make up part of the entire notational note package.
  - E. Internal Log. The internal log used by the ES to track the progress of notational note packages through the process outlined in this Operating Procedure.
  - F. Notational Vote. An action whereby individual Board Member votes are recorded by seriatim circulation of material to Board Members in writing or by polling the Members individually via another method (e.g., electronic mail).
  - G. Notational Vote Package. The compendium of documents related to a final notational vote. The notational vote package is comprised of the following: the underlying staff document, and the relevant forms.
10. **CONTACT**. Address questions concerning this Operating Procedure to the Office of the General Manager.



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Mark T. Welch  
General Manager



DEFENSE NUCLEAR FACILITIES SAFETY BOARD

# OPERATING PROCEDURE

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**Subject: POSTING OF PUBLIC CALENDAR AND OUTSIDE ENTITY BRIEFING MATERIALS ON THE INTERNET**

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**Number: OP 11.2-1**

**Approved: 8/10/2016**

**Review: 8/10/2019**

**Certified:**

**Responsible Office: Office of the General Manager**

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1. **PURPOSE.** To define the requirements, responsibilities, and procedures for posting the Defense Nuclear Facilities Safety Board's (Board) public calendar and for posting briefing materials<sup>1</sup> provided by outside entities to the Board on the Board's public website.<sup>2</sup>
2. **CANCELLATION.** None.
3. **APPLICABILITY.** This Operating Procedure applies to all Board employees.
4. **EXEMPTIONS.** None.
5. **REQUIREMENTS.**
  - A. The Board's public calendar, including Board Member travel and briefings from outside entities (e.g. the Department of Energy [DOE], DOE contractors, and public interest organizations) conducted at Board Headquarters or off-site, and in which a quorum of Board Members is expected to be present, shall be posted on the public website. The calendar shall include the current month and the following month's Board activities related to travel and engagement with outside entities.
  - B. Materials used by outside entities to brief a quorum of the Board shall be posted to the Board's public website unless those entities affirmatively mark or otherwise indicate the portions of the material not available for public release. The following information is protected from public disclosure, and thus will always be withheld from the posted briefing materials in accordance with applicable law: (1) Unclassified Controlled Nuclear Information (UCNI), Official Use Only (OUO) Information, and Vulnerability Information; and (2) privileged or otherwise

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<sup>1</sup> Briefing materials include the briefing agenda, presentation materials, and names of attendees (attendee point of contact information such as phone numbers and e-mail addresses shall not be included).

<sup>2</sup> As directed by Board Action 2016-300-012, approved on June 14, 2016.

legally protected information. Documents provided to the Board in response to a request during the briefing will not be considered briefing materials and will not be publicly posted pursuant to this Operating Procedure.

*These requirements do not apply to materials containing potentially classified information, which must not be stored on the Board's computer network or posted on its public website.*

*Internet posting requirements identified above apply only to briefings at which a quorum of the Board is present.*

6. **CALENDAR INTERNET POSTING PROCEDURES.**

- A. Executive Secretary. Within two days of the Board's approval of Board member travel or the Board's approval of the addition of a brief from an outside organization to the Board calendar for which a quorum of the Board is expected to be present, the Executive Secretary shall update the public calendar and submit the public calendar for posting to the public website using the automated *Public Web Site Change Request* feature.

7. **EXTERNAL BRIEFING MATERIALS INTERNET POSTING PROCEDURES.**

- A. Cognizant Office. Within two business days of the Board's approval of a request for an outside entity to brief the Board, the Cognizant Office—Office of the Technical Director (OTD), Office of the General Manager (OGM), or Office of the General Counsel (OGC)—shall inform the outside entity via electronic mail or otherwise in writing of the Board requirement to post materials provided by the outside entity on the Board's public website, consistent with requirements and restrictions identified in Section 5.
- i. The Cognizant Office shall advise DOE and DOE contractors to obtain appropriate classification and release reviews from DOE prior to briefing the Board to allow public release of briefing materials or to appropriately mark briefing materials to prevent DNFSB routine release. DNFSB will defer to all DOE document markings and refer any request, including Freedom of Information Act (FOIA) requests, regarding non-public documents to DOE for processing.
- ii. The Cognizant Office shall advise non-DOE outside entities to provide a copy of all briefing materials to the Cognizant Office before the briefing (preferably at least three business days). The Cognizant Office shall further advise non-DOE outside entities that any materials to be withheld should be clearly marked and include a corresponding justification. The Cognizant Office shall coordinate with the Board's Headquarters Security Office (HSO) to obtain appropriate DOE classification and release review

of the outside entity's briefing materials, if necessary, and with the Board's OGC to obtain review of any claims of privilege, if necessary.

- iii. For briefing materials that do not require review for public release, the Cognizant Office shall provide an electronic copy of the briefing to the Executive Secretary for posting to the public website. The briefing materials being posted should be the same as the materials provided for the briefing and should not include any additional information in annotations or attachments.
- iv. For briefing materials identified to contain UCNI, OUO Information, or Vulnerability Information, the Cognizant Office shall work with the HSO to produce a redacted briefing. The Cognizant Office shall provide an electronic copy of the redacted briefing to the Executive Secretary for posting to the public website.

B. Headquarters Security Office. Within three business days of receiving the materials from the Cognizant Office, the HSO shall determine if further security review is required, and if so, submit the materials to DOE for review for UCNI, OUO Information, and Vulnerability Information.

- i. If DOE determines that the materials do not contain UCNI, OUO Information, or Vulnerability Information, the HSO shall submit the materials to the Executive Secretary for posting to the public website.
- ii. If DOE determines that the materials contain UCNI, OUO Information, or Vulnerability Information, the HSO shall work with DOE and the Cognizant Office to produce a redacted copy of the materials.

C. Executive Secretary. Within two business days of receipt, the Executive Secretary shall submit briefing materials provided by the Cognizant Office or the HSO for posting to the public website using the automated *Public Web Site Change Request* feature.

8. **RESPONSIBILITIES.** Responsibilities are included as part of Section 6 and 7, Procedures.

9. **REFERENCE.** Board AD 301-1, *DNFSB Procedures for Handling Classified Information.*

10. **CONTACT.** Address questions concerning this Operating Procedure to the Office of the General Manager.

A handwritten signature in black ink, appearing to read "Mr. Welch", is positioned above a horizontal line.

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Mark T. Welch  
General Manager



DEFENSE NUCLEAR FACILITIES SAFETY BOARD Washington, D.C. 20004

# OPERATING PROCEDURE

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**Subject: DIRECTIVE AND SUPPLEMENTARY DOCUMENT PROCEDURES**

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<b>Number: OP-21.1-1</b>	<b>Approved: 8/26/2016</b>	<b>Review: 8/26/2019</b>	<b>Certified:</b>
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**Responsible Office: Office of the General Manager**

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1. **PURPOSE.** In support of D-21.1, *Directives Program*, this Operating Procedure defines the requirements, responsibilities, and procedures for implementing the Defense Nuclear Facilities Safety Board's (Board) Directives Program, and sets forth the process for developing, approving, and implementing Directives and Supplementary Documents.
2. **CANCELLATION.** OP-21.1-1, *Directive and Supplementary Document Procedures*, dated June 19, 2015.
3. **APPLICABILITY.** This Operating Procedure applies to all Board employees and takes precedence over all other Board Directives and Supplementary Documents, with the exception of D-21.1.
4. **EXEMPTIONS.** Exemptions to this Operating Procedure or individual requirements contained herein must be documented and justified by the originating Office Director and approved by the General Manager.
5. **REQUIREMENTS.**
  - A. Directives and Supplementary Documents shall be developed to establish or describe policies, programs, and major activities; define requirements, delegate authority and assign responsibilities; and provide processes and procedures for performing work to achieve the Board's mission. The Office Directors are required to ensure that all Directives and Supplementary Documents:
    - (1) Comply with the process steps outlined herein;
    - (2) Are written clearly using simple, direct language, and follow a uniform format (see Section 6.F); and
    - (3) Are appropriately created, marked, and controlled per AD 301-1, *DNFSB Procedures for Handling Classified Information*, or its successor document, as appropriate for documents that contain classified or sensitive

material.

- B. All Directives shall undergo a Certification Review for accuracy and continued relevance every five (5) years or less, and all Supplementary Documents shall undergo a Certification Review for accuracy and continued relevance every three (3) years or less.

6. **PROCEDURES.**

- A. Creating, Revising, or Cancelling a Directive or Supplementary Document.  
Directives and Supplementary Documents may need to be created or revised in response to external factors, such as legislation, regulations, Executive Orders, or in response to internal factors such as changes in Board policies or operating conditions. Although any Board Member or staff member may propose the creation, revision, or cancellation of a Directive or Supplementary Document, the Office Director determines how to proceed. Each Office Director shall:
  - (1) Determine the need to create, revise, or cancel a Directive or Supplementary Documents within their area of responsibility;
  - (2) Assign appropriate staff member(s) to (1) use the appropriate template and lead the development, revision, or cancellation of the relevant Directive or Supplementary Document; and (2) collaborate and consult with other Offices or staff members, as needed, for actions not solely within the Office's purview;
  - (3) For draft Directives and Supplementary Documents, provide the draft Directive or Supplementary Document to the other Offices and General Counsel for review and optional comments; and
  - (4) Resolve comments and consolidate, as appropriate, any additional edits for a final draft and routing for approval.
- B. Approving a Directive or Supplementary Document.
  - (1) Directives are approved by the Board and signed by the Chairman. They are also reviewed by the Nuclear Regulatory Commission Office of the Inspector General (OIG).<sup>1</sup> The Office Director originating the Directive shall present the final draft Directive to the other Office Directors for review and concurrence before providing to the Audit Liaison and

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<sup>1</sup> OIG review and comment on a policy document is limited to the detection of fraud, waste, and abuse, and not the enhancement of program efficiency. To remain independent and objective, OIG will not otherwise comment on the substantive content of the document, and the review is not subject to concurrence or objection.

Executive Secretary. The Audit Liaison shall provide it to the OIG for review (with a review period not to exceed 5 calendar days) and the Executive Secretary shall package it for Board action.

- (2) Supplementary Documents that have Board-wide application are approved by the originating Office Director after review and concurrence by the other Office Directors and General Counsel.
- (3) Supplementary Documents such as Instructions, Operating Procedures, Work Practices, Notices, etc. that provide requirements and guidance for successful execution of work within a specific area and do not assign responsibilities or requirements outside of the issuing Office, do not require review and concurrence by the other Office Directors, except General Counsel.
- (4) When Supplementary Documents that were reviewed and concurred on by all Office Directors are being revised, if the changes/revisions are limited to the approving Office Director, the Supplementary Document does not need approval by the other Office Directors, except General Counsel.
- (5) Once a Supplementary Document is approved and signed, the originating Office Director shall ensure the signed document is posted to the Board's Intranet and that all Board staff members are notified that a new Directive or Supplementary Document is approved and posted for use.
- (6) The Records Officer shall ensure a copy of the approved Directive or Supplementary Document, plus all supporting documents, are retained as Records.

C. Certification Review. Directives and Supplementary Documents must remain current and shall undergo a periodic Certification Review. Directives shall undergo a Certification Review for accuracy and continued relevance at least every five (5) years, and Supplementary Documents shall undergo such a review at least every three (3) years. If at any time an approval authority believes a Directive or Supplementary Document is no longer necessary, the responsible Office Director shall ensure a Certification Review is completed.

- (1) A Certification Review results in one of three possible determinations: the Directive or Supplementary Document is accurate and remains relevant; the Directive or Supplementary Document is not accurate, but remains relevant; or the Directive or Supplementary Document is no longer relevant. The Supplementary Document type "Notice" expires after a maximum of one (1) year and therefore is not subject to the three (3) year Certification Review cycle.



- (2) The Deputy General Manager shall develop and maintain a Certification Review listing on all Directives and Supplementary Documents that must undergo Certification Review in the upcoming 12 months, and will provide the Certification Review List to all Office Directors every six (6) months.
- (3) All Office Directors shall assign appropriate staff members to review those Directives and Supplementary Documents under their purview before their individual deadlines for Certification Review.
  - i. Staff members shall execute the Certification Review using the guidance provided on the Directive and Supplementary Document Certification Review Form (see Appendix 1).
  - ii. The Office Director shall endorse the results of the Certification Review and take the action indicated below.
  - iii. The completed Directive and Supplementary Document Certification Review Form shall be provided to the Records Officer.
- (4) If the Directive or Supplementary Document is accurate and remains relevant, the Office Director may certify it for continued use for another five (5) or three (3) years, respectively, or may also choose to revise the Directive or Supplementary Document (see sections 6.A and 6.B of this Operating Procedure). If certified for continued use, the “Certified” date on page 1 of the document should be added or updated, and the Directive or Supplementary Document should be published and disseminated in accordance with Section 6.C.
- (5) If the Directive or Supplementary Document is no longer necessary, the approval authority should cancel it (See section 6.E of this Operating Procedure).
- (6) The Deputy General Manager shall monitor the progress of all Certification Reviews. If any Directive or Supplementary Document exceeds its Certification deadline, the Deputy General Manager shall direct the Office Director to choose and execute **one** of the following options:
  - i. Immediately assign an appropriate staff member(s) to develop a Notice extending the Directive or Supplementary Document for 90 days, and to execute a Certification Review prior to expiration of

the extension Notice; or

- ii. Suspend use of the affected document and assign appropriate staff members to execute the Certification Review prior to allowing further use of the document.

D. Cancelling a Directive or Supplementary Document. A Directive or Supplementary Document may no longer be needed, or may be superseded by a newer document.

- (1) If a Directive or Supplementary Document is being cancelled by a newer document, Section 2 (CANCELLATION) of the newer document will list the designation, number, title, and date of the cancelled version.
- (2) The Office Director shall ensure that the cancelled Directive or Supplementary Document is removed from the Board's Intranet in favor of the newer document. Cancellation is considered complete when the previous approving authority has signed the newer document.
- (3) For a Directive or Supplementary Document that is determined to be no longer necessary after a Certification Review, the Office Director should cancel the Directive or Supplementary Document by completing a Directive and Supplementary Document Cancellation Notice (see Appendix 2) for submission to the Records Officer.
- (1) The Records Officer shall then ensure that the cancelled Directive or Supplementary Document is removed from the Board's Intranet, and then advise the responsible Office Director upon the documents removal. The Office Director shall ensure that all Board staff is notified that the Directive or Supplementary Document has been cancelled.

E. Numbering and Templates for Directives and Supplementary Documents. All Directives and Supplementary Documents shall follow an approved template (see Appendix 3) and be assigned a number provided by the Deputy General Manager.

- (1) The Deputy General Manager shall establish and maintain a numbering system for the Board's Directives Program (see Appendix 4 for the general numbering system structure). Directives and Supplementary Documents approved prior to the date of this OP with a number inconsistent with the Appendix 4 format may keep that number until its next Certification Review. The Deputy General Manager shall assign a number for new or updated (if necessary) Directives and Supplementary Documents.
- (2) If a template does not exist for a proposed type of Supplementary

Document, the Office Director or designee shall develop a template and ensure that the template is provided to the Deputy General Manager for review and approval. Upon approval, Appendix 4 shall be revised to incorporate the new template by a revision to these Operating Procedures, or on an interim basis by issuance of a Notice.

7. **RESPONSIBILITIES.** See Appendix 5.

8. **CONTROLS AND MEASURES.**

- A. All Directives and Supplementary Documents shall undergo a Certification Review for accuracy and continued relevance at least every five (5) or three (3) years, respectively.
- B. The Office of the General Counsel ensures Directives and Supplementary Documents comply with the Board's enabling legislation, applicable laws, federal regulations, Executive Orders, and Board policies.
- C. The Office of the General Manager ensures Directives and Supplementary Documents conform to applicable federal policy and guidance.
- D. All Directives and Supplementary Documents are signed and approved and posted on the Board's Intranet.
- E. When a Directive or Supplementary Document is cancelled, it is archived by the Records Officer.

9. **RECORDS.** The Office of the General Manager shall ensure the following records are properly managed and archived per D-19.1, *Records Management*:

- A. Approved Directives and Supplementary Documents;
- B. Certification Review List;
- C. Directive and Supplementary Document Certification Review; and
- D. Directive and Supplementary Document Cancellation Notice.

10. **REFERENCES.**

- A. D-19.1, *Records Management*.
- B. D-21.1, *Directives Program*.

- C. AD 301-1, *DNFSB Procedures for Handling Classified Information*.

11. **DEFINITIONS.**

- A. **Certification Review.** A process for reviewing approved Directives after a period of use not to exceed five (5) years and approved Supplementary Documents after a period of use not to exceed three (3) years for accuracy and continued relevance. If the Directive or Supplementary Document is determined to remain accurate and relevant, it may be certified for use for another five (5) or three (3) years, respectively. If the Directive or Supplementary Document is determined to be inaccurate, it shall be revised. If the Directive or Supplementary Document is determined to no longer be necessary, it should be cancelled.
- B. **Directive.** The highest level Directives Program document, used to establish or describe policies, programs, and major activities, define requirements, delegate authority, and assign responsibilities. Final Directives are approved by the Board and signed by the Chairman.
- C. **Instruction.** A Supplementary Document that provides high-level direction for the execution of an Office program or function. Instructions do not assign responsibilities or establish requirements outside of the originating Office and are approved and issued by the Office Director.
- D. **Notice.** A Supplementary Document issued in response to a Board matter requiring prompt action to establish short-term management objectives. A Notice must be converted to or incorporated into another Board Directive Program document within one (1) year of the effective date of the Notice unless an extension is granted or the Notice is allowed to expire.
- E. **Operating Procedure.** A Supplementary Document that implements a Directive or Instruction and provides detailed directions or instructions for the execution of a Board-wide or Office-wide program or function. Operating Procedures are approved by the Office initiating the Procedure and may impact employees in all Offices.
- F. **Supplementary Document.** A lower tier Directives Program document developed at the Office level or below to provide detailed requirements, responsibilities, processes, procedures, guidelines and assistance for conducting the Board's or its staff's activities. Final Supplementary Documents are approved by the appropriate level of management whose area of responsibility includes the scope of the Supplementary Document as defined in D-21.1, *Directives Program*, and do not require the Chairman's signature.
- G. **Work Practice.** A document that provides guidance to Office staff to support the

successful accomplishment of work in a specific type of activity.

12. **CONTACT**. Questions concerning this Operating Procedure should be addressed to the Office of the General Manager.



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Mark T. Welch, General Manager

**Appendix 1**  
**Directive and Supplementary Document Certification Review Form**

Directive / Supplementary Document Type: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*Please initial Yes (Y) or No (N) to verify the following (if No, attach a short explanation):*

1. \_\_\_\_\_ Verify that all applicable laws, regulations, Executive Orders, Board policies, etc. have not changed or if changed, do not impact the applicability, policies, requirements, responsibilities, or procedures of the Directive or Supplementary Document.
2. \_\_\_\_\_ Verify that policies, responsibilities, and procedures accurately characterize and describe current applicable Board operations.
3. \_\_\_\_\_ Verify the listed controls and measures are still accurate, appropriate, and effective.
4. \_\_\_\_\_ Verify document numbers and titles of Directives and Supplementary Documents referenced are consistent, still current, and relevant.
5. \_\_\_\_\_ Verify all requirements and controls are accurately assigned for action in the Responsibilities section.
6. \_\_\_\_\_ Verify the listed controls and measures are still accurate, appropriate, and effective.
7. \_\_\_\_\_ Verify the signature authority is at the appropriate level.
8. Completed by (print name and title): \_\_\_\_\_
9. Signature: \_\_\_\_\_ Date \_\_\_\_\_
10. Reviewed/Approved by (print name and title): \_\_\_\_\_
11. Signature: \_\_\_\_\_ Date \_\_\_\_\_

## Appendix 2

### Directive and Supplementary Document Cancellation Notice

Effective immediately, the following Defense Nuclear Facilities Safety Board (Board) [Directive(s) [and] Supplementary Document(s)] [is/are] cancelled:

- DNFSB [Type and Designation], *Title*, dated XX-XX-XX (Office Point of Contact)
- DNFSB [Type and Designation], *Title*, dated XX-XX-XX (Office Point of Contact)

Cancellation of [[this/these] Directive(s) [and] Supplementary Document(s)] does not relieve the Board or its staff from complying with applicable federal laws and regulations pertaining to the cancelled Directives and Supplementary Documents.

- The applicable sections of the Board's enabling legislation, laws, and federal regulations that used to be implemented by [[this/these] Directives(s) [and] Supplementary Document(s)] [is/are]:
  - Now implemented by DNFSB [Type and Designation], *Title*, dated XX-XX-XX (Office Point of Contact).  
- OR -
  - No longer effective.  
- OR -
  - Not applicable.
- The applicable federal policy and guidance that used to be implemented by [[this/these] Directive(s) [and] Supplementary Document(s)] [is/are]:
  - Now implemented by DNFSB [Type and Designation], *Title*, dated XX-XX-XX (Office Point of Contact).  
-OR-
  - No longer effective.  
-OR-
  - Not applicable.

Inquiries should be addressed to the point(s) of contact listed.

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Approval Authority, Position

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Date

**Appendix 3**  
**Outline Formats for Directives and Operating Procedures (OP)**

Directive Outline Format	OP Outline Format
<p><b>PURPOSE</b> (state the purpose)</p> <p><b>CANCELLATION</b> (state the cancelled Directive)</p> <p><b>APPLICABILITY</b> (state to whom the Directive applies)</p> <p><b>EXEMPTIONS</b></p> <p><b>POLICY</b> (detail the proposed policy)</p> <p><b>REQUIREMENTS</b> (provide a description of the necessary requirements at the policy level)</p> <p><b>RESPONSIBILITIES</b> (detail the envisioned organization responsibilities at the policy level)</p> <p><b>CONTROLS &amp; MEASURES</b> (detail, if applicable, what controls and measure are in place to ensure Directive policies are met)</p> <p><b>REFERENCES</b> (provide a complete list of all applicable laws, policies, regulations, etc., to be referenced in the Directive)</p> <p><b>DEFINITIONS</b> (provide a summary list of all Directive terms that need a definition)</p> <p><b>CONTACT</b> (state the name of the responsible division and/or office)</p> <p><b>CHAIRMAN’S SIGNATURE</b></p>	<p><b>PURPOSE</b> (state the purpose)</p> <p><b>CANCELLATION</b> (state the cancelled Directive)</p> <p><b>APPLICABILITY</b> (state to whom the OP applies)</p> <p><b>EXEMPTIONS</b></p> <p><b>REQUIREMENTS</b> (provide a description of the requirements necessary to implement the policy)</p> <p><b>PROCEDURES</b> (detail the envisioned procedures. If a Chapter format is to be used, outline the planned content of each Chapter)</p> <p><b>RESPONSIBILITIES</b> (provide a description of the envisioned organization responsibilities necessary to implement the procedures)</p> <p><b>CONTROLS &amp; MEASURES</b> (detail, if applicable, what controls and measure are in place to ensure procedures are met)</p> <p><b>RECORDS</b> (state which office, group, or division is responsible for maintaining records)</p> <p><b>REFERENCES</b> (provide a complete list of all applicable laws, policies, regulations, etc., to be referenced in the OP)</p> <p><b>DEFINITIONS</b> (provide a summary list of all OP terms that need a definition)</p> <p><b>CONTACT</b> (state the name of the responsible division and/or office)</p>



### Outline Formats for Work Practices and Instructions

Work Practices Outline Format	Instructions Outline Format
<p><b>PURPOSE/DISCUSSION</b> (state the purpose)</p> <p><b>CANCELLATION</b> (state the cancelled Directive)</p> <p><b>APPLICABILITY</b> (state to whom the Directive applies)</p> <p><b>REFERENCES</b> (provide a complete list of all applicable laws, policies, regulations, etc., to be referenced in the Directive)</p> <p><b>RELEVANT REQUIREMENTS</b> (provide the requirements necessary to successfully complete this Work Practice)</p> <p><b>METHODS AND PRACTICES</b> (outline the envisioned procedures)</p> <p><b>DEFINITIONS</b> (provide a summary list of all Directive terms that need a definition)</p> <p><b>CONTACT</b> (state the name of the responsible division and/or office)</p>	<p><b>PURPOSE.</b> (provides the objective of the Instruction)</p> <p><b>CANCELLATION.</b> (state the cancelled directive; for new Instructions, this will be “None”)</p> <p><b>APPLICABILITY.</b> (state the organizational relationship of the personnel who must use this Instruction)</p> <p><b>EXEMPTIONS.</b> (state if there are any specific cases or individuals that are exempted from the requirements of the Instruction)</p> <p><b>POLICY.</b> (should provide enough detail so that the policy for the program is clearly understood)</p> <p><b>REQUIREMENTS.</b> (detailed requirements are described in OP-XXX.X-X, <i>Title</i>, which supplements this Instruction)</p> <p><b>RESPONSIBILITIES.</b> (detailed responsibilities are described in OP-XXX.X-X, <i>Title</i>, which supplements this Instruction)</p> <p><b>CONTROLS &amp; MEASURES.</b> (what controls and measure are in place to ensure procedures are met)</p> <p><b>RECORDS.</b> (state which office, group, or division is responsible for maintaining records)</p> <p><b>REFERENCES.</b> (list all applicable laws, policies, regulations, etc., to be referenced)</p> <p><b>DEFINITIONS.</b> (Instruction terms and definitions are available in OP-5XX.X-X, <i>Title</i>)</p> <p><b>CONTACT.</b> (state the name of the responsible Division and/or Office)</p>

**Appendix 4**  
**Document Numbering System**

- **0 - 99 DNFSB Management**

- 10 Board Operating Practices and Procedures**

- 11 Providing Information on Board Actions**

- 20 Directives and Supplementary Documents related to General Board Management**

- 21 Directives and Supplementary Documents**

- **100 – 199 Human Capital Management**

- 110 Equal Employment Opportunity (EEO)**

- 111 EEO Policy and Procedures**

- 112 Americans with Disabilities Act (ADA) Requirements**

- 120 Employment**

- 121 Recruiting and Retaining Employees**

- 122 Hours of Duty and Leave**

- 123 Salary**

- 124 Position Classification**

- 125 Telecommuting**

- 126 Executive Resource Board**

- 130 Performance Management**

- 131 Excepted Services Employees**

- 132 General Schedule Employees**

- 133 Executive Employees**

- 140 Employee Recognition**

- 141 Awards and Recognitions**

- 150 Employee Relations (ER)**

- 151 ER Policies and Procedures**

- 160 Reduction-In-Force**

- 161 Policy and Procedures**

- 170 Staff Development**

- 171 Policy and Procedures**

- 180 Community Service**

- 181 Policy and Procedures**

- **200 - 299 Financial, Acquisition, Procurement Management**

- 210 Financial Management**

- 211 Finances**

- 212 Time and Attendance**

- 213 Federal Employee Benefits
- 220 Travel and Transportation
  - 221 Travel Policy and Procedures
- 230 Procurement
  - 231 Charge Card Management
  - 232 Protests and Disputes
- 240 Property Management
  - 241 Personal Use of Government Office Equipment
  - 242 Government-Owned Personal Property Accountability

- **300 – 399 Security and Facility Management**

- 310 Safeguards and Security
  - 311 Document Security
  - 312 Physical Security
- 320 Worker Protection
  - 321 Radiation Protection

- **400 – 499 Information Technology and Records Management**

- 410 Information Technology
  - 411 Information Technology Security
  - 412 Information Technology Management
- 420 Records Management
  - 421 Records Management

- **500 – 599 Technical Work Management**

- 510 Management Planning and Decision Criteria
- 520 Technical Staff Functional Work Direction and Guidance
- 530 Technical Review Management
- 540 Report and Technical Correspondence Management
- 550 Safety Issue Management
- 560 Technical Staff Administrative Management

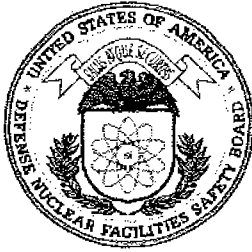
- **600 – 699 Legal Management**

- 610 Ethics
  - 611 Fraud, Waste, and Abuse
- 620 Functional Work Direction and Guidance
  - 621 DOE Directives Review
- 630 Alternative Dispute Resolution

**Appendix 5**  
**Directives Program Responsibilities**

- A. **The General Manager** (in addition to the Office Director responsibilities listed below):
- i. Ensures Directives or Supplementary Documents conform to applicable federal administrative policy and guidance.
  - ii. Approves final Supplementary Documents that have Board-wide application or a specific area of responsibility within the Office of the General Manager.
- B. **The Deputy General Manager**
- i. Develops and maintains OP-21.1-1.
  - ii. On a semi-annual basis, develops a Certification Review List identifying the Directives and Supplementary Documents that must undergo Certification Review in the upcoming 12 months. Provides the Certification Review List to all Office Directors.
  - iii. Monitors the progress of all Certification Reviews, and informs the General Manager when all Certification Reviews required in any quarter have been completed.
  - iv. Directs the appropriate Office Director to suspend use of any Directive or Supplementary Document that exceeds its Certification deadline, or to develop immediately a Notice extending the deadline for 90 days while conducting a Certification Review and taking the indicated actions.
  - v. Establishes and maintains a numbering system for the Board's Directives Program. (See Appendix 4)
  - vi. Assigns numbers to new or updated (as necessary) Directives and Supplementary Documents.
  - vii. Approves templates for all types of Supplementary Documents.
- C. **The Office Directors:**
- i. Ensure all Directives and Supplementary Documents are written clearly and follow appropriate templates, and are in compliance with the process steps outlined herein.
  - ii. Expedite resolution and consolidation of written comments and provide the final draft Directive or Supplementary Document to all Office Directors.
  - iii. Ensure that Directives and Supplementary Documents that intentionally contain classified or sensitive material are appropriately created, marked, and controlled per AD-301-1, or successor document.
  - iv. Assign staff members to collaborate and/or write, revise, or cancel Directives or Supplementary Documents.
  - v. Approve all new and revised Supplementary Documents that apply only to the specific Office Director's area of responsibility. This responsibility may be delegated.

- vi. Notify the Board and its staff when a new Directive or Supplementary Document is approved for use or cancelled.
  - vii. Assign appropriate staff members to review Directives and Supplementary Documents under their purview before the individual deadlines for Certification.
  - viii. Endorse the results of Certification Reviews and take the indicated action. Provide completed Directive and Supplementary Document Certification Review Forms to the Deputy General Manager:
  - ix. Certify, revise, or cancel (as appropriate) Directives and Supplementary Documents after the completion of their Certification Review.
  - x. Suspend the use of Directives and Supplementary Documents that have exceeded their Certification Review deadline, or immediately develop a Notice extending their deadline for 90 days while conducting a Certification Review and taking the indicated actions.
  - xi. Cancel Directives and Supplementary Documents determined to no longer be necessary by completing a Directive and Supplementary Document Cancellation Notice, and forward it to the Records Officer.
- D. **General Counsel:** In addition to the Office Director responsibilities listed above, General Counsel ensures that Directives and Supplementary Documents comply with the Board's enabling legislation, applicable laws, federal regulations, Executive Orders, and Board policies.



DEFENSE NUCLEAR FACILITIES SAFETY BOARD Washington, D.C. 20004

# OPERATING PROCEDURE

**Subject: OFFICE OF THE INSPECTOR GENERAL AND GOVERNMENT  
ACCOUNTABILITY OFFICE AUDITS**

**Number: OP-31.1-1**

**Approved: 1/11/2017**

**Review: 1/11/2020**

**Certified:**

**Responsible Office: Office of the General Manager**

1. **PURPOSE.** In support of the D-31.1, this Operating Procedure (OP) defines the requirements, responsibilities, and procedures for processing requests, reports, and recommendations resulting from audits<sup>1</sup> issued by the Office of the Inspector General (OIG)<sup>2</sup> and the Government Accountability Office (GAO).<sup>3</sup>
2. **CANCELLATION.** None.
3. **APPLICABILITY.** This OP applies to all current DNFSB employees.
4. **EXCEPTIONS.** None.
5. **REQUIREMENTS.**
  - A. Prompt resolution and corrective actions on audit recommendations shall be provided, with resolution made within a maximum of six months after issuance of a final audit report.
  - B. Accurate records of the status of audit reports and recommendations shall be maintained throughout the entire process of resolution and corrective action.
  - C. Resolutions shall be consistent with all applicable laws, regulations, and the Administration's policy, and include written justification containing, when applicable, the basis for decisions not agreeing with the audit recommendations.

<sup>1</sup> Defined terms (see Section 12) are underlined when first used.

<sup>2</sup> The Consolidated Appropriations Act for fiscal year (FY) 2014 permanently assigned the OIG of the Nuclear Regulatory Commission (NRC) to also serve as the Defense Nuclear Facilities Safety Board's (DNFSB) Inspector General (IG), in accordance with the Inspector General Act of 1978 (5 U.S.C. App.). The Carl Levin and Howard P. "Buck" McKeon National Defense Authorization Act for FY 2015 specifically amended the DNFSB's statute to state that the NRC-OIG is the Board's IG. Any reference in this OP to "OIG" thus means the NRC-OIG.

<sup>3</sup> GAO is an independent, legislative branch agency responsible for auditing and evaluating programs, activities, and financial operations of the executive branch.

- D. Performance appraisals of appropriate officials shall reflect effectiveness in resolving and implementing audit recommendations.
- E. Internal follow-up reviews of completed audits shall be conducted to ensure corrective actions are complete and effective, and to identify trends and system-wide problems.
- F. DNFSB shall adhere to requirements applicable to OIG and GAO reports, including the time requirements for providing comments.
- G. Resolution to audit recommendations involving policy formulation shall be raised to the Board in a timely manner to allow the Board to approve the formal response via the voting process.
- H. Audit follow-up is an integral part of good management and is a shared responsibility of DNFSB management and auditors. Corrective action by management on resolved<sup>4</sup> findings and recommendations is essential to improving the effectiveness and efficiency of DNFSB operations.

## 6. **OIG AUDIT PROCEDURES.**

- A. **OIG Audit Process.**
  - i. Each year, OIG publishes an *Annual Plan* that identifies planned audits designed to review the DNFSB programs and operations. Formal notification is provided to the Office of the General Manager and the Board in an audit announcement to inform the DNFSB of OIG's intent to begin an audit of a specific program, activity, or function.
  - ii. An entrance conference for a specific audit is held with the applicable DNFSB manager(s) to discuss the audit's scope and the audit objective(s).
    - a. The Audit Liaison shall ensure that DNFSB management is available for the entrance conference.
    - b. During the entrance conference, manager(s) should be prepared to provide the OIG with an overview of the specific program being audited and answer questions about the program from the audit team.
  - iii. During the survey phase, OIG will typically conduct interviews with DNFSB staff and may go directly to staff to request and collect information as part of the audit.

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<sup>4</sup> See OIG Disposition Terminology under Section 12.

- a. For tracking purposes, staff are required to inform the Audit Liaison and their cognizant Office Director within 1-2 business days of receiving OIG's request for information.
  - b. Any requests for written information or documents that are draft, pre-decisional, Controlled Unclassified Information, or otherwise privileged should be referred to the Office of the General Counsel (OGC) for review and proper marking prior to release to OIG.
  - c. Requests for Unclassified Controlled Nuclear Information (UCNI) or classified information should be referred to the Security Management Specialist, who shall process such requests in accordance with the applicable laws and DNFSB Information Security Operating Procedures.
  - d. OGC shall review all claims of privilege and determine whether such claims should be reviewed with the Board. Additionally, OGC shall determine if documents need to be Bates stamped (a process which numbers pages). If a disagreement between OIG and DNFSB arises with respect for information, OGC will work with OIG to resolve the disagreement.
  - e. Responses to OIG requests should be provided to the Audit Liaison for forwarding to OIG. Any written information or documents that are draft or otherwise not final Board documents shall be watermarked appropriately.
  - f. OIG may request information in DNFSB's possession that originated with another Federal agency (e.g., the Department of Energy or the National Nuclear Security Administration). DNFSB staff should refer such requests to OGC, who shall consult with the affected Federal agency concerning the release of the requested information to OIG.
- iv. Information gathered through interviews, document reviews, and observations of the audited program will be assessed for risk and to identify potential audit findings that may warrant further review. Auditors will also gather additional information to verify findings and support conclusions and recommendations.
  - v. Approximately two weeks before the exit conference, OIG provides DNFSB with a discussion draft report for DNFSB to review for factual accuracy. DNFSB should provide comments to OIG within 24-48 hours before the exit conference to maximize the potential for meaningful discussion at the exit conference.



- vi. An exit conference between the auditors and DNFSB management is held to discuss the draft audit report.
  - a. The Audit Liaison shall ensure that DNFSB management is available for the exit conference.
  - b. This provides DNFSB management the opportunity to confirm information, ask questions, and provide any necessary clarifying data for the draft report.
- vii. After the exit conference, DNFSB is responsible for reviewing the draft audit report for any modifications discussed at the exit brief, and sensitive or security related information that should not be published and/or redacted prior to publication, and for advising OIG in a timely manner of any such information. DNFSB's coordination with the Department of Energy in this regard should not unduly delay OIG report issuance. OIG can also release a report with redacted portions, as appropriate.
- viii. OIG will only consider changes to reports if the requested changes are appropriate and include supporting documentation provided by DNFSB to justify the proposed changes. DNFSB may elect to provide formal comments to this draft.
- ix. The final report contains any audit findings and recommendations for corrective actions, as appropriate. If DNFSB provided formal comments in response to the final discussion draft, the formal comments are published in the Appendix of final report along with OIG's response.

B. OIG Audit Follow-Up.

- i. Once the final report is received, DNFSB will have 30 days to provide OIG with a management decision and plan of corrective actions to implement each recommendation. Accordingly, Office Directors responsible for the specific program audited will have two weeks from the date the final report is received to prepare a draft response to each recommendation. When recommendations involve more than one program area, Office Directors shall collaborate with other offices, as needed, to develop an appropriate and coordinated response.
- ii. DNFSB's management decision for each recommendation should indicate the following:
  - a. The report number and title, followed by each recommendation. The recommendation shall be listed by number, repeating the text verbatim.

- b. A management decision for each recommendation indicating agreement or disagreement with the recommended action.
  - 1. For each agreement, include corrective actions taken or planned and the actual or target dates for completion.
  - 2. For disagreement, the response should provide the reason for the disagreement, as well as an alternative proposal for the corrective action.
  - 3. Where disagreement is based on an interpretation of law, regulation, or the authority of officials to take or not to take action, the response will be coordinated with OGC and will state the legal basis for the disagreement.
  - 4. When resolution of a recommendation includes matters involving policy formulation, or any other matter within the Board's authority, the Board resolves disagreement between OIG and DNFSB, and approves the (DNFSB) final response, via the voting process.
- c. If funds put to better use are identified, then state the amount that can be put to better use (if these amounts differ from OIG's, state the reasons).
- iii. Once a corrective action plan has been developed for each audit recommendation, the Office Director should provide the plan to the Audit Liaison for review and clearance by the DGM.
- iv. Upon final clearance and the DGM's signature, the Audit Liaison shall provide the final response to OIG for consideration and resolution of recommendations.

C. OIG Evaluation of DNFSB Response.

- i. OIG will review DNFSB's management decision and corrective action plan to implement the recommendations, to determine if the response is resolved (acceptable) or remains unresolved.<sup>4</sup>
- ii. If OIG concurs with DNFSB's response to a recommendation, OIG will note that a management's decision has been made; identify the recommendation as resolved; and track DNFSB's implementation of the recommendation until final action is accomplished and the recommendation is closed.<sup>4</sup>

- iii. If OIG does not concur with DNFSB's proposed corrective action, or if DNFSB fails to respond to a recommendation or rejects it, OIG will identify the recommendation as unresolved, and attempt to resolve the disagreement with the General Manager (as the Agency Follow-up Official) to attempt resolution.
- iv. If OIG determines that an impasse has been reached, the matter will be referred to the Chairman for adjudication with the IG, unless the matter relates to policy formulation or any other matter within the full Board's authority. In such cases, the Chairman shall refer the issue to the Board for consideration, and will subsequently communicate the decision to the IG.

D. OIG Status Updates.

- i. OIG provides a monthly status report on open and resolved audit recommendations. The Audit Liaison shall assign the appropriate Office Director or designee to provide a status update for open and resolved audit recommendations, with a specified internal deadline for submission.
- ii. Office Directors or their designees shall provide the Audit Liaison with a status update on open and resolved audit recommendations no later than one week before the OIG deadline.
- iii. The Audit Liaison shall review the status updates for clarity and completeness before providing the status update to the DGM for final review, clearance, and timely submission to the OIG. Office Directors or designees shall provide prompt responses to internal follow-up questions on the status update provided to the Audit Liaison, to ensure timely clearance and submission to OIG.
- iv. Status updates on audit recommendations will continue until OIG deems DNFSB action is adequate and sufficient supporting documentation has been provided to close the recommendation(s). Revisions to anticipated completion dates for implementing audit recommendations should be provided to the Audit Liaison as appropriate, for reporting to OIG.

E. OIG Semi-Annual Report to Congress.

- i. In accordance with the Inspector General Act of 1978, as amended, OIG is required to report to Congress semiannually on April 1 and October 1 of each year, summarizing OIG activities during the six-month periods ending March 31 and September 30. The report must include, among other things:
  - a. A summary of each OIG report issued for which no management decision was made during the previous six-month period;

- b. A description of significant problems, abuses, or deficiencies related to the administration of DNFSB programs and operations and associated recommendations; and
  - c. An identification of significant audit recommendations from previous semi-annual reports where final corrective action has not been completed.
- ii. OIG provides the Semi-Annual Report to the Chairman as the Agency Head, consistent with IG Act requirements. Although not required by the IG Act, copies of the report are provided to the Chairman's office for other Board members.
- iii. Within 30 days of receiving the OIG's Semi-Annual Report, the Chairman shall transmit a report to the relevant congressional committees, containing, among other things, the following information:
  - a. Any comments the Chairman deems appropriate; and
  - b. A statement on significant recommendations from previous OIG reports where final action has not been taken for more than one year from the date of the management's decision, along with an explanation of the reasons for the delay.
- iv. At the end of the 30- day comment period, the Semi-Annual Report is available on-line.

## 7. **GAO AUDIT PROCEDURES.**

### A. **GAO Audit Process.**

- i. Notification of GAO Work.
  - a. Before beginning and audit, GAO will generally notify the DNFSB of the work to be undertaken and the statutory basis therefor. GAO's notice will typically identify the following:
    - 1) The engagement subject;
    - 2) The engagement's unique identification number;
    - 3) The source of the work;
    - 4) The objectives, or key questions of the work;
    - 5) The agency and, when possible, anticipated location(s) to be contacted;
    - 6) The estimated start date for the work;
    - 7) The timeframe for holding an entrance conference between GAO and the DNFSB;

- 8) The GAO team performing the engagement; and
  - 9) The GAO points of contact.
- b. If the objective(s) of the audit change significantly, GAO will notify the Audit Liaison.
- ii. GAO Requests for Information. At the beginning or during the course of an audit, GAO will request information from DNFSB staff. The requests should come through the Audit Liaison, but staff may be contacted directly.
  - a. For tracking purposes, staff are required to inform the Audit Liaison and their cognizant Office Director within 1-2 business days of receiving GAO's request for information.
  - b. Any requests for written information or documents that are draft, pre-decisional, Controlled Unclassified Information, or otherwise privileged should be referred to OGC for review and proper marking prior to release to GAO. The documents should be properly marked by the originating office prior to OGC review.
  - c. Requests for UCNI or classified information should be referred to the Security Management Specialist, who shall process such requests in accordance with the applicable laws and DNFSB Information Security Operating Procedures.
  - d. OGC shall review all claims of privilege and determine whether such claims should be reviewed with the Board. Additionally, OGC shall determine if documents need to be Bates stamped (a process which numbers pages). If a disagreement between GAO and DNFSB arises with respect for information, OGC will work with GAO to resolve the disagreement.
  - e. Responses to GAO requests should be provided to the Audit Liaison for forwarding to GAO. Any written information or documents that are draft or otherwise not final Board documents shall be watermarked appropriately.
  - f. GAO may request information in DNFSB's possession that originated with another Federal agency (e.g., the Department of Energy or the National Nuclear Security Administration). DNFSB staff should refer such requests to OGC, who shall consult with the affected Federal agency concerning the release of the requested information to GAO.
- iii. GAO Entrance and Exit Conferences.

- a. GAO entrance and exit conferences are managed in a similar way to OIG conferences. See Section 6.A of this OP.
- b. The Audit Liaison shall ensure that DNFSB management is available for an entrance or exit conference no later than 14 calendar days after receiving a request from GAO for these meetings.

**B. GAO Statement of Facts (SOF) and Draft Reports.**

- i. GAO usually provides DNFSB with a Statement of Facts (SOF) prior to the exit conference or issuance of a draft report. The SOF is provided so that DNFSB can review the accuracy of the facts to be included in the draft report.
- ii. GAO normally issues draft reports to DNFSB for its review and comment, so that final reports may incorporate agency views. The DNFSB must provide comments on draft GAO reports within 30 days of issuance; however, GAO may provide less time for comments.
- iii. The Chairman initiates and signs DNFSB's formal comments on GAO draft reports, following input and majority vote from the Board.
- iv. If the DNFSB cannot respond to a report within the required time, additional time may be requested from GAO. To the extent possible, DNFSB comments should be in writing and provided to GAO electronically.

**C. GAO Final Reports.**

- i. GAO issues final reports to Congress or to the Chairman. If the report is issued to Congress, a copy is provided to the DNFSB after it is released by the audit sponsor. An additional copy is provided to the Director of OMB and the Audit Follow-up Official.
- ii. GAO final reports require a response by DNFSB to Congress within 60 days on the recommendations presented by GAO, as outlined in Section E. The response must discuss the DNFSB's views on the recommendations and the action taken, or to be taken, by the DNFSB. Where appropriate, dates for achieving actions shall be provided.
- iii. The Chairman shall receive 14 calendar days for review and approval. The Chairman signs DNFSB initial transmittal response to congressional committees, OMB, and GAO regarding recommendations in final GAO reports. The Chairman's approval constitutes a management decision and resolution of the GAO recommendations.

- iv. Office Directors responsible for the specific program reviewed will have two weeks from the date the final report is received, to prepare a draft response to each GAO recommendation. When recommendations involve more than one program area, Office Directors will collaborate with other involved offices as needed, to develop an appropriate and coordinated response.
- v. If the DNFSB disagrees with a recommendation contained in a final audit report, the response will state the reason for the disagreement, as well as any alternative action the staff believes necessary.
- vi. Where disagreement is based on interpretation of law, regulation, or the authority of officials to take or not take action, the response will be coordinated with OGC and will state the legal basis for the disagreement.
- vii. When resolution of a recommendation includes matters involving policy formulation, or any other matter within the Board's authority, the Board will resolve disagreement between GAO and DNFSB, and approves the (DNFSB) final response, via the voting process.

D. Statements to OMB. Pursuant to OMB Circular A-50, statements to OMB are processed as follows:

- i. The Chairman must submit a statement to the Director of OMB within 60 calendar days after formal transmittal of a GAO report to DNFSB when at least one of the following applies:
  - a. The report contains a specific recommendation for the Chairman;
  - b. The report contains financial statements accompanied by either a qualified audit opinion or a disclaimer of opinion;
  - c. The report indicates a violation of the Anti-Deficiency Act (31 U.S.C. § 1341) that has not been reported to the appropriate authorities;
  - d. The report indicates a violation of other laws; or
  - e. OMB requests DNFSB to comment.
- ii. The statement will identify the GAO report by number and date and will be submitted in duplicate. The statement will inform OMB of DNFSB's views on GAO's findings and recommendations and identify any action taken, or planned, in response to each significant finding or recommendation. A copy of the agency's response to the draft GAO report will satisfy this requirement, provided the response accurately and adequately reflects DNFSB's current views.

- iii. When corrective action is incomplete, still under study, or planned, a statement will be included as to when DNFSB expects action to be completed. The corrective action will be reported to OMB after it is completed.
  - iv. Copies of statements required by 31 U.S.C. § 720 will be submitted along with the statement to OMB and GAO. These statements may be used to satisfy the initial OMB reporting requirements and should be accompanied by any additional information not provided to Congress but otherwise required by OMB.
- E. Statements to Congressional Committees. Under 31 U.S.C. § 720(b), when a GAO report contains recommendations to the Chairman, the Chairman shall submit a written statement on action taken on the recommendation. The statement shall be submitted to:
- i. The Senate Committee on Governmental Affairs and the House Committee on Government Operations no later than 60 days from the date of the report; and
  - ii. The House and Senate Committees on Appropriations in connection with the first request for appropriations submitted to Congress more than 60 days after the date of the GAO report.

A copy of the above statements will be submitted on the same date to OMB and GAO.

## 8. RESPONSIBILITIES.

### A. General Manager (GM).

- i. Serves as the Audit Follow-up Official with the responsibility of ensuring that:
  - a. Systems of audit follow-up, resolution, and corrective action are documented and in place;
  - b. Responses to all audit reports are complete, timely, and in accordance with the accompanying operating procedures;
  - c. Disagreements with OIG or GAO with regard to recommendations contained in OIG or GAO audit reports are resolved;
- ii. Ensures development of this OP necessary to implement Directive D-31.1, *Office of the Inspector General and Government Accountability Office Audits*;



- iii. Ensures that DNFSB officials understand the value of the audit process and are responsive to audit recommendations;
- iv. Ensures development and transmittal of comments on draft audit reports in accordance with this OP; and
- v. Approves the completed audits selected for the internal follow-up review conducted by the Audit Liaison.

B. Deputy General Manager (DGM) is responsible for performing the duties under Section 8.A as designated or in the GM's absence. In addition, the DGM:

- i. Oversees the Audit Liaison's management of DNFSB's activities with OIG, the audit process, and resolution of audit report recommendations;
- ii. Provides final review and concurrence of responses to OIG and GAO reports and recommendations prior to submission to OIG and GAO, except for responses and recommendations that involve policy formulation (See Section 8.A of this Procedure);
- iii. Oversees the staff resolution and completion of corrective actions taken in response to audit recommendations; and
- iv. Ensures that appropriate agency actions are taken to address findings raised in audit reports when they involve any matter within the Board's authority, such as policy formulation.

C. Office Directors or Designees.

- i. Fully participate in and provide information for audits, as requested;
- ii. Develop and provide the Audit Liaison with timely responses and action plans to implement corrective actions within their purview for inclusion into the DNFSB response to the final audit reports;
- iii. Consult with OGC for management decisions disagreeing with an audit recommendation on legal grounds;
- iv. Ensure corrective actions within areas of responsibility are prioritized, assigned, and implemented;
- v. Advise the Audit Liaison on the status of implementing corrective actions for inclusion in the monthly status report for the GM and DGM noted in Section 8.F.viii; and

- vi. Advise the Chairman and the Board of audit issues impacting subject areas within their responsibility.

D. General Counsel.

- i. When necessary, consults with other Federal agencies regarding GAO requests for documents originating with those agencies;
- ii. Resolves disagreements between GAO and DNFSB regarding requests for information;
- iii. When necessary, consults with DNFSB management to establish the legal basis for a management decision to disagree with an audit recommendation;
- iv. Assists the Chairman and the Board in determining whether a recommendation involves a policy matter, as needed;
- v. Attends all audit entrance and exit conferences; and
- vi. Reviews formal comments on draft audit reports.

E. Security Management Specialist or Designee. Processes GAO and OIG requests for security sensitive information.

F. Audit Liaison

- i. Manages DNFSB OIG and GAO audits, including coordinating and facilitating entrance and exit conferences, information requests, DNFSB staff comments on draft reports, and status updates;
- ii. Ensures that audit report recommendations are resolved and tracked through closure;
- iii. Ensures that corrective actions are assigned, and that the OIG and GAO are advised of actions taken relative to their audit report recommendations;
- iv. Supports and coordinates with Office Directors and staff for timely response to requests, findings, and recommendations resulting from audits;
- v. Prepares draft language for formal comments on OIG final draft reports, responses to GAO draft reports and status for the Chairman's signature;
- vi. Conducts internal follow-up reviews of completed audits to ensure corrective actions are complete and effective, and to identify trends and system-wide problems;

- vii. Maintains this OP necessary to implement Directive D-31.1; and
  - viii. Provides the GM and DGM with a *monthly status report on all audit recommendations* for the Board.
- G. Employees shall fully cooperate with audits as requested. Cooperation with the OIG and GAO is required from all DNFSB employees, and no one may prohibit or interfere with the OIG's or GAO's work.

9. **CONTROLS AND MEASURES.**

A. **OIG Follow-Up Reviews.**

- i. OIG will generally perform follow-up reviews of prior audit recommendations whenever another audit is scheduled in the audit area. This action will serve as a partial basis for OIG's evaluation of the adequacy of DNFSB's audit follow-up system.
- ii. The scope of follow-up reviews is an examination of management's performance in implementing the response provided during the management decision process. Follow-up reports state the results of this examination. Where progress in implementing corrective action is found to be unsatisfactory, the reports identify, to the extent possible, the cause of the unsatisfactory progress.

B. **GAO Follow-Up Reviews.**

- i. GAO maintains a database of open recommendations on its website, which serves to help both GAO and agencies meet their record maintenance and monitoring responsibilities.
- ii. GAO will remove a recommendation from its database after determining that:
  - a. The DNFSB has implemented the recommendation or has taken action that in substance meets the intent of the recommendation; or
  - b. Circumstances have changed and the recommendation is no longer relevant.

C. **Internal Follow-Up Reviews.**

- i. Internal follow-up reviews will ensure that the corrective action agreed to as a result of audit recommendation has been implemented and the desired affect is being achieved.

- ii. The Audit Liaison will periodically, at least triennially, select a sample of completed audits in a variety of programs for follow-up review, as approved by the GM. The Audit Liaison will inform responsible Office Directors of the audit follow-up review, and in turn, Office Directors will provide the name of an office point of contact that will assist in this review.
- iii. The Audit Liaison will prepare a brief report that includes the following information:
  - a. The audit reviewed;
  - b. A description of how the review was conducted;
  - c. The recommendations reviewed;
  - d. The effectiveness of the agency's corrective actions;
  - e. An analysis of audit recommendations, resolutions, and corrective actions to determine trends and system wide-problems; and
  - f. Findings and any recommended corrective actions.
- iv. The report will be finalized and submitted to the GM within 30 days after the internal follow-up is completed. Any recommendations resulting from these reviews will be discussed with the appropriate Office Director and the DGM for possible inclusion in the internal controls applicable to the program reviewed.
- v. The initiation of reviews will be coordinated with OIG's *Annual Plan* to avoid duplication of effort.

10. **RECORDS.** Records for the audit process will be maintained within OGM.

11. **REFERENCES.**

- A. OMB Circular A-50, *Audit Follow-up*, dated September 29, 1982.
- B. Legislative Reorganization Act of 1970 (Pub. L. No. 91-510, 84 Stat. 1140), § 236, as codified at 31 U.S.C. § 720, specifies reporting requirements for GAO reports.
- C. Inspector General Act of 1978, as amended (5 U.S.C. App.).

- D. Consolidated Appropriations Act for Fiscal Year 2014 (Pub. L. No. 113-76, 128 Stat. 5, 182).
- E. The Carl Levin and Howard P. “Buck” McKeon National Defense Authorization Act for Fiscal Year 2015 (Pub. L. No. 113-291, 128 Stat. 3292, 3902).
- F. Administrative Directive D-421.1, *Defense Nuclear Facilities Safety Board Records Management Program*, dated TBD.
- G. Defense Nuclear Facilities Safety Board Procedures dated August 2015.

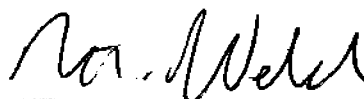
## 12. **DEFINITIONS.**

- A. **Audit:** A planned and documented activity performed using accepted auditing practices to determine by examination, or evaluation the adequacy of programs and activities, including their effectiveness, economic use of resources, and compliance with established procedures, laws, and regulations. Audit reports that may be generated as a result of an audit include the following:
  - i. **Draft Audit Report** – A report issued at the conclusion of audit activities and provided to the DNFSB for review and comment. The audit organization may modify the draft report based on its assessments of the comments received.
  - ii. **Final Audit Report** – A report of record of the audit. Reports may include audits performed by internal or external auditors and may contain monetary and nonmonetary recommendations. This report incorporates, as appropriate, any necessary revisions to the facts, conclusions, and recommendations included in the draft audit report, based on the discussion at the exit conference or generated from written comments provided by the agency. Optional written comments are included as an Appendix to the final audit report. Some audits are sensitive and/or classified, and such final audit reports are not made available to the public.
- B. **Audit Finding:** Results of the auditing process that compares evidence against recognized criteria.
- C. **Audit Objective:** A broad statement developed by the audit team that defines the intended audit accomplishment.
- D. **Corrective Action:** Measures taken to implement resolved audit findings and recommendations. When proposed, corrective actions must include an anticipated date for completion.

- E. **Entrance Conference:** A meeting between auditors and DNFSB managers marks the official beginning of an audit and involves the discussion of the audit's scope and objectives.
- F. **Exit Conference:** A meeting between auditors and DNFSB managers marks the close of an audit and includes discussion of the draft audit report. This meeting provides the DNFSB managers the opportunity to confirm information, ask questions, and provide any necessary clarifying data for the draft audit report.
- G. **Management Decision:** Management's evaluation of audit findings and recommendations, and the issuance of a decision concerning its response to audit findings and recommendations, including any actions deemed necessary. A management decision regarding an audit recommendation will generally be made within 30 days of the date of the transmittal memorandum accompanying the final report. A formal response to the audit organization is required.
- H. **OIG Disposition Terminology:** The characterization OIG provides regarding DNFSB's management decisions relative to audit recommendations
- **Resolved:** An agreement between OIG and DNFSB on a plan to address a recommendation is reached. Proposed corrective actions are responsive, but not yet complete.
  - **Unresolved:** An agreement between OIG and DNFSB on a plan to address an audit recommendation has not been reached.
  - **Closed:** The recommendation has been implemented. Corrective actions are responsive and considered by OIG to be complete or staff rationale for taking no corrective action is considered to be acceptable.
- I. **Program Audits:** Audits conducted on DNFSB administrative and program operations to evaluate the effectiveness and efficiency with which managerial responsibilities are carried out. Program audits provide objective analysis so that management can use the information to improve program performance and operations, reduce costs, facilitate decision making, and contribute to public accountability.
- J. **Resolution:** For OIG audits, the point at which the OIG and DNFSB management agree on the action to be taken on reported findings and recommendations; or, in the event of disagreement, the point at which the Audit Follow-up Official determines the matter to be resolved. For GAO reports, the point at which DNFSB responds to Congress, as required by the Legislative Reorganization Act of 1970 (31 U.S.C. § 720).
- K. **Responses (to audit reports):** Written comments by the appropriate Office Director or designated staff indicating agreement or disagreement on reported findings and recommendations. Comments indicating agreement on final reports include planned corrective actions and date for achieving actions. Comments

indicating disagreement explain fully the reasons for disagreement. Where disagreement is based on an interpretation of law, regulation, or the authority of officials to take action, the response should include the legal basis.

- L. **Survey Phase:** The audit team gathers information through interviews, document reviews and observations of the audited program. The audit team assesses risk areas and identifies potential findings that may warrant further review.
13. **CONTACT.** Address questions concerning this OP to the Office of the General Manager.



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Mark T. Welch  
General Manager



# OPERATING PROCEDURE

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**Subject: OBTAINING INFORMATION FROM DOE**

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<b>Number: OP-530.1-2</b>	<b>Approved: 01/06/2014</b>	<b>Review: 01/05/2017</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. Per the Defense Nuclear Facilities Safety Board's (Board) enabling legislation, 42 U.S.C. § 2286 et seq., *Enabling Statute of the Defense Nuclear Facilities Safety Board*, the Secretary of Energy shall fully cooperate with the Board and provide the Board with ready access to such facilities, personnel, and information as the Board considers necessary to carry out its responsibilities. Furthermore, each contractor operating a Department of Energy (DOE) defense nuclear facility under a contract awarded by the Secretary of Energy shall, to the extent provided in such contract or otherwise with the contractor's consent, fully cooperate with the Board and provide the Board with ready access to such facilities, personnel, information of the contractor as the Board considers necessary to carry out its responsibility. The purpose of this Operating Procedure is to define the process for requesting both unclassified and classified information from DOE or the National Nuclear Security Administration (NNSA). This Operating Procedure describes how to prepare a request for information and how to coordinate the request between the Board's Technical Staff and DOE or NNSA. This Operating Procedure also includes procedures for approval, distribution, and disposition of information.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Operating Procedure applies to Technical Staff Members who request information from DOE staff, DOE contractors, NNSA staff, or NNSA contractors.
  - B. In the event of a conflict between any provision contained herein and a provision of a higher order or policy, the provision in the higher order or policy shall supersede and control. Moreover, any policy stated by this Operating Procedure shall remain within the scope of the legal authority for the Operating Procedure. Accordingly, if any provision contained herein is found to affect any office outside of the Office of the Technical Director, such provision shall be deemed null and void and without impact on the Operating Procedure's remaining provisions.
4. EXEMPTIONS. The Cognizant Group Lead may authorize an exemption to requirements contained in this Operating Procedure for requests for unclassified information and the Technical Director may authorize an exemption to requirements in



this Operating Procedure for requests for classified information. The Cognizant Group Lead (unclassified information requests) or Technical Director (classified information requests) shall be notified of deviations from the requirements of this Operating Procedure as they are identified. The Staff Lead shall request an exemption or provide a notification of deviation by sending an email that describes the scope of the exemption or deviation to the Cognizant Group Lead (unclassified information requests) or Technical Director (classified information requests). The Cognizant Group Lead or Technical Director shall evaluate the request for exemption or notification of deviation and, in the case of an exemption request, approve or disapprove the request in a response to the original email. For a deviation notification, the Cognizant Group Lead or Technical Director shall respond to the original email and provide any required compensatory action for the deviation. The Technical Director, Deputy Technical Director, and all other relevant individuals shall be copied on the responses to exemption requests and deviation notifications. The Cognizant Group Lead or Technical Director shall ensure that responses to exemption requests and deviation notifications are retained per I-562.1, *Technical Staff Records Management and Information Retention*, and its supplemental Operating Procedure.

5. REQUIREMENTS. Requirements for this Operating Procedure are established in I-530.1, *Execution of Staff Reviews*.
  - A. AD 301-1, *DNFSB Procedures for Handling Classified Information*, contains requirements for protecting Controlled Unclassified Information (CUI) and Unclassified Controlled Nuclear Information (UCNI).
  - B. The following sources contain requirements for proper handling of privileged or proprietary information (PPI):
    - i. Proprietary Information intranet page, which is accessed from the Office of General Counsel home intranet page.
    - ii. AD 301-1, Section 8. "Policy: Privileged and Proprietary Information Controls."
  - C. OP-231.2-1, *Privacy Act Operating Procedures*, contains requirements for handling received or obtained documents controlled by the Privacy Act.
  - D. I-561.1, *Technical Staff Administrative Requirements*, contains requirements for handling received or obtained documents marked as "draft" or "pre-decisional."

6. PROCEDURES.

- A. Considerations Applicable to All Information Requests. This section applies when requests for unclassified and classified information are being developed per Sections 6.B, 6.D, and 6.F, respectively, of this Operating Procedure.
  - i. Technical Staff Members. Before requesting information, consider the following qualifiers:
    - (1) The information is necessary to carry out the Board's responsibilities.
    - (2) The information is not already held.
    - (3) The information already exists and will not need to be created by DOE, NNSA, or their contractors. This consideration is not meant to limit requests for information.
    - (4) The information is not readily available through public sources, such as the Internet.
    - (5) The requesting Technical Staff Member has the proper security clearance and need-to-know for the information being requested.
  - ii. Requests for in-process or draft information should be considered on a case-by-case basis. Consider both the need to support timely oversight and the maturity of the information so as to avoid unnecessary interaction between the Technical Staff and DOE or NNSA to address topics that do not have a final DOE or NNSA position.
- B. Requests for Unclassified Information from DOE or NNSA Sites.
  - i. Technical Staff Members. Identify the need for information. Complete DNFSB F 311.1-5, *DNFSB Information Request*, available on the Board's Intranet under "Forms." Provide an electronic version of the request to the respective Site Cognizant Engineer or Design and Construction Project Cognizant Engineer (Project Cognizant Engineer). Provide a copy of the information request to the respective Site Representatives.
  - ii. Technical Staff Members. Verbal information requests made by Board Members or Technical Staff Members during reviews or other interactions should be followed by compiling a complete list. This list is completed by coordinating with the other participating Technical Staff Members and DOE personnel, by completing DNFSB F 311.1-5, and by providing

DNFSB F 311.1-5 to the respective Site Cognizant Engineer or Project Cognizant Engineer.

- iii. Technical Staff Members. Consider submitting a follow-up formal request when DOE information is informally received from DOE or non-DOE sources and the information will be used to support the development of Review Agendas or external correspondence.
- iv. Site Cognizant Engineer or Project Cognizant Engineer. Review DNFSB F 311.1-5. Transmit the completed DNFSB F 311.1-5 to the responsible individuals at the respective DOE or NNSA site. Copy the responsible Site Representatives, the Records Officer and, if applicable, the Technical Staff Member requesting the information.
- v. Technical Staff Members. In some cases, Technical Staff Members may have access to DOE or NNSA information through Intranet access and obtain electronic versions of this information without using the information request process. The receipt, handling, distribution, and disposition of information acquired in this manner are governed by individual access agreements signed by the relevant Technical Staff Member and applicable requirements. Technical Staff Members shall follow I-562.1 and relevant Operating Procedures on document handling. This procedure is not intended to permit Technical Staff Members to bypass the formal document request process, rather, it permits Technical Staff to peruse DOE and DOE contractor's information systems to understand what information exists, to learn document titles, and then to quickly access information. Formal document requests shall still be submitted to DOE or NNSA for information that is collected in this manner when the information is distributed to Technical Staff Members to support the performance or documentation of oversight activities of (e.g., if the document is cited in a Review Agenda, Information Paper, or Issue Report).
- vi. Site Cognizant Engineer or Project Cognizant Engineer. Track the submission of the request, as well as the receipt of the requested information, and distribution of requested information. The tracking mechanism is selected by the Site Cognizant Engineer or Project Cognizant Engineer. The tracking mechanism should identify the requested item, assign it a sequential tracking number, log the date requested, and log the date received. Information management systems used for tracking, such as spreadsheets, developed by DOE, NNSA, or contractor personnel may be sufficient to fulfill the tracking needs.
- vii. Site Cognizant Engineer or Project Cognizant Engineer. If DOE or NNSA does not respond to the request, attempt to resolve the issue at the staff

level. If unsuccessful, bring the matter to the attention of the Cognizant Group Lead or Deputy Technical Director. If the Cognizant Group Lead's or Deputy Technical Director's efforts are ineffective, report the issue to the Office of the General Counsel.

C. Management – Receipt, Handling, and Disposition of Unclassified Information.

- i. Site Cognizant Engineer or Project Cognizant Engineer. Upon receipt of the requested unclassified information, either distribute a physical copy of the request to the relevant Technical Staff Members, or store the request electronically and notify the relevant Technical Staff Members of its location.
- ii. Site Cognizant Engineer or Project Cognizant Engineer. Evaluate the information received in response to Information Requests using the criteria in I-562.1 to determine if any material is an official agency record. If it is, then refer the material to the Record's Officer or their representative for disposition or retention in accordance with AD 19-1, *Records Management Program*. Non-record material is managed in accordance with this procedure and I-562.1.
- iii. Technical Staff Members. Manage the receipt, the handling, and the disposition of controlled unclassified information in accordance with the requirements cited in Section 5 of this Operating Procedure.

D. Requests for Classified Information.

- i. Technical Staff Members. Identify the need for information. Complete DNFSB F 311.1-1, *Request for Classified Information*, available on the Board's Intranet under "Forms." Provide an electronic version of the request to the respective Site Cognizant Engineer or Project Cognizant Engineer. Provide a copy of the information request to the respective Site Representatives.
- ii. Site Cognizant Engineer or Project Cognizant Engineer. Review and forward a hard copy of the completed DNFSB F 311.1-1 to the Cognizant Group Lead for review.
- iii. Cognizant Group Lead. Review DNFSB F 311.1-1. Verify the Technical Staff Member requesting the information has a need to know. Approve or disapprove DNFSB F 311.1-1 and, if approved, initial the request in the left margin and forward it to the Technical Director.
- iv. Technical Director. Review and approve or disapprove DNFSB F 311.1-1. If approved, forward DNFSB F 311.1-1 to the Chairman for final approval.

- v. Technical Director. If the request is approved by the Chairman, return the form to the Site Cognizant Engineer or Project Cognizant Engineer.
  - vi. Site Cognizant Engineer or Project Cognizant Engineer. Transmit the completed and approved DNFSB F 311.1-1 to the Board's Headquarters Security Officer, Site Representative, if applicable, responsible individuals at the respective DOE or NNSA site, and the Departmental Representative (DepRep) to the Board for processing. The Technical Staff Member requesting the information shall be copied on the transmittal.
  - vii. Site Cognizant Engineer or Project Cognizant Engineer. Track the submission of the request, as well as the receipt of the requested information. The tracking mechanism is selected by the Site Cognizant Engineer or Project Cognizant Engineer. The tracking mechanism should identify the requested item, assign it a sequential tracking number, log the date requested, and log the date received. Information management systems used for tracking, such as spreadsheets, developed by DOE, NNSA, or contractor personnel may be sufficient to fulfill the tracking needs.
  - viii. Technical Staff Members. AD 301-1, Section 7.B. "Requesting Classified Material," contains procedures for the receipt, the handling, and the disposition of requested classified material.
  - ix. Site Cognizant Engineer or Project Cognizant Engineer. If DOE or NNSA does not respond to the request, attempt to resolve the issue at the staff level. If unsuccessful, bring the matter to the attention of the Cognizant Group Lead or Deputy Technical Director. If the Cognizant Group Lead's or Deputy Technical Director's efforts are ineffective, report the issue to the Office of the General Counsel.
- E. Management – Receipt, Handling and Disposition of Classified Information.
- i. Headquarters Security Officer. Upon receipt, handle and store classified material in accordance with the requirements cited in Section 5 of this Operating Procedure. Notify the relevant Site Cognizant Engineer or Project Cognizant Engineer and the relevant Technical Staff Member, if applicable.
- F. Requests for Unclassified Information from DOE or NNSA Headquarters.
- i. Technical Staff Members. Identify the need for information from DOE or NNSA headquarters. Complete DNFSB F 311.1-5, available on the

Board's Intranet under "Forms." Forward a hard copy of the request to the Cognizant Group Lead for review.

- ii. Technical Staff Members. Verbal information requests made by Board Members or Technical Staff Members during reviews or other interactions should be followed by compiling a complete list. This list is completed by coordinating with the other participating Technical Staff Members and DOE personnel, by completing DNFSB F 311.1-5, and by providing DNFSB F 311.1-5 to the respective Site Cognizant Engineer or Project Cognizant Engineer.
- iii. Technical Staff Members. Consider submitting a follow-up formal request when DOE information is informally received from DOE or non-DOE sources and the information will be used to support the development of Review Agendas or external correspondence.
- iv. Cognizant Group Lead. Review the DNFSB F 311.1-5. Approve or disapprove DNFSB F 311.1-1 and, if approved, initial the request in the left margin and return it to the applicable Technical Staff Member.
- v. Technical Staff Members. If approved by the Cognizant Group Lead, transmit the completed DNFSB F 311.1-5 to the DepRep. Work with personnel in the DepRep's office to coordinate fulfilling the information request.
- vi. Technical Staff Members. In some cases, Technical Staff Members may have access to DOE or NNSA information through Intranet access and obtain electronic versions of this information without using the information request process. The receipt, handling, distribution, and disposition of information acquired in this manner are governed by individual access agreements signed by the relevant Technical Staff Member and applicable requirements. Technical Staff Members shall follow I-562.1 and relevant Operating Procedures on document handling. This procedure is not intended to permit Technical Staff Members to bypass the formal document request process, rather, it permits Technical Staff to peruse DOE and DOE contractor's information systems to understand what information exists, to learn document titles, and then to quickly access information. Formal document requests shall still be submitted to DOE or NNSA for information that is collected in this manner when the information is distributed to Technical Staff Members to support the performance or documentation of oversight activities (e.g., if the document is cited in a Review Agenda, Information Paper, or Issue Report).

- vii. Technical Staff Members. If DOE or NNSA does not respond to the request, attempt to resolve the issue at the staff level. If unsuccessful, bring the matter to the attention of the Cognizant Group Lead or Deputy Technical Director. If the Cognizant Group Lead's or Deputy Technical Director's efforts are ineffective, report the issue to the Office of the General Counsel.

G. Management – Receipt, Handling and Disposition of Unclassified Information from DOE or NNSA Headquarters.

- i. Technical Staff Members Who Made the Request. Upon receipt of the requested unclassified information, either distribute a physical copy of the request to the relevant Technical Staff Members, or store the request electronically and notify the relevant Technical Staff Members of its location.
- ii. Technical Staff Members Who Made the Request. Evaluate the information received in response to Information Requests using the criteria in I-562.1 to determine if any material is an official agency record. If it is, then refer the material to the Record's Officer or their representative for disposition or retention in accordance with AD 19-1. Non-record material is managed in accordance with this procedure and I-562.1.
- iii. Technical Staff Members. Manage the receipt, the handling, and the disposition of controlled unclassified information in accordance with the requirements cited in Section 5 of this Operating Procedure.

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each procedure step in Section 6 of this Operating Procedure.
- B. The appropriate Site Cognizant Engineer or Project Cognizant Engineer is responsible coordinating for all aspects of this Operating Procedure after receiving an Information Request from a Technical Staff Member.

8. CONTROLS AND MEASURES.

- A. The Cognizant Group Lead approves Information Requests submitted to DOE Headquarters before transmittal to DOE.
- B. The Technical Director obtains approval from the Chairman before an Information Request for classified material is transmitted to DOE.

9. RECORDS.

- A. Information received in response to Information Requests should be evaluated using the criteria in I-562.1 to determine if any material is an official agency record. If it is, then refer the material to the Record's Officer or their representative for disposition or retention in accordance with AD 19-1. Non-record material is managed in accordance with this procedure and I-562.1.
- B. Information requests sent to DOE shall be retained in accordance with I-562.1.

10. REFERENCES.

- A. AD 19-1, *Records Management Program*.
- B. Enabling Statute of the Defense Nuclear Facilities Safety Board, at 42 U.S.C. § 2286c et seq.
- C. 44 U.S.C. § 3301, *Definition of records*.
- D. OP-231.2-1, *Privacy Act Operating Procedures*.
- E. F 311.1-1, *Request for Classified Material Form*.
- F. F 311.1-5, *Information Request Form*.
- G. OGC Proprietary Information Intranet Page.
- H. AD 301-1, *DNFSB Procedures for Handling Classified Information*.
- I. I-530.1, *Execution of Staff Reviews*.
- J. I-561.1, *Technical Staff Administrative Requirements*.
- K. I-562.1, *Technical Staff Records Management and Information Retention*.

11. DEFINITIONS.

- A. Cognizant Group Lead. The specific Group Lead responsible for the Technical Staff mission function that covers the activity that is being reviewed. Mission function alignment for Group Leads is defined in the Board's Annual Performance Plan and detailed in supporting Oversight Plans.
- B. Design and Construction Project Cognizant Engineer (Project Cognizant Engineer). A member of the Technical Staff that is assigned the responsibility for



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coordinating oversight efforts for a specific DOE defense nuclear facility design and construction project.

- C. Record. According to 44 U.S.C. § 3301 the term record “includes all books, papers, maps, photographs, machine-readable materials, or other documentary materials, regardless of physical form or characteristics, made or received by an agency of the United States Government under Federal law or in connection with the transaction of public business and preserved or appropriate for preservation by that agency or its legitimate successor as evidence of the organization, functions, policies, decisions, procedures, operations, or other activities of the Government or because of the informational value of data in them.”
  - D. Records Officer. The designated Board official in the Office of the General Manager that is responsible for the Records Management program. This official is authorized to approve Records Schedules and to transfer records to the custody of the National Archives and Records Administration. See AD 19-1, *Records Management Program*.
  - E. Responsible Individuals at the Respective DOE or NNSA Site. These individuals include the DOE Field Office Liaison, the DOE Field Point-of-Contact, the NNSA Site Office Point-of-Contact, the NNSA Production Office Point-of-Contact, and the Contractor’s Board Liaison. These individuals work with the Board’s staff to fulfill the Board’s staff document requests.
  - F. Site Cognizant Engineer. A member of the Technical Staff that is assigned the responsibility for coordinating oversight efforts for a specific defense nuclear site.
  - G. Technical Staff Members. Board Headquarters Staff or Board Site Representatives.
  - H. The Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep). The DOE Office that provides effective cross-organizational leadership in resolving Board-related technical and management issues necessary for ensuring public health and safety.
12. CONTACT. Address questions concerning this Directive to the Deputy Technical Director, Office of the Technical Director.



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Steven A. Stokes, Technical Director

### Exemption 5



# OPERATING PROCEDURE

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**Subject: PERFORMING REVIEWS OF NEW OR REVISED DOE DIRECTIVES**

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**Number: OP-532.1-1**

**Approved: 9/16/2016**

**Review: 9/15/2019**

**Certified:**

**Responsible Office: Office of the Technical Director**

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1. PURPOSE. The Technical Staff performs reviews of, evaluates, and comments on the Department of Energy's (DOE) directives pertaining to the design, construction, operation, and decommissioning of defense nuclear facilities. The Technical Staff provides its comments on DOE directives to DOE staff. This Operating Procedure (OP) ensures that reviews of DOE directives result in objective, technically accurate, and defensible comments. Technical Staff comments will be considered by DOE staff and used to develop, modify, reaffirm, and cancel DOE directives. This Operating Procedure also ensures that the Defense Nuclear Facilities Safety Board (DNFSB or Board) is informed of the Technical Staff's reviews of DOE directives.
2. CANCELLATION. OP-532.1-1, Performing Reviews of New or Revised DOE Directives, Approved 5/8/2014.
3. APPLICABILITY.
  - A. This Operating Procedure applies to Technical Staff employees assigned to manage, lead, or participate in reviews of formal written products produced by DOE or the National Nuclear Security Administration (NNSA) that provide requirements and guidance to employees or contractors. These written products include:
    - i. DOE Policies.
    - ii. DOE Notices.
    - iii. DOE Orders.
    - iv. DOE Manuals.
    - v. DOE Guides.
    - vi. DOE Directive Justification Memoranda.

- vii. DOE Technical Standards.
    - viii. Project Justification Statements.
    - ix. NNSA Supplemental Directives.
    - x. Other formal written products of interest to the Board.
  - B. Policy or requirements stated by this Operating Procedure apply only to the Office of the Technical Director.
  - C. In the event of a conflict between any provision contained in this Operating Procedure and a higher order, policy or law, the provision contained in the higher order, policy or law, shall supersede and control.
4. EXEMPTIONS.
- A. The Technical Director, Deputy Technical Director, or Cognizant Group Lead may authorize an exemption or approve a deviation to the requirements of this OP.
  - B. Exemption requests and Deviation notifications are processed and retained as discussed in OP-562.1-1, *Storing and Maintaining Technical Staff Documents and Information*.
5. REQUIREMENT. The Technical Staff performs reviews of, evaluates, and comments on all new, revised, reaffirmed, or canceled DOE directives of interest to the Board and associated documents. The Technical Staff transmits comments on these DOE directives to DOE staff. The Technical Staff's review of draft versions of DOE directives is normally completed before DOE publishes the final versions of the directives.
6. PROCEDURES.
- A. Receipt of DOE Directives and Associated Documents. The Technical Staff's directives review process begins when the Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep) sends a directives review request for DOE directives and associated documents. The DepRep sends the review request by email to Exemption 6, and a hardcopy of the request by Postal Service or courier. The cognizant Deputy Technical Director or Group Lead, DOE Directives Point of Contact, DOE Directives Assistant, and Office of the General Counsel (OGC) all receive email sent to Exemption 6.
  - i. DOE Directives Point of Contact. Receive hardcopy directives review request from the DepRep.

- ii. DOE Directives Point of Contact. Save electronic copies of all documents received by the Board's Technical Staff to the Reviews of DOE Directives Document Library and post the files in the Reviews of DOE Directives Tracking List (SharePoint Version) per I-562.1.
- iii. DOE Directives Point of Contact. Monitor DOE directives and DOE technical standards RevCom systems to ensure the Technical Staff receives for review all revised, reaffirmed, or canceled directives listed in N-532.1, *List of Directives of Interest to the Board*, and any new directives that may pertain to safety of the design, construction, operation, and decommissioning of defense nuclear facilities

B. Distribution of DOE Directives and Associated Documents.

- i. DOE Directives Point of Contact. Maintain a Technical Staff Oversight Plan to schedule reviews of DOE Directives per I-521.2, *Technical Staff Oversight Planning*.
- ii. DOE Directives Point of Contact. Forward the DOE directive and associated documents to the Directive Lead Reviewer and OGC within one day or as soon as practicable. In cases where the DOE Directives Point of Contact is on leave, the cognizant Deputy Technical Director or Group Lead, or designated Staff member may forward the directive and associated documents to the appropriate parties. This designation should be assigned via email from the DOE Directives Point of Contact.
- iii. DOE Directives Point of Contact. In the case of a new DOE directive, consult with the cognizant Deputy Technical Director or Group Lead to determine an appropriate Directive Lead Reviewer from the Technical Staff. Consult with the OGC to determine an appropriate OGC Reviewer.
- iv. Directive Lead Reviewer. Within one day of receiving a directive review request or as soon as practicable, determine if reviewing, evaluating, and commenting is achievable by the review date deadline requested by the DepRep. Inform the DOE Directives Point of Contact if the review date deadline can or cannot be met. If this date cannot be met, inform the DOE Directives Point of Contact of a date that can be met.
- v. DOE Directives Point of Contact. If necessary, inform the DepRep via email of the revised review date deadline. If the revised review date deadline is not acceptable to the DepRep, coordinate with the Directive Lead Reviewer and DepRep to determine an acceptable review date deadline.

C. Initial Review of DOE Directives.

- i. Directive Lead Reviewer. If a Review Plan for the DOE directive has not been developed, develop a Review Plan per OP-530.1-1, *Planning and Executing Technical Staff Reviews*.
- ii. Directive Lead Reviewer. Review DOE directives and associated documents using the guidance in Attachment A, *Guidance for Technical Staff Review of DOE Directives*, and according to the Review Plan developed per OP-530.1-1.
- iii. Directive Lead Reviewer. Use the DOE Directives Comment Letter Template or the DOE Directives No Comment Letter Template to document the directive being reviewed (e.g., cover letter), and the Technical Staff members and OGC Reviewer who assisted with the DOE directives review (e.g., Technical Staff Concurrence/Record Note Page). The templates are located on the Directives Review Wiki, which can be accessed from Technical Tab of the DNFSB Intranet.
- iv. Reviewers. Review DOE directives and associated documents using the criteria in I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria*, Section 6.C, and the guidance in Attachment A, and according to the Review Plan developed per OP-530.1-1. Identify and substantiate potential safety issues and staff safety issues.
- v. Reviewers. Use the DOE Directives Comment Form Template to document comments and suggestions. The template is located on the Directives Review Wiki which can be accessed from Technical Tab of the DNFSB Intranet.
- vi. Reviewers. Submit any comments and suggestions on the DOE Directives Comment Form Template to the Directive Lead Reviewer by the requested date. Otherwise, inform the Directive Lead Reviewer that there are no comments.
- vii. Directive Lead Reviewer. Consolidate and de-conflict comments and suggestions. Review all comments and suggestions against the criteria provided in I-514.1, Section 6.B.i. (e.g., clarity, specificity and comprehensiveness), and reject any comments and suggestions that fail to satisfy these criteria. Review all comments and suggestions for proper spelling, grammar, format, and comment type in accordance with Attachment A. Submit the draft DOE Directives Comment Letter or the draft DOE Directives No Comment Letter to the DOE Directives Assistant and inform the DOE Directives Point of Contact.

- viii. DOE Directives Point of Contact. Ensure the DOE Directives Assistant includes any comments received from OGC in the draft DOE Directives Comment Letter.
- ix. DOE Directives Assistant. Verify format of the draft DOE Directives Comment Letter or the draft DOE Directives No Comment Letter, and print the cover letter, staff comments (if applicable), and Technical Staff Concurrence/Record Note Page. Place letter in a yellow directives folder and submit it to the Directive Lead Reviewer for concurrence and signature per OP-542.1-9, *Developing Letters to be Signed by Technical Staff Members*.

D. Final Review of DOE Directives (“RevCom Concurrence Review”).

- i. Directive Lead Reviewer. Review DOE directives and associated documents using the guidance in Attachment A.
- ii. Reviewers. Review DOE directives and associated documents using the criteria in I-514.1, Section 6.C, and the guidance in Attachment A. Identify and substantiate potential safety issues and staff safety issues.
- iii. Directive Lead Reviewer. Review DOE’s responses to the Technical Staff’s initial comments.
- iv. Reviewers. Review DOE’s responses to the Technical Staff’s initial comments. Inform the Directives Lead Reviewer if DOE did not resolve the comments.
- v. Directive Lead Reviewer. Coordinate with DOE’s staff to resolve any unresolved comments that are potential safety issues or staff safety issues.
- vi. Directives Lead Reviewer. Based on criteria in I-514.1, Section 6.C., generate a group weekly report per OP-546.1-2, *Developing Group Weekly Reports*, to inform the Technical Director and the Board of all unresolved Staff Safety Issues resulting from a failure to adopt directive changes suggested by the Technical Staff. This includes any initial staff comments that may not potentially be resolved.
- vii. Reviewers. Use the DOE Directives Comment Form Template to document any comments and suggestions.
- viii. Reviewers. Provide any comments and suggestions on the DOE Directives Comment Form Template to the Directive Lead Reviewer by the requested date. Otherwise inform the Directive Lead Reviewer there are no comments. The template is located on the Directives Review Wiki,

which can be accessed from Technical Page of the DNFSB Intranet.

- ix. Directive Lead Reviewer. Use the DOE Directives Comment Letter Template or the DOE Directives No Comment Letter Template to document the directive being reviewed (e.g., cover letter), the Technical Staff members involved, and the OGC Reviewer who assisted with the directives review (e.g., Technical Staff Concurrence/Record Note Page). The templates are located on the Directives Review Wiki which can be accessed from Technical Tab of the DNFSB Intranet.
  - x. Directive Lead Reviewer. Consolidate and de-conflict comments and suggestions. Review all comments and suggestions against the criteria provided in I-514.1, Section 6.B.i. (e.g., clarity, specificity and comprehensiveness), and reject any comments and suggestions that fail to satisfy these criteria. Review all comments and suggestions for proper spelling, grammar, format, and comment type in accordance with Attachment A. Submit the draft DOE Directives Comment Letter or the draft DOE Directives No Comment Letter to the DOE Directives Assistant and inform the DOE Directives Point of Contact.
  - xi. DOE Directives Point of Contact. Ensure the DOE Directives Assistant includes any comments received from OGC in the draft DOE Directives Comment Letter.
  - xii. DOE Directives Assistant. Verify the format of the draft DOE Directives Comment Letter or the draft DOE Directives No Comment Letter, and print the cover letter, staff comments (if applicable), and Technical Staff Concurrence/Record Note Page. Place in a yellow directives folder and submit to the Directive Lead Reviewer for concurrence and signature per OP-542.1-9.
- E. Review of Justification Memoranda, Project Justification Statements, and Pre-RevCom Draft Directives. Justification Memoranda and Project Justification Statements serve as the Technical Staff's official notification that DOE initiated the development of a new or revision of an existing DOE directive. The Technical Staff's review of these documents only requires email correspondence with the DepRep.
- i. Directives Point of Contact. Update the Technical Staff work plan to include the directive associated with the Justification Memorandum, Project Justification Statement, or Pre-RevCom draft directive (if necessary).
  - ii. Cognizant Deputy Technical Director or Group Lead. Assign a Directives Lead Reviewer and inform the DOE Directives Point of Contact.



- iii. DOE Directives Point of Contact. Use email to distribute Justification Memoranda, Project Justification Statements, or Pre-RevCom draft Directives per Section 6.B.ii. of this Operating Procedure.
  - iv. Directive Lead Reviewer. If a Review Plan for the DOE directive has not been developed, develop a Review Plan per OP-530.1-1. Complete Sections 6.B.iv., 6.B.v., and 6.C. of this Operating Procedure.
  - v. DOE Directives Point of Contact. Use email to distribute any comments received from the Directive Lead Reviewer or OGC to the DepRep.
- F. Informing the Board of the Staff's Review of DOE Directives.
- i. DOE Directives Point of Contact. Draft an entry for the appropriate Group Lead Weekly Report every week to provide information to the Board and its staff.
  - ii. DOE Directives Point of Contact. Brief the Board when requested regarding the Technical Staff's reviews of DOE directives from the previous year, the status of the Technical Staff's current reviews of DOE directives, and projected Technical Staff reviews of DOE directives.
7. RESPONSIBILITIES. Responsibilities are assigned for each procedural step in Section 6 of this Operating Procedure. Other responsibilities for the cognizant Deputy Technical Director or Group Lead, DOE Directives Point of Contact, Directive Lead Reviewer, Reviewers, and DOE Directives Assistant are described in I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives*. The Directive Lead Reviewer is responsible for coordinating the accomplishment of all steps in this procedure.
8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor and assess this program.
- A. The cognizant Deputy Technical Director or Group Lead shall verify that the DOE Directives Point of Contact has forwarded all DOE directives and associated documents to the Directive Lead Reviewer.
  - B. The DOE Directives Point of Contact shall verify that the DepRep transmits the relevant documents when DOE develops a new document or revises, reaffirms, or cancels a directive of interest to the Board.
  - C. The DOE Directives Point of Contact shall inform the Directive Lead Reviewer, the cognizant Deputy Technical Director or Group Lead, and OGC if any review date deadlines are missed.

- D. Prior to submitting Technical Staff letters and comments to the cognizant Deputy Technical Director or Group Lead for signature, the DOE Directives Point of Contact shall review all comments and suggestions to ensure the guidance in Attachment A has been appropriately applied.
9. RECORDS. The DOE Directives Assistant or the DOE Directives Point of Contact shall ensure that electronic records are archived using the procedures discussed in I-562.1. The following records shall be archived.
- A. Letters from the DepRep to the cognizant Deputy Technical Director or Group Lead including draft directives, resolution of comments matrices, requirements tracking tools, justification memoranda, project justification statements, and other documents.
  - B. Technical Staff letters from the cognizant Deputy Technical Director or Group Lead to the DepRep including comments matrices, red-lined versions of draft directives, and other relevant documents.
  - C. Group Weekly Reports concerning the new or revised DOE directives.
10. REFERENCES.
- A. I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria.*
  - B. OP-521.2-1, *Developing Technical Staff Oversight Plans.*
  - C. OP-530.1-1, *Planning and Executing Technical Staff Reviews.*
  - D. I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives.*
  - E. N-532.1, *List of Directives of Interest to the Board.*
  - F. OP-542.1-9, *Developing Letters to be Signed by Technical Staff Members.*
  - G. OP-546.1-2, *Developing Group Weekly Reports.*
  - H. I-562.1, *Technical Staff Records Management and Information Retention.*
  - I. OP-602, *Performing Reviews of New or Revised DOE Directives*
  - J. DOE Order 251.1C, *Departmental Directives Program.*
  - K. DOE Order 252.1A Admin Change 1, *Technical Standards Program.*

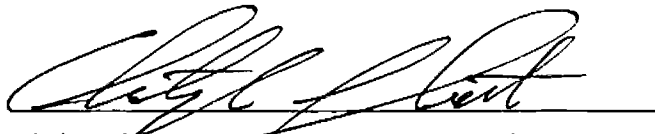
- L. NA SD 251.1, *Policy Letters: NNSA Policies, Supplemental Directives, and Business Operating Procedures*.
- M. DOE Directives Comment Letter Template.
- N. DOE Directives No Comment Letter Template.
- O. Reviews of DOE Directives Document Library (SharePoint Version).
- P. Reviews of DOE Directives Tracking List (SharePoint Version).

11. DEFINITIONS.

- A. DOE Directives Assistant. The NPA Group Administrative Assistant who provides administrative support for DOE directives.
- B. DOE Directives Lead Reviewer. The Technical Staff member assigned by the cognizant Deputy Technical Director or Group Lead to coordinate and document the review of a specific DOE directive.
- C. DOE Directives Point of Contact. A designated member of the Technical Staff who assists the cognizant Deputy Technical Director or Group Lead in managing and tracking the Technical Staff's review of new, revised, reaffirmed, or canceled DOE directives.
- D. DOE Policies, Notices, Orders, Manuals, Guides, and Directive Justification Memoranda. Documents developed by DOE defined in DOE Order 251.1C, *Departmental Directives Program*.
- E. DOE Regulations. The requirements promulgated by DOE in the Code of Federal Regulations (CFR). For the purposes of this Operating Procedure, DOE Regulations include any regulations specific to NNSA.
- F. DOE Technical Standards and Project Justification Statements. Documents developed by DOE defined in DOE Order 252.1A Admin Change 1, *Technical Standards Program*.
- G. NNSA Supplemental Directives. Documents developed by NNSA defined in NA SD 251.1, *Policy Letters: NNSA Policies, Supplemental Directives, and Business Operating Procedures*.
- H. Office of the General Counsel (OGC) Reviewer. The individual General Counsel staff member assigned by OGC to review a specific DOE directive.
- I. Potential Safety Issue. A situation in which observed actions, designs, or conditions may not meet applicable requirements, or a situation in which the

requirements themselves may be inadequate. In both cases, further information, review, and evaluation are required to understand the implications of the situation. Upon completion of the review and evaluation, a Potential Safety Issue may be reclassified as a Staff Safety Issue or as not a safety issue.

- J. Review Date Deadline. The date that Technical Staff letters are due to be sent electronically to the DepRep and followed in hardcopy form.
  - K. Reviewer. An individual assigned to a Review Team. The Reviewer shall be assigned specific responsibilities under the Review Plan.
  - L. Staff Safety Issue. A situation that the Board's Technical Staff has identified as a safety concern pertaining to a defense nuclear facility. Generally, a Staff Safety Issue arises when (1) DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards, (2) conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards, or (3) requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues.
  - M. The Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep). The DOE Office that provides cross-organizational leadership in resolving Board identified technical and management issues.
12. CONTACT. Address questions concerning this Operating Procedure to the cognizant Deputy Technical Director or Group Lead.



Christopher Roscetti, NPA Group Lead

**ATTACHMENT A**  
**GUIDANCE FOR TECHNICAL STAFF REVIEW OF DOE DIRECTIVES**

1. PURPOSE. The purpose of Attachment A is to provide the Technical Staff with information regarding DOE directives, the DOE directives system, the Review and Comment process, and how the Technical Staff may conduct a review of a DOE directive.
2. REFERENCES.
  - A. 42 U.S.C. § 2286 et seq., *Enabling Statute of the Defense Nuclear Facilities Safety Board.*
  - B. 48 CFR 970.5204-2, *Laws, regulations, and DOE directives*
  - C. DOE Technical Standards Website (energy.gov/ehss/services/nuclear-safety/department-energy-technical-standards-program).
  - D. DOE Directives Website (www.directives.doe.gov).
  - E. DOE Order 251.1C, *Departmental Directives Program.*
  - F. NNSA Supplemental Directives Website (nnsa.energy.gov/aboutus/ouoperations/managementandbudget/policysystem).
  - G. November 21, 1995, Board Letter to the Undersecretary of Energy.
  - H. November 12, 1997, Board Letter to the Secretary of Energy.
3. RELEVANT REQUIREMENTS.
  - A. The Technical Staff's review of and comments on draft DOE directives prior to their publication does not prevent the review of DOE directives by the Board under its enabling statute (42 U.S.C. § 2286 et seq., *Atomic Energy Act*, as amended). Therefore, nothing in Attachment A or in DOE Order 251.1C should be construed as preventing further Board review of draft or published DOE directives.
  - B. Requirements and Guidance. DOE Directives may include requirements for federal employees, requirements for contractors, guidance for federal employees, and/or guidance for contractors. Section 5 of Attachment A describes the various types of DOE directives and the differences between the directives that contain requirements and the directives that contain guidance. For a statement in a directive to be a requirement, the statement should be written with either a "shall" or "must" to compel an action (DOE generally uses "shall" in Orders and "must" in Technical Standards). Guidance statements are usually written with a "should" to suggest, but not require an action.

- i. Federal Employee Requirements and Guidance. Generally, federal employees must follow the requirements in Regulations, Policies, Notices, Orders, Manuals, and some Technical Standards. Guides and some Technical Standards contain guidance that federal employees should follow, but are not required to follow.
- ii. Contractor Requirements. Contractors must follow the requirements in Regulations and those listed in their contract. DOE directives are usually contained in a part of the contract called “List B” or “the List,” and DOE directives may be included in whole or in part. Requirements for contractors contained in DOE directives are usually placed in a section of the directive called the contractor requirements document (CRD). Requirements in DOE directives may be modified for an individual site by “H-clauses” or “S-clauses” in the contract. These are called “H-clauses” or “S-clauses” because they are usually found in Section H or Section S respectively of the contract.<sup>1</sup>
- iii. Contractor Guidance. Contractors may follow all or some of the guidance provided in DOE Guides or Technical Standards to implement requirements. However, contractors are not required to follow this guidance unless a guide or technical standard is inserted as a contract term.
- iv. Contractor Flow-down of Requirements. All DOE contracting offices are required to insert the “Laws Clause” (48 CFR 970.5204-2, “*Laws, regulations, and DOE directives*”) into contracts. This clause requires contractors to flow down requirements in its contract to any subcontractor.<sup>2</sup>

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<sup>1</sup> Example H-clause:

#### H.6 QUALITY ASSURANCE SYSTEM ALTERNATE I (JUL 2004)

The Contractor shall establish and maintain a formal quality assurance program approved by the Department of Energy (DOE) that satisfies the requirements of DOE Order 414.1B (or current version referenced in Section J, Attachment D). The quality assurance program shall encompass all areas of performance by the Contractor. If the Contractor has responsibility to perform activities in connection with a nuclear facility, as defined by Title 10, Section 830.3, Code of Federal Regulations, the applicability of the requirements in Section 830.120 shall be determined. Any subcontracts in support of this work shall require subcontractors to comply with the Contractor's approved quality assurance program.

<sup>2</sup> 970.5204-2 Laws, regulations, and DOE directives.

As prescribed in 970.0470-2, insert the following clause: Laws, Regulations, and DOE Directives (DEC 2000)  
(a) In performing work under this contract, the Contractor shall comply with the requirements of applicable Federal, State, and local laws and regulations (including DOE regulations), unless relief has been granted in writing by the appropriate regulatory agency. A List of Applicable Laws and regulations (List A) may be appended to this contract for information purposes. Omission of any applicable law or regulation from List A does not affect the obligation of the Contractor to comply with such law or regulation pursuant to this paragraph.

C. Crosswalk / Requirement Tracking Tools.

- i. A crosswalk or requirement tracking tool is a process that DOE uses to ensure existing requirements are either carried forward to a revised directive or dispositioned with a justification.
- ii. Only revised requirements documents will potentially include a crosswalk. Guidance documents may contain additional documentation to justify deleting content or sections, but it is difficult to use a crosswalk to track detailed guidance. DOE Order 251.1C, Appendix D, requires the Office of Management to maintain a list of DOE directives that require additional documentation.
- iii. Criteria for a crosswalk are directives that:
  - (1) Set requirements regarding the establishment, verification and maintenance of the safety basis for DOE nuclear facilities;

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(b) In performing work under this contract, the Contractor shall comply with the requirements of those Department of Energy directives, or parts thereof, identified in the List of Applicable Directives (List B) appended to this contract. Except as otherwise provided for in paragraph (d) of this clause, the Contracting Officer may, from time to time and at any time, revise List B by unilateral modification to the contract to add, modify, or delete specific requirements. Prior to revising List B, the Contracting Officer shall notify the Contractor in writing of the Department's intent to revise List B and provide the Contractor with the opportunity to assess the effect of the Contractor's compliance with the revised list on contract cost and funding, technical performance, and schedule; and identify any potential inconsistencies between the revised list and the other terms and conditions of the contract. Within 30 days after receipt of the Contracting Officer's notice, the Contractor shall advise the Contracting Officer in writing of the potential impact of the Contractor's compliance with the revised list. Based on the information provided by the Contractor and any other information available, the Contracting Officer shall decide whether to revise List B and so advise the Contractor not later than 30 days prior to the effective date of the revision of List B. The Contractor and the Contracting Officer shall identify and, if appropriate, agree to any changes to other contract terms and conditions, including cost and schedule, associated with the revision of List B pursuant to the clause of this contract entitled, "Changes."

(c) Environmental, safety, and health (ES&H) requirements appropriate for work conducted under this contract may be determined by a DOE approved process to evaluate the work and the associated hazards and identify an appropriately tailored set of standards, practices, and controls, such as a tailoring process included in a DOE approved Safety Management System implemented under the clause entitled "Integration of Environment, Safety, and Health into Work Planning and Execution." When such a process is used, the set of tailored (ES&H) requirements, as approved by DOE pursuant to the process, shall be incorporated into List B as contract requirements with full force and effect. These requirements shall supersede, in whole or in part, the contractual environmental, safety, and health requirements previously made applicable to the contract by List B. If the tailored set of requirements identifies an alternative requirement varying from an ES&H requirement of an applicable law or regulation, the Contractor shall request an exemption or other appropriate regulatory relief specified in the regulation.

(d) Except as otherwise directed by the Contracting Officer, the Contractor shall procure all necessary permits or licenses required for the performance of work under this contract.

(e) Regardless of the performer of the work, the Contractor is responsible for compliance with the requirements of this clause. The Contractor is responsible for flowing down the requirements of this clause to subcontracts at any tier to the extent necessary to ensure the Contractor's compliance with the requirements.



- (2) Establish requirements regarding the integration of safety into the operation, design and construction of defense nuclear facilities;
- (3) Provide guidance for use in implementing the requirements established in the directives listed in 1.a. and 1.b. of DOE Order 251.1C Appendix D. Any “requirements” to be tracked in these instances are the mandatory elements of such directives; or,
- (4) Are developed by the Office of Health, Safety and Security.

D. Review and Comment (RevCom) System. DOE uses two different RevCom systems: RevCom and Technical Standards Program (TSP) RevCom.

- i. RevCom. RevCom is a real-time web application DOE uses to manage and support the collaborative development, review, approval, and dissemination of new, revised, reaffirmed, and canceled Departmental Directives. RevCom allows users to review and comment on draft Directives for content, relevance, applicability, accuracy, impact and implementation cost. The results of the reviews are forwarded through the appropriate points of contact to the approving official and Office of Primary Interest for comment resolution and ultimately approval.
- ii. TSP RevCom. TSP RevCom is a similar web application to RevCom, but it is used exclusively for Technical Standards, including DOE Handbooks and DOE Specifications.
- iii. Pre-RevCom. A Pre-RevCom review is an “informal” review of a DOE Directive that comes directly from the DOE author or from the Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep) with a request to work with the DOE author. The Board’s staff should review the draft directive and generate comments and suggestions similar to an Initial RevCom review and following the guidance in Section 4 of this attachment. The Board’s staff may schedule a meeting with DOE staff to discuss potential concerns or specific comments and suggestions.
- iv. Initial RevCom. An Initial RevCom review starts with the DepRep emailing an electronic copy of a letter from the DepRep to the Nuclear Programs and Analysis (NPA) Group Lead, Directives Point of Contact, Office of the General Counsel (OGC), and the DOE Directives Assistant. This letter will include an electronic copy of the draft directive and potentially a crosswalk. The Board’s staff should review the draft directive and supplementary material and generate comments and suggestions following the guidance in Section 4 of this Attachment A. In general, the Board’s staff should perform a thorough review of the entire draft directive during the Initial RevCom review. In general, the Board’s

staff should not generate new comments and suggestions on old, unchanged/unedited text during the Final RevCom period.

- v. Final (“Concurrence”) RevCom. Prior to Final RevCom, DOE staff should have resolved the Board’s staff’s comments and suggestions. This does not mean that DOE staff will have accepted and implemented all of the Board’s staff’s comments and suggestions. It does mean that DOE staff should have a justification or technical explanation for why the Board’s staff’s comments and suggestions were not implemented. Additionally, DOE staff may request a meeting with the Board’s staff prior to submitting the revised draft directive to Final RevCom. The goal of DOE staff when entering Final RevCom is to have a draft directive in a form that will not generate any more comments from the Board’s or DOE’s staff. This does not preclude the Board’s staff from making comments and suggestions; however, the Board’s staff should not “ratchet” previous comments or generate entirely new comments. The initial review should be thorough and complete so as to not require additional comments and suggestions during the Final RevCom, unless the text of the directive was substantially changed so that it creates a new potential safety issue.

E. Exemptions and Equivalencies in DOE Directives.

- i. Processes. DOE Directives may contain processes for equivalencies and exemptions specific to requirements in a particular directive. For those individual directives that do not contain an exemption or equivalency process, there is a Legacy Exemption Process outlined in Appendix E of DOE Order 251.1C.
- ii. Equivalencies. Equivalencies are alternatives to how a requirement in a directive is fulfilled in cases where the “how” is specified. These represent an alternative approach to achieving the goal of the directive. Unless specified otherwise in the directive, Equivalencies are granted, in consultation with the Office of Primary Interest, by the Program Secretarial Officer or their designee, or in the case of the NNSA, by the Administrator or designee, and documented for the Office of Primary Interest in a memorandum.
- iii. Exemptions. Exemptions are the releases from one or more requirements in a directive. Unless specified otherwise in the directive, Exemptions are granted, in consultation with the Office of Primary Interest, by the Program Secretarial Officer or their designee, or in the case of the NNSA, by the Administrator or designee, and documented for the Office of Primary Interest in a memorandum. For those directives listed in Attachment 1 of DOE Order 410.1, Central Technical Authority

concurrences are required prior to the granting of Exemptions.

- iv. Exemptions to 10 CFR Part 830 “Nuclear Safety Management” Requirements. Title 10 C.F.R. Part 820, Subpart E, “Exemption Relief,” provides the only procedural mechanism through which DOE may exempt a contractor from the application of DOE Nuclear Safety Requirements.<sup>3</sup> DOE may not exempt a contractor from compliance with the DOE Nuclear Safety Requirements except in accordance with the procedures in 10 C.F.R. Part 820, Subpart E.

F. Basis for the Staff’s RevCom Reviews of DOE Directives.

- i. Review of DOE Directives is required by statute at § 2286a(b)(1).
- ii. The November 21, 1995 Board Letter to the Undersecretary of Energy and the November 12, 1997 Board Letter to the Secretary of Energy explain the basis for the Board’s staff’s RevCom reviews of DOE directives.
- iii. These letters describe the mutual agreement between the Board and the Secretary of Energy to have the Board and its staff review draft DOE directives prior to DOE issuing final directives to the field for use.

4. METHODS AND PRACTICES. The Board’s staff receives DOE Policies, Notices, Orders, Manuals, Guides, Technical Standards, Regulations, NNSA Supplemental Directives, Justification Memoranda (JM), Project Justification Statements (PJS) and other similar procedures for review and comment.

A. Directives Review Level of Effort.

- i. Some DOE directives require a large number of staff and a substantial amount of effort to adequately review, whereas other DOE directives require one or two staff members who may expend a few hours of effort.
- ii. For those reviews of DOE directives that require a team of staff members to review, the amount of individual effort should be estimated in the Review Plan. At the conclusion of the staff’s review, a best estimate of

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<sup>3</sup> Title 10 C.F.R. § 820.2 “Definitions” defines “DOE Nuclear Safety Requirements” as:

[T]he set of enforceable rules, regulations, or orders relating to nuclear safety adopted by DOE (or by another Agency if DOE specifically identifies the rule, regulation, or order) to govern the conduct of persons in connection with any DOE nuclear activity and includes any programs, plans, or other provisions intended to implement these rules, regulations, orders, a Nuclear Statute or the [Atomic Energy Act of 1954, as amended], including technical specifications and operational safety requirements for DOE nuclear facilities. For purposes of the assessment of civil penalties, the definition of DOE Nuclear Safety Requirements is limited to those identified in 10 CFR 820.20(b).

the actual amount of time and effort expended by the staff should be provided to the Directives Point of Contact.

- iii. Lead Reviewers should consider the following when estimating the amount of time it will take for a review:
  - (1) The portion of the directive each staff member will review. Specifically, will each staff member review a section, will each staff member review the entire directive, or will it be a combination?
  - (2) Will a staff-to-staff meeting(s) be required to discuss and resolve comments from members of the Board's staff?
  - (3) Is the directive a stand-alone requirements document, a stand-alone guidance document, or do the requirements and guidance flow-down from higher level documents? The more flow-down the more time it will take to cross check requirements and guidance.
  - (4) Is the review pre-RevCom, initial RevCom, or final RevCom?
  - (5) Is the directive controversial such that early OGC involvement is required?
- B. DOE Directive Review Plan. Attachment B is a Review Plan template for a DOE Directive. This template should be used to develop or revise a review plan for any DOE Directive. Staff members may also reference OP-530.1-1, *Planning and Executing Technical Staff Reviews*.
- C. Writing Comments and Suggestions.
  - i. Comments [C] and suggestions [S] should be written with the intention of improving the content of the directive and the safety of the public, workers, and the environment.
  - ii. Fill out the page number and section number using the same nomenclature as is used in the DOE directive.
    - (1) Page numbers on the comment form should come from the header or footer of the draft directive. If there are not any page numbers in the draft directive, use the page number tool in the draft directive's native file application, if available (e.g., MS Word or Adobe Acrobat counts gross pages).

- (2) Use the full section number, which may require going back a few pages to get the full section number.
- iii. Fill out the comment type field as Major (M) or Suggested (S).
  - (1) The RevCom system defines the comment types as follows:
    - (a) “Major” comments address issues serious enough to preclude or significantly hamper accomplishing the program mission, complying with laws, rules and regulations or fulfilling contractual obligations and formal commitments.
    - (b) “Suggested” comments are often editorial in nature.
  - (2) DOE directive authors are required to respond to all “Major” comments, but are not required to respond to or attempt resolution of “Suggested” comments. DOE directive authors usually provide responses to “Suggested” comments. The Board’s staff would not pursue resolution of a “Suggested” comment that DOE has rejected.
  - (3) There may be some comments that do not fit the “Major” definition but are more than editorial in nature for a “Suggested” comment. In this case, the Board’s staff would enter the comment type as “M” only if the staff decides that a DOE response to the comment is needed or the staff would pursue resolution of the comment if DOE rejects it.
- iv. All comments should contain a specific suggestion.
- v. Comments should contain statements of fact and not questions. Quote the part of the directive related to the comment to illustrate a fact.
- vi. Do not use vague statements like, “The intent of this section is not apparent” or “The section is confusing and should be re-worded.” Avoid using the passive voice.
- vii. Comments should contain the formal name of a directive at first use and then use the designation and number.
  - (1) DOE Order 420.1C Change 1, *Facility Safety*, then DOE O 420.1C Chg 1.

- (2) DOE Standard 3009-2014, *Preparation of Nonreactor Nuclear Facility Documented Safety Analysis*, then DOE-STD-3009-2014.
  - (3) NA-1 SD 450.4-1, *Integrated Safety management System Description*, then SD 450.4-1
- viii. Comments and suggestions should not be personal; they should be factually correct. For this reason, use wording such as “Standard industry practice is to ...” It is not appropriate to use phrases such as, “To my knowledge, ...” or “In my experience, ...”
- ix. A suggestion should strive to suggest precise wording changes whenever practical to allow DOE to best understand the staff’s comment, and therefore, most efficiently and effectively resolve the staff’s comment. However, the Board’s staff should not specify how DOE should write its directives; therefore, the staff should clearly identify its proposed wording changes as a suggestion for DOE to consider. For instance, the following example provides the same suggestion; however, (1) makes it clear this is a suggestion, which is encouraged, whereas (2) appears more directive, which is discouraged:
  - (1) Use wording such as:  
[S] Consider including additional evaluation criteria such as, “Number of qualified evaluators; Time since last formal evaluation; and Scores on last two evaluations.”
  - (2) Do not use wording such as:  
[S] Renumber and include the following evaluation criteria: “(1) Number of qualified evaluators; (2) Time since last formal evaluation; and (3) Scores on last two evaluations.”
- x. The Directives Lead Reviewer should review and understand the comments and suggestions of other reviewers including any outside experts and the OGC Reviewer.
- xi. It becomes cumbersome for DOE and the Board’s staff when a similar comment and suggestion is made multiple times on a comment sheet. In some instances this may be appropriate, but in other instances it may be appropriate to consolidate similar comments by listing the various sections and pages where the comment and suggestion apply. In these cases, the section and page number blocks in the table should be labeled with “various.”
- xii. When quoting specific portions of the draft directive or the currently approved directive, use standard grammar rules. For example, Section 1.a.(1) of Attachment 2 of DOE Order 422.1 states, “For Hazard Category

1, 2, and 3 nuclear facilities, the operator must develop and implement a conduct of operations program using the specific requirements in paragraph 2 below and the attributes of the Detailed Conduct of Operations Matrix in Appendix A...”

**D. Justification Memorandum or Project Justification Statement Review.**

**i. A JM:**

- (1)** Describes the basis for a DOE directive and the expected outcomes. It justifies why a DOE directive is necessary, specifies which DOE offices the directive will cover, and indicates how the directive will help fulfill DOE’s mission. A JM should have made a determination as to whether there are existing consensus standards that could be used in place of a DOE directive. A JM must also describe the impact on or interactions with other existing DOE directives.
- (2)** Contains the timeline for drafting the DOE directive, RevCom, comment resolution, and final review.
- (3)** Is typically issued by DOE without reviewed by the Board’s staff.

**ii. A PJS describes how the new or proposed revision to a DOE Technical Standard will support DOE, including any planned major changes to the structure or content of the Technical Standard. A PJS should contain language stating whether existing consensus standards could be used in place of the Technical Standard, and if consensus standards have not been used, why they have not. A PJS also describes the potential impact on other directives, rules, or Technical Standards.**

**iii. Board’s Staff Review of a PJS.**

- (1)** Evaluate the scope of the new directive as described in the PJS. If there are gaps, it is appropriate for the Board’s staff to provide specific suggested topics for DOE staff to consider including when drafting the proposed DOE directive.
- (2)** Evaluate the potential impact on existing DOE directives. If content or topical overlap may occur with existing DOE directives, and this overlap is not noted in the PJS, it is appropriate for the Board’s staff to provide a reminder of the potential overlap.
- (3)** Evaluate whether DOE staff plan to include lessons learned since the directive was last revised. It is appropriate for the Board’s staff to provide DOE with any specific lessons learned that should be

incorporated into the revision of a DOE directive.

- iv. Sending Board's staff comments on a PJS to the DepRep.
  - (1) The Lead Reviewer should aggregate any comments that the Board's staff has on a PJS and send those comments to the Directives Point of Contact.
  - (2) The Directives Point of Contact will review the Board's staff comments, obtain the NPA Group Lead's approval, and send the comments to the DepRep via email.
  - (3) If the Board's staff have no comments, then the Directives Point of Contact can notify the DepRep via email of such without obtaining the NPA Group Lead's approval.

E. Reviewing Requirements Documents (Rules, Orders, Manuals, some Technical Standards).

- i. Any DOE rule amendment that the Board's staff receives for review should be briefed to the Board by the Directives Point of Contact and the Lead Reviewer. The Office of the General Counsel should also be consulted.
- ii. DOE uses "shall" or "must" statements to designate requirements that must be followed by federal employees or contractors (DOE generally uses "shall" in Orders and "must" in Technical Standards).
- iii. DOE uses "may" statements to designate specific permissive statements or allowances for federal employees or contractors. These statements do not have to be followed but are provided as an option.
- iv. In accordance with the guidance in Section 3.C. of this Attachment A, revisions to requirements documents should contain a crosswalk to assist reviewers with following where requirements in the current version are located in the revised draft version.
- v. Requirements should not be reduced or deleted without adequate justification. Adequate justification may include the following:
  - (1) The deleted requirement exists in another directive or is being moved to another directive. Continued existence of the deleted requirement should be verified; however, the Board's staff should not make comments regarding where the requirement is documented in DOE's directives system.



- (2) The requirement is a contractor-only function and was written in a section of a directive only applicable to federal employees. Likewise if the requirement is a federal employee-only function and was written in a section of a directive only applicable to contractor employees. If the requirement is valid but in the incorrect section, it does not relieve DOE of the obligation to move the requirement to the correct section of the directive.
  - (3) The requirement is based on an outdated calculation(s) and after using newer or more proven calculations, the requirement is not necessary or needs to be revised.
  - (4) Lessons learned show that the requirement(s) should be revised or eliminated.
  - (5) The requirement(s) employ or rely on outdated or obsolete technology.
- vi. Redlined versions of revised directives may be helpful to reviewers to see precisely where DOE made changes to the directive.

**F. Reviewing Guidance Documents (Guides, Manuals, most Technical Standards).**

- i. DOE uses “should” statements to designate guidance that does not have to be followed by federal employees or contractors.
- ii. Guidance documents usually describe how to implement requirements in a DOE Order, Manual, Technical Standard, or rule.
- iii. The parent directive should be referenced frequently to ensure adequate flow-down of guidance for implementing requirements.
- iv. Redlined versions of revised directives may be helpful to reviewers to see precisely where DOE made changes to the directive.
- v. Guidance explains how to accomplish a requirement or set of requirements. The guidance provided in DOE directives must be accurate, but it may not be the only way to fulfill the requirement(s). It is not the role of the Board’s staff to determine exactly how DOE and its contractors implement requirements.

**G. Maintaining the Board’s Staff Directives Email Address.**

- i. The DepRep provides DOE directives to the Board’s staff for review via the email address, **Exemption 6**. This email address is configured to distribute emails to the NPA Group Lead, Directives Point of Contact,

OGC, and the DOE Directives Assistant.

- ii. The Directives Point of Contact should verify the distribution list of the **Exemption 6** email address with the Board's Information and Technology staff periodically and when the NPA Group Lead, Directives Point of Contact, OGC, or the DOE Directives Assistant change positions.

H. Maintaining Contact Information for the DepRep and DepRep Staff.

- i. Contact information for the DepRep and the DepRep's staff is available on the DepRep's website, <https://ehss.energy.gov/depdep/>.
- ii. The Directives Point of Contact should be familiar with the DepRep's staff and maintain regular contact with the DepRep's lead for reviewing DOE directives.
- iii. The Directives Point of Contact should update the DOE Directives Comment Letter Template and the DOE Directives No Comment Letter Template if the contact information for the DepRep changes.

5. ACRONYMS AND DEFINITIONS.

A. DOE Directives Review Board (DRB).

- i. Was established by DOE Order 251.1C.
- ii. Approves JM prior to the revision, reaffirmation, or cancellation of DOE directives.
- iii. Will advise, as well as concur, on individual directives before their release for DOE-wide comment and final issuance (i.e., prior to entering RevCom).
- iv. Is chaired by the Director, Office of Management.
- v. Consists of a senior representative from the three Under Secretarial Offices, the Office of the General Counsel, and the Office of Environment Health, Safety, and Security.
- vi. Reviews and approves all new and revisions, reaffirmations, or cancelations to Policies, Orders, Manuals, Guides, and Notices.

B. DOE Guide(s) (from DOE Order 251.1C).

- i. Provide an acceptable, but not mandatory means for complying with requirements of an Order or rule.
  - ii. Are alternate methods that satisfy the requirements of an Order that are also acceptable; however, any implementation selected must be justified to ensure that an adequate level of safety commensurate with the identified hazards is achieved.
  - iii. Are documents prepared by an Office of Primary Interest, issued by the Office of Management.
  - iv. Cannot be made mandatory by reference in an Order, Notice, appendix to a directive, or Technical Standard.
- C. DOE Handbook(s) (from DOE Order 252.1A Admin Change 1).
  - i. Provide a compilation of good practices, lessons-learned, or reference information that serve as resources on specific topics.
  - ii. Provide general, textbook-type information on a variety of subjects.
  - iii. Function as a specific type of Technical Standard.
- D. DOE Manual(s) (from DOE Order 251.1C).
  - i. Will be converted into appendices within Orders when scheduled for renewal.
  - ii. Will be phased out over time as a result of Order 251.1C.
- E. DOE Notice(s) (from DOE Order 251.1C).
  - i. Have the same effect as an Order, but are issued in response to a DOE matter requiring prompt action to establish short-term management objectives.
  - ii. Are documents developed by an Office of Primary Interest and issued by the Secretary or Deputy Secretary.
  - iii. Are expedited through the directives process and expire after one year.
  - iv. Must be converted to or incorporated into an Order within one year of the effective date of the Notice unless an extension is granted or the Notice is allowed to expire.

- v. May be extended through the issuance of another Notice provided the conversion of the Notice to an Order has been initiated.
- F. DOE Order(s) (from DOE Order 251.1C).
  - i. Establish management objectives, requirements, and assignment of responsibilities for DOE Federal employees consistent with policy and regulations.
  - ii. Are developed by an Office of Primary Interest and issued by the Secretary or Deputy Secretary.
  - iii. Must be included in the form of a CRD, if requirements for contractors are necessary.
  - iv. Should include detailed instructions, in the form of appendices, describing how requirements are to be implemented.
- G. DOE Policy (Policies) (from DOE Order 251.1C).
  - i. Establish high level expectations in the conduct of the Department's mission and impact two or more DOE elements.
  - ii. Are either memoranda issued by the Secretary or Deputy or documents developed by an Office of Primary Interest.
  - iii. Will be posted in RevCom for information purposes.
  - iv. Remain in effect until canceled by the Secretary or Deputy Secretary.
- H. DOE Specification(s) (from DOE Order 252.1A Admin Change 1).
  - i. Support repetitive acquisitions of products or items.
  - ii. Describe essential technical requirements for purchasing material.
  - iii. Function as a specific type of Technical Standard.
- I. DOE Technical Standards (from DOE Order 251.1C).
  - i. Are non-mandatory criteria issued under DOE Order 252.1A Admin Change 1.
  - ii. Provide DOE-approved possible methodology and criteria for meeting requirements in Orders or rules.

- iii. Can be made mandatory under DOE regulatory or contractual provisions.
  - iv. Are not processed by the DRB.
  - v. Provide specific standardized approaches, methodologies, technical criteria, or other information on accomplishing a task, developing a plan, and/or performing a calculation or assessment to implement a DOE requirement (DOE Order 252.1A Admin Change 1).
  - vi. Provide a common shared approach or methodology for implementing a DOE requirement such that its implementation is consistent across DOE programs and operations (DOE Order 252.1A Admin Change 1).
- J. NNSA Supplemental Directives.
- i. NNSA Supplemental Directives include NNSA Policies (NAPs), Supplemental Directives (SDs), and Business Operating Procedures (BOPs).
  - ii. NAPs can apply to both Federal and contractor elements to:
    - (1) Impart policy and/or requirements unique to NNSA.
    - (2) Provide short-term notices until more formal direction can be provided.
  - iii. SDs can apply to both Federal and contractor elements and are utilized, in conjunction with DOE's Directives System, to:
    - (1) Indicate how NNSA will implement a DOE directive.
    - (2) Implement DOE directives in a cost efficient manner.
  - iv. BOPs:
    - (1) Provide procedures applicable only to NNSA Federal employees.
    - (2) Provide a process for issuing sound business and operating procedures that are essential to efficient Federal operations.
  - v. NNSA Supplemental Directives are not processed by the DRB.
- K. Review and Comment System (RevCom).

- i. An electronic tool DOE uses to post directives, request employees to review directives, and allow employees to post comments on directives.
  - ii. Two variations exist: the Full Process in DOE Order 251.1C, Appendix A, and the Expedited Process in DOE Order 251.1C, Appendix B.
- L. The Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep).
  - i. The DOE Office that provides effective cross-organizational leadership in resolving Board-related technical and management issues necessary to ensure public health and safety.
  - ii. Staff letters are addressed to the Departmental Representative, and in these instances DepRep means this person.
  - iii. In other instances when using the acronym, DepRep, it means the point of contact in the DepRep's office.

**ATTACHMENT B**  
**TEMPLATE FOR DOE DIRECTIVE REVIEW PLAN**

**DOE Directive Review Plan**  
**[DOE Directive Number and Name]**

**This Review Plan should be referenced when developing or revisiting a Review Plan in the Technical Staff's work planning tool (e.g., Excel, SharePoint).**

**Introduction**

This Review Plan describes the methods, organization, approach, and documentation for the staff's review of [insert DOE directive number and name]. If significant changes occur during the course of the Review, this Review Plan will be revised. The Review scope, objectives, deliverables, schedule, technical strategy, and data management are discussed in the sections to follow.

**Review Scope**

[Provide an explanation of why DOE is creating a new directive or revising, reaffirming, or canceling an existing directive. This could be driven by the normal 4-5 year update process. It could be driven by a directives reform initiative, or it could be driven by events in the complex that require the subject directive to be updated.]

**Review Objectives**

The objectives for this Review include the following:

- 1) Verify the revised requirements are similar to existing requirements in detail and scope, and for deleted or reduced requirements, adequate justification should be provided.
- 2) Ensure the revision to the directive does not compromise requirements or guidance developed and established by DOE as a result of a commitment to the Board.
- 3) Determine whether any additional requirements and/or guidance may be necessary based on lessons learned or experience in the DOE defense nuclear complex or in other, similar high-hazard industries. Ensure an appropriate level of requirements and/or guidance is added to the directive.
- 4) Verify requirements and/or guidance are written in plain English so they are clear, unambiguous, and implementable.
- 5) Verify requirements are designated by "shall" statements and that they apply to either the federal employees, the contractors, or both.
- 6) Verify "may" statements are used to designate specific permissive statements or allowances for federal employees or contractors. These statements do not have to be followed but are provided as an option.



- 7) Verify guidance is designated by “should” statements.
- 8) Verify there is flow-down of requirements from higher level directives or rules and any guidance supports a requirement.

### Review Schedule and Deliverables

A general guide for the overall schedule is:

Task	Task Name	Work Days	Start	Finish
1	Review of DOE Directive	20	mm/dd/yyyy	Start + 20 days
1.1	Assign Lead Reviewer & Reviewers	2	Start	Start +2 days
1.2	Develop Review Plan	2	Start +2 days	Start +4 days
1.3	Collect Staff Comments	13	Start +4 days	Start +17 days
1.4	Collate and Review Staff Comments	2	Start + 17 days	Start + 19 days
1.5	Review and Concurrence of Staff Comments	1	Start + 19 days	Start + 20 days

A guide for developing or revising the review plan in the technical staff work planning tool is:

	Plan	Preparation	Interact	Evaluation
Pre RevCom	1 Low	1 Low	1 Low	x Low
Initial RevCom	1 Low	x y	x y	x Low
Final RevCom	1 Low	1 Low	1 Low	x y

x – Estimate number of staff days to conduct review

y – Estimate staff effort to conduct review (Low = 0.2, Med = 0.4, Hi = 0.6)

The Initial RevCom Preparation Phase concludes with a staff letter sent to DOE. The Initial RevCom Interaction Phase concludes with a meeting or telephone conference with DOE. The Final RevCom Evaluation Phase concludes with the staff’s final letter being sent to DOE.

The Lead Reviewer is responsible for the overall execution on this Review and serves as a coordinator of the work activities and a point of contact with the Board, DOE, and DOE contractors.

The Reviewers (Team Members) are responsible for execution of individual tasks as defined in this Review Plan.

The Directives Point of Contact may assist the Lead Reviewer or Reviewers as needed. This includes coordinating meetings, receiving additional documentation, and answering questions regarding DOE’s RevCom process or the staff’s review process.

**Review Team**

The Review Team and assignments is as follows: [as an example]

<b>Position</b>	<b>Name</b>	<b>Area of Review</b>
Lead Reviewer		Entire Directive
Reviewer		Entire Directive
Reviewer		Sections 5, 6.1-6.3, 9
Reviewer		Sections 1-5, 10
Reviewer		All sections on [a specific expertise]
OGC Reviewer		Entire Directive

The written and oral communications between this Review Team and DOE and/or DOE contractors are to be coordinated with the Lead Reviewer copying the Directives Point of Contact. All written communications between the Review Team and DOE and/or DOE contractors are to copy the DepRep's Directives Point of Contact.

Review Plan approved by [Name], NPA Group Lead, on [Month Day, Year].

## Exemption 5



# OPERATING PROCEDURE

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**Subject: DEVELOPING SITE REPRESENTATIVE WEEKLY REPORTS**

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<b>Number: OP-542.1-1</b>	<b>Approved: 3/19/2015</b>	<b>Review: 3/18/2018</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. The enabling statute (42 U.S.C. § 2286b(h)) of the Defense Nuclear Facilities Safety Board (Board) authorizes the Board to assign Site Representatives to be stationed at Department of Energy (DOE) defense nuclear facilities to carry out the functions of the Board. Site Representatives advise the Board on the overall safety conditions at defense nuclear facilities, and they participate in technical reviews by the Board and its Technical Staff related to the design, construction, operation, and decommissioning of defense nuclear facilities. Site Representatives also act as the Board's liaison with local DOE and contractor management, state and local agencies, elected officials and their staff, stakeholder organizations, the media, and the public. Site Representatives use Site Representative Weekly Reports to keep the Board informed of significant safety issues and events at their sites. The Board posts the reports on the Board's public website to keep the public informed of the Board's oversight of DOE defense nuclear facilities. The purpose of this Operating Procedure is to fulfill the requirements of I-542.1, *Technical Staff Development of Externally Released Documents*, and to describe the procedures for developing Site Representative Weekly Reports.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Directive applies to all Board Site Representatives, and to individuals who are standing in for Site Representatives in their absence.
  - B. In the event of a conflict between any provision contained in this OP and a higher order, policy or law, the provision in the higher order, policy or law shall supersede and control.
  - C. Policy or requirements stated by this OP apply only to the Office of the Technical Director (OTD). If any provision contained in this OP is found to affect an office outside of the OTD the provision shall be disregarded by that office. This circumstance does not alter or void the applicability of the OP to the OTD.
4. EXEMPTIONS. None.
5. REQUIREMENTS. Requirements for this Operating Procedure are contained in I-542.1.

6. PROCEDURES.

- A. Submittal of Site Representative Weekly Reports. Weekly reports summarize the Site Representative's activities and report issues identified by the Site Representative. They are submitted to the Technical Director. If no Site Representatives were present on site during a given week, a report so noting is submitted for continuity purposes. If a Technical Staff member from Board headquarters stands in for an absent Site Representative, the substitute shall submit that week's report. If the Deputy Technical Director determines a report is not required, a continuity report shall be submitted.
- i. Site Representative. Submit a report to the Technical Director summarizing the week's activities and identified issues. Ensure the following actions occur:
- (1) Draft the report using the template found on the Board's intranet and the content guidance provided in WP-524.1-0A, *Expectations and Guidance for Site Representatives*. Limit the report to one page with no attachments. Follow the guidance from *Ten Principles for Writing High-Quality Reports* when drafting the report.
  - (2) For reports that could contain classified information or Unclassified Controlled Nuclear Information (UCNI), submit the report for classification review using those procedures required by the site at which the Site Representative is stationed before transmitting any report to the Board's headquarters for distribution or providing it to the site's DOE personnel. In addition, inform the Board's Headquarters Security Officer (HSO) that the document is undergoing classification review at the site.
  - (3) Using the Board's email system, email the report to the "All DNFSB Users group" and to **Exemption 6**. Transmit the report so that it is received before 8:00 AM eastern time on the first business day of the following week. Notify the Deputy Technical Director before that time if the report will be delayed and provide a reason for the delay.
  - (4) Ensure that Staff Safety Issues, Potential Safety Issues, and related commitments documented in the report are entered into the Issue and Commitment Tracking System (IACTS) as discussed in I-550.1, *Issue Tracking and Closure*.
- ii. Headquarters Security Officer. Submit the Site Representative Weekly Report to the DOE Office of Classification (OOC) for review within

approximately two weeks after receiving it per *OP-311.1-1, Protecting DNFSB Sensitive and Classified Information*.

- (1) If OOC determines the report does not contain classified, UCNI, OUO or vulnerability information, the appropriate OGM staff member posts the report on the Board's public website.
    - (2) If the OOC determines the report does contain sensitive information, the HSO will contact the Site Representative to make the necessary changes, and initiate appropriate follow-up actions to ensure the removal of any sensitive information from the Board's internal systems and files per OP-311.1-1.
  - iii. Site Representative. If the review determines that the submitted Site Representative Weekly Report contains classified information, UCNI, OUO Information, or Vulnerability Information, modify and resubmit the report as detailed in Section 6.A.i.(3). Additionally, consult with the Headquarters Security Officer to identify required follow-up actions.
  - iv. Headquarters Security Officer. If necessary, resubmit the report to the DOE Office of Classification for classification review, as detailed in Section 6.A.ii, after the Site Representative modifies the report.
  - v. Records Officer or Designated OGM Staff Member. When notified by the Headquarters Security Officer that the report does not contain classified information, UCNI, OUO Information, or Vulnerability Information, file a record copy of each Site Representative Weekly Report and post each report on the Board's public website following the guidance in AD 19-1, *Records Management Program*.
  - vi. Deputy Technical Director. Review the IACTS biweekly to ensure that Staff Safety Issues, Potential Safety Issues, and related commitments documented in Site Representative Weekly Reports are recorded in accordance with I-550.1.
- B. Revision of Site Representative Weekly Reports. Site Representative Weekly Reports are only revised after distribution to correct factual errors, improve clarity of information, or remove sensitive information.
- i. Site Representative.
    - (1) If the original report has not been posted on the Board's public website, notify the Board's Headquarters Security Officer to ensure that the Records Officer or Designated OGM Staff Member does not post the original report on the Board's public website.

- (2) If the report has been posted on the Board's public website, submit an email to the Deputy Technical Director and copy the Technical Director, General Manager, Headquarters Security Officer, and Records Officer or Designated OGM Staff Member. In the email, request approval to modify the report, state the change, and state the reason that the change is necessary.
- ii. Deputy Technical Director. Document the approval or disapproval of the change request in a response to the original email.
- iii. Site Representative. After receiving required approval from the Deputy Technical Director, or if approval is not required, draft the revised report. If the revision is minor or editorial, redistribute the revised report to interested parties and to **Exemption 6**. If the revision is major, redistribute the report to the "All DNFSB Users group" and to **Exemption 6**.
- iv. Headquarters Security Officer. Submit the revised Site Representative Weekly Report to the DOE Office of Classification (OOC) for review per *OP-311.1-1, Protecting DNFSB Sensitive and Classified Information*.
  - (1) If OOC determines the revised report does not contain classified, UCNI, OUO or vulnerability information, the appropriate OGM staff member posts the report on the Board's public website.
  - (2) If the OOC determines the revised report does contain sensitive information, the HSO will contact the Site Representative to make the necessary changes, and initiate appropriate follow-up actions to ensure the removal of any sensitive information from the Board's internal systems and files per OP-311.1-1.
- v. Records Officer or Designated OGM Staff Member. When notified by the Headquarters Security Officer that the revised report does not contain classified information, UCNI, OUO Information, or Vulnerability Information, or after confirming that the Deputy Technical Director has approved changes, file a record copy of the revised Site Representative Weekly Report and post the revised report on the Board's public website following the guidance in AD 19-1.

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each procedure step in Section 6 of this Operating Procedure.

March 19, 2015

- B. Each Site Representative is responsible for coordinating actions to complete the requirements of this Operating Procedure.

8. CONTROLS AND MEASURES.

- A. The Headquarters Security Officer ensures that each Site Representative Weekly Report is reviewed and does not contain classified information, UCNI, OUO Information, or Vulnerability Information before it is posted on the Board's public website.
- B. The Deputy Technical Director approves changes made to the Site Representative Weekly Reports that have been posted on the Board's public website.
- C. The Deputy Technical Director reviews IACTS biweekly to ensure that Staff Safety Issues, Potential Safety Issues, and related commitments documented in Site Representative Weekly Reports are recorded in accordance with I-550.1.

9. RECORDS.

- A. The Records Officer or Designated OGM Staff Member retains the final version of each Site Representative Weekly Report after being notified that the report does not contain classified information, UCNI, OUO Information, and Vulnerability Information. The report is also posted on the Board's public website.

10. REFERENCES.

- A. AD 19-1, *Records Management Program*.
- B. 42 U.S.C. § 2286 et seq., *Enabling Statute of the Defense Nuclear Facilities Safety Board*.
- C. OP-311.1-1, *Protecting DNFSB Sensitive and Classified Information*.
- D. DOE Order 471.1B, *Identification and Protection of Unclassified Controlled Nuclear Information*.
- E. 5 U.S.C. § 552, *Freedom of Information Act*.
- F. I-542.1, *Technical Staff Development of Externally Released Documents*.
- G. WP-524.1-0A, *Expectations and Guidance for Site Representatives*.



- H. I-550.1, *Issue Tracking and Closure*.
- I. *Ten Principles for Writing High-Quality Reports*, 2006.
- J. Executive Order 13526, *Classified National Security Information*.

11. DEFINITIONS.

- A. Classified Information. Information classified as Restricted Data or Formerly Restricted Data under the Atomic Energy Act of 1954, as amended, or information identified as Classified National Security Information that requires protection against unauthorized disclosure under Executive Order 13526, *Classified National Security Information*, or any predecessor order.
- B. Issue and Commitment Tracking System (IACTS). An electronic system which the Technical Staff uses to support the management of Board Safety Issues, Staff Safety Issues, and Potential Safety Issues, and related DOE and Internal Staff Commitments.
- C. Official Use Only. A control marking used by the Department of Energy and defined in DOE Order 471.3 (Admin Chg 1), *Identifying and Protecting Official Use Only Information*, to identify information that may be exempt from public release under the Freedom of Information Act (FOIA) and has the potential to damage governmental, commercial, or private interests if disseminated to persons who do not need to know the information to perform their jobs or other DOE-authorized activities.
- D. Unclassified Controlled Nuclear Information (UCNI). Unclassified information concerning nuclear material, weapons, and components whose dissemination is controlled under 42 U.S.C. § 2168 and DOE Order 471.1B, *Identification and Protection of Unclassified Controlled Nuclear Information*.
- E. Vulnerability Information. Unclassified information that DOE believes represents an exploitable vulnerability.

12. CONTACT. Address questions concerning this Operating Procedure to the Deputy Technical Director, Office of the Technical Director.



Steven A. Stokes, Technical Director

## **Exemption 5**



# OPERATING PROCEDURE

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**Subject: DEVELOPING MONTHLY SITE REPORTS**

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**Number: OP-542.1-2****Approved: 11/2/2015****Review: 11/1/2018****Certified:**

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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. Within the Technical Staff of the Defense Nuclear Facilities Safety Board (Board), Site Cognizant Engineers play a critical role in providing oversight of Department of Energy (DOE) defense nuclear facilities and activities. They plan, coordinate and execute staff safety reviews, and coordinate interactions between the Board's staff and the DOE sites for which they are assigned responsibility. Site Cognizant Engineers for sites without Site Representatives use Monthly Site Reports to keep the Technical Director and Board informed of significant safety issues and events at their sites. The Board posts the reports on the Board's public website to keep the public informed of the Board's oversight of DOE defense nuclear facilities. The purpose of this Operating Procedure is to fulfill the requirements of I-542.1, *Technical Staff Development of Externally Released Documents*, and to describe the procedures for developing Monthly Site Reports.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Operating Procedure (OP) applies to all Board Site Cognizant Engineers for sites without Site Representatives, and to individuals who are standing in for Site Cognizant Engineers in their absence.
  - B. In the event of a conflict between any provision contained in this OP and a higher order, policy or law, the provision in the higher order, policy or law shall supersede and control.
  - C. Policy or requirements stated by this OP apply only to the Office of the Technical Director (OTD). If any provision contained in this OP is found to affect an office outside of the OTD the provision shall be disregarded by that office. This circumstance does not alter or void the applicability of the OP to the OTD.
4. EXEMPTIONS. None.
5. REQUIREMENTS. Requirements for this Operating Procedure are contained in I-542.1.
6. PROCEDURES.

- A. Submittal of Monthly Site Reports. Monthly reports summarize the Site Cognizant Engineer's activities, and report issues identified by the Site Cognizant Engineer as well as significant safety issues and events at those sites. Monthly reports are submitted to the Technical Director. If the Site Cognizant Engineer does not provide oversight during a given month, a report so noting is submitted for continuity purposes. If another Technical Staff member stands in for an absent Site Cognizant Engineer, the substitute shall submit that month's report. If the Cognizant Group Lead determines a report is not required, a continuity report shall be submitted.
- i. Site Cognizant Engineer. Submit a report to the Technical Director summarizing the month's activities and identified issues. Ensure the following actions occur:
- (1) Draft the report using the template found on the Board's intranet and the content guidance provided in WP-524.1-0A, *Expectations and Guidance for Site Representatives*. Limit the report to one page with no attachments. Follow the guidance from *Ten Principles for Writing High-Quality Reports* when drafting the report.
  - (2) Using the Board's email system, email the report to the "All DNFSB Users" group and to **Exemption 6**. Transmit the report so that it is received before 8:00 AM eastern time on the first business day after the first Friday of the following month. Notify the Cognizant Group Lead before that time if the report will be delayed, and provide a reason for the delay.
  - (3) Ensure that Staff Safety Issues, Potential Safety Issues, and related commitments documented in the report are entered into the Issue and Commitment Tracking System (IACTS) as discussed in I-550.1, *Issue Tracking and Closure*.
- ii. Headquarters Security Officer (HSO). Submit the Monthly Site Report to the DOE Office of Classification (OOC) for review within approximately two weeks after receiving it per OP-311.1-1, *Protecting DNFSB Sensitive and Classified Information*.
- (1) If OOC determines the report does not contain classified, UCNI, OUO or vulnerability information, the appropriate OGM staff member posts the report on the Board's public website.
  - (2) If OOC determines the report does contain sensitive information, the HSO will contact the Site Cognizant Engineer to make the necessary changes, and initiate appropriate follow-up actions to

ensure the removal of any sensitive information from the Board's internal systems and files per OP-311.1-1.

- iii. Site Cognizant Engineer. If the review determines that the submitted Monthly Site Report contains classified information, UCNI, OOU Information, or Vulnerability Information, modify and resubmit the report as detailed in Section 6.A.i.(3). Additionally, consult with the Headquarters Security Officer to identify required follow-up actions.
  - iv. Headquarters Security Officer. If necessary, resubmit the report to the DOE Office of Classification for classification review, as detailed in Section 6.A.ii, after the Site Cognizant Engineer modifies the report.
  - v. Designated OGM Staff Member. When notified by the HSO that the report does not contain classified information, UCNI, OOU Information, or Vulnerability Information, file a record copy of each Monthly Site Report, and post each report on the Board's public website following the guidance in AD 19-1, *Records Management Program*.
  - vi. Cognizant Group Lead. Review the IACTS biweekly to ensure that Staff Safety Issues, Potential Safety Issues, and related commitments documented in Monthly Site Reports are recorded in accordance with I-550.1.
- B. Revision of Monthly Site Reports. Monthly Site Reports are revised after distribution only to correct factual errors, improve clarity of information, or remove sensitive information.
- i. Site Cognizant Engineer.
    - (1) If the original report has not been posted on the Board's public website, notify the Board's Headquarters Security Officer to ensure that the Records Officer or Designated OGM Staff Member does not post the original report on the Board's public website.
    - (2) If the report has been posted on the Board's public website, submit an email to the Cognizant Group Lead and copy the Technical Director, General Manager, Headquarters Security Officer, and Records Officer or Designated OGM Staff Member. In the email, request approval to modify the report, state the change, and state the reason that the change is necessary.
  - ii. Cognizant Group Lead. Document the approval or disapproval of the change request in a response to the original email.

- iii. Site Cognizant Engineer. After receiving required approval from the Cognizant Group Lead, or if approval is not required, draft the revised report. If the revision is minor or editorial, redistribute the revised report to interested parties and to **Exemption 6**. If the revision is major, redistribute the report to the “All DNFSB Users” group and to **Exemption 6**.
- iv. Headquarters Security Officer. Submit the revised Monthly Site Report to the DOE OOC for review per *OP-311.1-1, Protecting DNFSB Sensitive and Classified Information*
  - (1) If OOC determines the revised report does not contain classified, UCNI, OUO, or vulnerability information, the appropriate OGM staff member posts the report on the Board’s public website.
  - (2) If OOC determines the revised report does contain sensitive information, the HSO will contact the Site Cognizant Engineer to make the necessary changes, and initiate appropriate follow-up actions to ensure the removal of any sensitive information from the Board’s internal systems and files per OP-311.1-1.
- v. Designated OGM Staff Member. When notified by the Headquarters Security Officer that the revised report does not contain classified information, UCNI, OUO Information, or Vulnerability Information, or after confirming that the Cognizant Group Lead has approved changes, file a record copy of the revised Monthly Site Report, and post the revised report on the Board’s public website following the guidance in AD 19-1.

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each procedure step in Section 6 of this Operating Procedure.
- B. Each Site Cognizant Engineer is responsible for coordinating actions to complete the requirements of this Operating Procedure.

8. CONTROLS AND MEASURES.

- A. The HSO ensures that each Monthly Site Report is reviewed and does not contain classified information, UCNI, OUO Information, or Vulnerability Information before it is posted on the Board’s public website.
- B. The Cognizant Group Lead approves changes made to the Monthly Site Reports that have been posted on the Board’s public website.

November 2, 2015

- C. The Cognizant Group Lead reviews IACTS biweekly to ensure that Staff Safety Issues, Potential Safety Issues, and related commitments documented in Monthly Site Reports are recorded in accordance with I-550.1.

9. RECORDS.

- A. The Records Officer or Designated OGM Staff Member retains the final version of each Monthly Site Report after being notified that the report does not contain classified information, UCNI, OUO Information, or Vulnerability Information. The report is also posted on the Board's public website.

10. REFERENCES.

- A. AD 19-1, *Records Management Program*.
- B. 42 U.S.C. § 2286, et seq., *Enabling Statute of the Defense Nuclear Facilities Safety Board*.
- C. OP-311.1-1, *Protecting DNFSB Sensitive and Classified Information*.
- D. DOE Order 471.1B, *Identification and Protection of Unclassified Controlled Nuclear Information*.
- E. 5 U.S.C. § 552, *Freedom of Information Act*.
- F. I-542.1, *Technical Staff Development of Externally Released Documents*.
- G. WP-524.1-0A, *Expectations and Guidance for Site Representatives*.
- H. I-550.1, *Issue Tracking and Closure*.
- I. *Ten Principles for Writing High-Quality Reports*, 2006.
- J. Executive Order 13526, *Classified National Security Information*.
- K. DOE Order 471.3 (Admin Chg 1), *Identifying and Protecting Official use Only Information*.

11. DEFINITIONS.

- A. Classified Information. Information classified as Restricted Data or Formerly Restricted Data under the Atomic Energy Act of 1954, as amended, or information identified as Classified National Security Information that requires protection against unauthorized disclosure under Executive Order 13526, *Classified National Security Information*, or any predecessor order.

- B. Issue and Commitment Tracking System (IACS). An electronic system which the Technical Staff uses to support the management of Board Safety Issues, Staff Safety Issues, and Potential Safety Issues, and related DOE and Internal Staff Commitments.
  - C. Official Use Only. A control marking used by the Department of Energy and defined in DOE Order 471.3 (Admin Chg 1), *Identifying and Protecting Official Use Only Information*, to identify information that may be exempt from public release under the Freedom of Information Act (FOIA) and has the potential to damage governmental, commercial, or private interests if disseminated to persons who do not need to know the information to perform their jobs or other DOE-authorized activities.
  - D. Unclassified Controlled Nuclear Information (UCNI). Unclassified information concerning nuclear material, weapons, and components whose dissemination is controlled under 42 U.S.C. § 2168 and DOE Order 471.1B, *Identification and Protection of Unclassified Controlled Nuclear Information*.
  - E. Vulnerability Information. Unclassified information that DOE believes represents an exploitable vulnerability.
12. CONTACT. Address questions concerning this Operating Procedure to the Group Lead for Nuclear Weapons Programs, the Group Lead for Nuclear Materials Processing and Stabilization, or the Deputy Technical Director.



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Steven A. Stokes, Technical Director





# OPERATING PROCEDURE

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**Subject: DEVELOPING LETTERS AND REPORTS FOR EXTERNAL DISTRIBUTION**

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<b>Number: OP-542.1-5</b>	<b>Approved: 9/14/2016</b>	<b>Review: 9/13/2019</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. The Defense Nuclear Facilities Safety Board (Board) may send correspondence to federal, state, or local government officials, interested parties, or members of the public. The Board may use the information from reviews that are planned and executed per I-530.1, *Plan and Execute Technical Staff Reviews*, and I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives*, to provide independent analysis, advice, and Recommendations<sup>1</sup> to the Department of Energy (DOE) as operator and regulator of defense nuclear facilities. The purpose of this operating procedure (OP) is to provide a process for technical staff development of Issue and Technical Reports, draft Board correspondence, and to manage the interface with the Board's procedures for issuing correspondence.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This OP applies to all technical staff employees.
  - B. Policy or requirements stated by this OP apply only to the Office of the Technical Director (OTD).
  - C. In the event of a conflict between any provision contained in this OP and a higher order, policy or law, the provision contained in the higher order, policy or law, shall supersede and control.
4. EXEMPTIONS. The Author shall communicate to the Cognizant Group Lead to request an exemption or to report a deviation from OP requirements. This communication should reference the affected requirement(s) and describe the scope of the exemption or deviation.
  - A. In the case of an exemption request, the Cognizant Group Lead shall approve or disapprove the request.

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<sup>1</sup> Defined terms (see Section 11) are capitalized.

- B. In the case of a deviation report, the Cognizant Group Lead shall identify necessary compensatory action(s).
- C. The Cognizant Group Lead will retain responses to exemption requests and deviation reports by using the procedure provided in OP-562.1-1, *Storing and Maintaining Technical Staff Documents and Information*.

5. REQUIREMENTS.

- A. This OP provides a procedure for fulfilling applicable requirements established in I-542.1, *Technical Staff Development of Externally Released Documents*, related to the development of Issue and Technical Reports, and Board letters.
- B. Documents developed under this procedure will be created, marked and controlled per I-542.1 and the 300 series of administrative directives, as applicable.
- C. During the conduct of the Board's oversight work, technical staff members may have access to information that is not available to the public. Members of the technical staff will follow procedures documented in the Board's administrative directives for access, storage, handling, communication, and disposal of this information.
- D. If any individual assigned to the technical staff is contacted by a member of the public, DOE, or a DOE contractor representative regarding undelivered Board correspondence or other matters being considered by the Board, the staff member should refrain from commenting on the substance of the draft correspondence or other matters under consideration. Additionally, members of the technical staff should consider the following guidance in responding to such questions:
  - i. If contacted by a member of the press or public, refer the individual to the Director of External Affairs.
  - ii. If contacted about a Freedom of Information Act request, refer the individual to the Board's Freedom of Information Act Officer.
  - iii. If contacted by a DOE employee or DOE contractor representative, ask the person to refer their questions to the Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board via the appropriate DOE administrative chain.
  - iv. In each case, inform the Cognizant Group Lead, Deputy Technical Director, or Technical Director, as appropriate.

6. PROCEDURES. In general, procedure steps should be performed in the order in which they are listed. However, actions related to document security that are marked with an

asterisk (\*) are executed as a unit at any point in the procedure if DOE review determines that the document contains sensitive or classified information.

A. Determine the Type of Draft Board Letter.

- i. Author. Determine the type of draft Board letter that will be developed. Consideration should be given to the purpose and desired outcome of the draft Board letter. In general, the technical staff develops five types of draft Board letters. They are:

- (1) Letters to DOE that levy reporting requirements. These letters:
  - (a) Should invoke the power of the Board to levy reporting requirements per 42 U.S.C. § 2286b (d) in the closing paragraph.
  - (b) Include a reasonable response deadline for the reporting requirement that is consistent with prior Board actions.
  - (c) May or may not include an Issue or Technical Report as an enclosure.
  - (d) When including an Issue or Technical Report as an enclosure, should reference the enclosed report.
- (2) Letters to DOE that provide information or advice to DOE decision-makers without invoking a reporting requirement. These letters:
  - (a) May or may not include an Issue or Technical Report as an enclosure.
  - (b) When an information or advice letter is determined to be used, the letter and the reports, enclosures or attachments that may accompany it should not imply that DOE is obligated to respond.
  - (c) When developing an advice letter, consult with the Office of the General Counsel (OGC).
- (3) Letters to Congress reporting on the status of the Board's oversight work.
  - (a) Will normally include enclosures that are developed under separate OPs.

- (b) Should copy the Secretary of Energy.
    - (4) Letters to memorialize or place DOE actions or commitments to actions into the public domain.
    - (5) Letters to congratulate, respond to incoming correspondence, or provide an administrative function.
  - ii. Author. Consult with the reviewers and Cognizant Group Lead on the type of draft Board letter developed.
- B. Development of an Issue or Technical Report. This section applies to the development of an Issue or Technical Report. The need for an Issue Report is normally determined as a result of conducting a review per I-530.1, *Execution of Technical Staff Reviews*, or I-532.1, *Technical Staff Oversight of DOE's Development or Modifications of DOE Directives*. If an Issue Report is included with a letter, it is normally developed first since the character and scope of the Safety Issues in the report should determine the content, nature, tone, and addressees for a proposed letter. The need for a Technical Report is based on the depth and breadth of the technical area and should be determined in consultation with the reviewers and Cognizant Group Lead.
- i. Author. Collect necessary information. Information includes:
    - (1) Input relevant to proposed Staff Safety Issues and subject matter from members of the Board's staff and outside experts who participated in the oversight activities as reviewers.
    - (2) Previously published Site Representative (Site Rep) weekly reports, group weekly reports, or Information Papers related to the subject area. The use of previously published Board documents helps ensure consistency of Board actions.
    - (3) Relevant information obtained from DOE correspondence or directives.
    - (4) Legal, regulatory, or technical resources that will be used to help inform the discussion contained in the report.
  - ii. Author. Work with reviewers, cognizant engineer, and Site Representatives to develop an outline, summary, or plan for the proposed Issue or Technical Report. The outline, summary, or plan should be discussed with and agreed to by the Cognizant Group Lead.
  - iii. Author. Determine if a new engineering calculation needs to be developed to support any analysis contained in the report. If so, the calculation will

be conducted in accordance with OP-530.1-5, *Documenting and Reviewing Engineering Calculations*.

- iv. Author. Work with reviewers, cognizant engineer, and Site Representatives to write the draft Issue or Technical Report.
  - (1) Reports should use the template from the Board's intranet (Documents > Templates) or from a previous Issue or Technical Report.
  - (2) Reports will be marked in accordance with I-542.1 (i.e., Draft—Not Reviewed for Public Release) in the document header.
  - (3) Reports should be as succinct as possible while clearly describing the Safety Issue(s) and technical subject matter.
    - (a) In general, Issue Reports should be three to five pages in length. Consider moving detailed information and analysis to attachments in order to keep the body of the Issue Report as clear and succinct as possible.
    - (b) Technical Reports are generally longer and delve into significant detail on the subject matter and Safety Issues.
  - (4) The Author should deliver Issue Reports and associated draft Board letters to the Board's Executive Secretary within approximately 45 days of determining that the Safety Issue(s) identified in the report meet(s) the evaluation criteria for a Staff Safety Issue (Case 4) per I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria*.
- v. Author. Concurrently circulate the draft Issue or Technical Report among the members of the Board's staff and outside experts who participated in the oversight activities as reviewers. This step may include members of OGC if they participated, previously have been involved in the issue, or if a legal or regulatory issue or interpretation is anticipated.
- vi. Reviewers. Review the draft report and provide comments on its content to the Author. This task should normally be completed within one working day for Issue Reports.
- vii. Author. Use the comments received from the reviewers to improve the draft report.

C. Development of a Draft Board Letter.

- i. Author. Work with reviewers, cognizant engineer, and Site Representatives to develop an outline, summary, or plan for the draft Board letter, which includes the proposed Safety Issue(s), consideration of past Board positions, type of communication, and list of concurrences.
- ii. Author. For letters that address Safety Issues, the most significant Safety Issue(s) should be identified or discussed in the draft Board letter.
- iii. Author. Consult with the cognizant engineer and Cognizant Group Lead to determine the appropriate primary addressee and appropriate “copy to” addressees for the draft Board letter.
- iv. Cognizant Group Lead. Review the draft Board letter and ensure it is addressed to the appropriate primary addressee and includes the appropriate “copy to” addressees, as discussed below.
  - (1) A Board letter to DOE should normally be addressed to the lowest level DOE official who has sufficient authority to address the proposed Board Safety Issue or administrative matter.
  - (2) Board letters to DOE should include the Departmental Representative to the Board as a “copy to” addressee.
  - (3) For Board letters that discuss observations at specific defense nuclear facilities, but are sent to DOE headquarters personnel, the cognizant site or field office manager should be included as a “copy to” addressee.
  - (4) For Board letters that provide information addressed to one specific program, but might be of interest to other programs, consider adding the other program’s senior official as a “copy to” addressee.
  - (5) The list of names as “copy to” addressees should include the name, and be rank ordered, from top to bottom. The Departmental Representative to the Board should be listed last.
- v. Author. Use the information identified above to write the draft Board letter.
  - (1) Use the template available from the Board’s intranet or previous Board letter.
  - (2) The draft Board letter should be marked in accordance with I-542.1 (i.e., Draft—Not Reviewed for Public Release) in the document header.

- vi. Author. Reference documents and background material that support the draft letter should be maintained and made available to reviewers, if requested.
- vii. Author. Work with the Cognizant Group Administrative Assistant to prepare and maintain both an electronic and a hardcopy Green Folder.
  - (1) The hardcopy Green Folder should include the following items: incomplete records concurrence form, incomplete technical staff concurrence/record note page, draft Board letter, letter enclosures (Issue Report, Recommendation, Technical Report, annual report, etc.)
  - (2) The electronic Green Folder is established and maintained in the Board letter file of the OTD transfer directory (H:\Home\TransferOTD\Letter).
  - (3) Configuration control for the draft Board letter should be maintained by working with the Cognizant Group Administrative Assistant to incorporate changes.
  - (4) Communicate with the OTD Executive Assistant that a new Green Folder is in process.
- viii. OTD Executive Assistant. Make an entry into the technical staff Board letter status log for the new Green Folder.

**D. Technical Editor and Staff Review.**

- i. Author. Provide the Green Folder to the Technical Editor for review. Work with the Technical Editor to resolve comments.
- ii. Author. Use OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*, to perform an internal review of the proposed Board letter and, if applicable, the included enclosures.
- iii. Author. Work with the Cognizant Group Administrative Assistant to forward the proposed Board letter and, if applicable, the included enclosures to DOE for classification and sensitivity reviews.

**E. Technical Director Review and Concurrence.**

- i. Author. After completing internal staff review per OP-542.1-8, work with the Cognizant Group Administrative Assistant to update both the hardcopy and electronic Green Folders, including listing the date of Cognizant

Group Lead concurrence in the date field located on the first page of the Issue Report. Note that the date of the Technical Report is based on when the unique identifier is assigned by OGM.

- (1) Work with the Cognizant Group Administrative Assistant to store a scanned copy of the completed technical staff concurrence/record note page.
- ii. Author. Work with the Cognizant Group Administrative Assistant to deliver the hardcopy Green Folder to the OTD Executive Assistant.
- iii. OTD Executive Assistant. Initiate Technical Director and Deputy Technical Director review of the draft Board letter.
  - (1) Update the entry in the technical staff Board letter status log for the Green Folder.
  - (2) Provide the hardcopy Green Folder to the Technical Director.
  - (3) Email an electronic copy of the draft Board letter and associated enclosures to the Deputy Technical Director.
  - (4) Review the Green Folder and provide comments on document format to the Technical Director, if needed.
- iv. Technical Director/Deputy Technical Director. Review the draft Board letter and associated enclosures and return comments to the OTD Executive Assistant.
- v. OTD Executive Assistant. Distribute comments.
  - (1) Return the hardcopy Green Folder along with comments received from the Technical Director and Deputy Technical Director to the Author or Cognizant Group Lead.
  - (2) If requested by the Technical Director or Deputy Technical Director, provide a copy of the comments to the technical editor for information.
- vi. Author and Cognizant Group Lead. Work with the Technical Director or Deputy Technical Director to resolve comments.
- vii. Author. Work with the Cognizant Group Administrative Assistant to update the electronic and hardcopy Green Folders, if necessary. Steps may be repeated as needed to resolve Technical Director and Deputy Technical Director comments.



- viii. Technical Director. Once the document is acceptable, sign the records concurrence form, signifying that the draft document(s) is/are accurate, of high quality, consistent with technical staff requirements, and necessary to fulfill Board objectives.

**F. OGC and Site Rep Review and Concurrence.**

- i. OTD Executive Assistant. Coordinate OGC and Site Rep review.
  - (1) Update the entry in the technical staff Board letter status log for the Green Folder.
  - (2) Send the hardcopy Green Folder to OGC.
  - (3) Concurrently, distribute electronic copies of the draft Board letter and associated enclosures to all Site Reps, with copy to the Deputy Technical Director.
- ii. OTD Executive Assistant. When OGC returns the hardcopy Green Folder, forward the hardcopy Green Folder to the Deputy Technical Director.
- iii. Site Reps. Review the draft Board letter and associated enclosures with topics that involve DOE-wide policy or include issues at their assigned site within two days of receiving the document. For all other cases, it is not mandatory that the Site Reps review and comment on the correspondence but they may review and respond within two days of receiving the documents. A negative reply should be provided to the Deputy Technical Director if comments will not be submitted.
  - (1) The review should assess the draft Board letter and associated enclosures to determine if they are factually accurate and technically correct. In addition, Site Reps should determine if the correspondence presents any potential impacts to other DOE sites or inconsistencies with prior Board positions.
  - (2) Respond to the original review request email. The response should provide:
    - (a) Either comments or a statement that the Site Rep has no comments.
    - (b) A statement as to whether or not the Site Rep requests another factual accuracy review prior to the Board's vote. Site Representatives should use this option in cases where the report or correspondence addresses rapidly changing

circumstances that may affect facts that are important to the content or tone of the letter, or that may influence the Board's decision whether to send the correspondence

- (3) Site Reps not in a duty status (e.g., annual leave, sick leave) are exempt from providing a response within two days of receiving the correspondence. The Deputy Technical Director will decide on whether to wait until the Site Rep returns to duty for comments or proceed without them.
- iv. Deputy Technical Director. Review the comments from the Site Reps and OGC for conflicts and comments of a non-actionable nature. If necessary, work with the appropriate comment originators to resolve conflicts. After any conflicts are resolved, provide comments to the Author.
  - (1) The Deputy Technical Director may authorize an extension to the two day response time when a Site Rep may need additional time to perform the review (e.g., additional time is necessary due to technical or situational complexity).
- v. Author. Work with the Site Reps and OGC to modify the document. In case of new conflicts, work with the Deputy Technical Director to accomplish final disposition.
- vi. Author. Work with the Cognizant Group Administrative Assistant to update the hardcopy Green Folder and the configuration-controlled file, and to send the revised hardcopy Green Folder to the OTD Executive Assistant requesting concurrences for Site Reps and the OGC.
- vii. OTD Executive Assistant. If OGC chooses to withhold concurrence for the document:
  - (1) Request that OGC document the reason for the non-concurrence in a memorandum.
  - (2) Insert the OGC memorandum in the hardcopy Green Folder with any other non-concurrence records.
  - (3) Scan and save an electronic copy of the OGC memorandum in the electronic Green Folder in .pdf format.
- viii. Deputy Technical Director. Verify that all Site Rep comments have been either dispositioned, or that a form F-542.1-8 that documents the non-concurrence is inserted in the Green Folder.

- (1) If no Site Rep has requested a final review of the letter prior to conduct of the Board's voting process, sign the Green Folder on the records concurrence form.
    - (2) If one or more Site Reps have requested a final review, withhold concurrence at this time.
  - ix. OTD Executive Assistant. Forward the hardcopy Green Folder to the Author or Cognizant Group Lead.
  - x. Author. Use the guidance in WP-542.1-0D, *Guidance for Technical Staff Concurrence on Reports and Other Documents*, to determine if the changes that have been made to the Green Folder are substantive and require re-concurrence by members of the technical staff. If so, perform the following steps:
    - (1) Author. Provide the current version of the document to all reviewers.
    - (2) Reviewers. Expeditiously review the document, ideally on the same day received, to verify the changes do not alter the concurrence decision. Notify the Author if further changes are needed to avoid a non-concurrence.
    - (3) Author. If additional changes are necessary, work directly with the Deputy Technical Director, OGC, and Technical Director to disposition the comments. If a comment cannot be resolved, notify the reviewer to enter the non-concurrence process per OP-542.1-8, if needed.
  - xi. Author. Work with the Cognizant Group Administrative Assistant to update the configuration-controlled file and hardcopy Green Folder.
  - xii. Author. Conduct a final quality check of the Green Folder. This quality check shall ensure all documents contained in the hardcopy Green Folder are included in the electronic version of the Green Folder including non-concurrence documentation and record note comments. After this check, initial the block on the technical staff concurrence/record note page to release the Green Folder for submission to the Board.
- G. Support the Board's Orange Folder Review. Refer to *Board Procedures* sections for processing correspondence.
- i. Author. Select a target date to brief the Board and complete DNFSB F-421.3-1, *Request for Board Member Interaction or Briefing*. Submit the form to the Cognizant Group Lead. Whenever possible, the briefing

should be timed to occur early in the Board's five day Orange Folder review period.

- ii. Cognizant Group Lead. Review and concur on the briefing request.
- iii. Technical Director. Review and concur on the briefing request.
- iv. Author. Work with the OTD Executive Assistant to deliver the Green Folder and briefing request to the Board's Executive Secretary.
- v. OTD Executive Assistant. Update the entry in the technical staff Board letter status log for the Green Folder.
- vi. Author. Brief the Green Folder to the Board at the date and time specified by the Board.
  - (1) Provide briefing materials to the Executive Secretary for retention per N-562.1.
- vii. OTD Executive Assistant. Ensure the briefing date on the records concurrence form is annotated. Update the entry in the technical staff Board letter status log.
- viii. Technical Director. When notified by the Board's Executive Secretary that all Board feedback is available, review the feedback. Provide the green and Orange Folders with all of the Board's feedback to the Author.
- ix. Author. Work with individual Board members, the Technical Director, the Cognizant Group Lead, and appropriate contributors to resolve Board member comments received in the Orange Folders. The Author should invite the Cognizant Group Lead for meetings with Board members to discuss and resolve Orange Folder comments.
  - (1) Make every effort to integrate Board member comments received in Orange Folders and produce a final staff proposed correspondence. The staff proposed correspondence should be factually accurate, technically correct, and the best *staff*-proposed correspondence.
  - (2) Individually brief each Board member regarding the comments that were received in Orange Folders from all Board members, the resolution of Board member comments (paying particular attention to the comments submitted by the Board member being briefed), and the basis for the comment resolutions.

- (3) Coordinate with the Cognizant Group Lead and the Technical Director when Board member comments received in Orange Folders cannot be resolved to his/her satisfaction.
- (4) If the staff makes other changes to the proposed correspondence (e.g., because of events that transpired after the Board members returned their Orange Folders), individually brief the Board members on those changes.
- x. Technical Director. The Technical Director or designee will complete *Board Procedures*, Orange Folder routing actions when the staff is unable to accommodate a Board member's comment.
- xi. Author. When comment resolution is complete, work with the Cognizant Group Administrative Assistant to update the configuration-controlled file and hardcopy Green Folder.

H. Submit Final Draft Board Letter for Board Vote.

- i. Cognizant Group Administrative Assistant. Generate a redline/strikeout (RLSO) version of the updated documents.
  - (1) Insert RLSO hardcopy versions in the Orange Folders containing Board member comments.
  - (2) Save an electronic copy of the RLSO version of the document in the electronic Green Folder.
- ii. Author. Use the guidance in WP-542.1-0D to determine if the changes that have been made to the letter and report are substantive and require re-concurrence by members of the technical staff. If so, provide an updated version to reviewers.
- iii. Reviewers. Review document changes as soon as possible, ideally on the same day as received, to verify the changes do not alter previous concurrence decision. If necessary, work with the Author, Cognizant Group Lead, and Technical Director to address any concerns.
- iv. Author. Work with the Cognizant Group Administrative Assistant to send the revised letter and report, as applicable, to the OTD Executive Assistant requesting that it be prepared for the Board's Yellow Folder review and a final vote per *Board Procedures*.
- v. OTD Executive Assistant. If a Site Rep requested a final review, as evidenced by the lack of a Deputy Technical Director concurrence, send the RLSO version of the draft document to the Site Rep(s) for review.

- vi. Site Rep. Review the Green Folder with Orange Folders for factual accuracy and consistency with past Board positions. The review should be completed as soon as possible, ideally on the same day as received. If necessary, work with the Deputy Technical Director and Author to address any concerns.
- vii. Deputy Technical Director. Sign the Green Folder with Orange Folders for the Site Reps on the records concurrence form. The concurrence signifies that the Site Reps have completed their reviews, and that either all comments have been addressed or a non-concurrence record (F-542.1-8) has been processed and included in the folder.
- viii. OTD Executive Assistant. Send a copy of the RLSO version of the updated document to OGC to ensure the concurrence remains valid. If OGC chooses to withdraw concurrence for the document, notify the Technical Director and Deputy Technical Director.
- ix. Technical Director/Deputy Technical Director. If needed, work with the general counsel and Author to resolve OGC comments.
  - (1) If the cause of the non-concurrence cannot be resolved, request that the general counsel document the reason for the non-concurrence in a memorandum and work with the OTD Executive Assistant to:
    - (a) Insert the OGC memorandum in the hardcopy folder with any other non-concurrence records.
    - (b) Scan and save an electronic copy of the OGC memorandum in the electronic Green Folder in .pdf format.
- x. Author. Work with the Cognizant Group Administrative Assistant to update the configuration-controlled file, the RLSO version of the updated document in the Board members' Orange Folders, the hardcopy Green Folder, and the electronic Green Folder.
  - (1) The Orange Folders that hold the Board member comments should be included with the Green Folder. Each Orange Folder should contain the Board member's original comments and a RLSO version of the draft Board letter.
  - (2) If not already accomplished, update the electronic Green Folder.

- xi. OTD Executive Assistant. Work with the Board's Executive Secretary to support the Board's Yellow Folder review and final vote per *Board Procedures*.
  - (1) Send the hardcopy Green Folder and related Orange Folders to the Board's Executive Secretary.
  - (2) Send an email to the Board's Executive Secretary with the file's address information or a link to the electronic Green Folder.
  - (3) At this point, configuration control for the document is transferred to the Board's Executive Secretary.
  - (4) Following the Board's review of the proposed Board letter with an enclosed Technical Report when the Notational Vote was affirmative, work with the Office of the General Manager to have a numerical identification and date assigned to the Technical Report and to have the Technical Report printed as bound copies.

I. Evaluating and Responding to Amendments that are proposed by Board Members.

- i. Technical Director. Respond to Board member amendments in accordance with *Board Procedures*.
- ii. Cognizant Group Lead. Support the Technical Director in providing a response consistent with *Board Procedures*.
- iii. OTD Executive Assistant. Update the Green Folder.
  - (1) The original Technical Director memorandum is inserted into the hardcopy Green Folder, and
  - (2) A scanned copy of the Technical Director memorandum to the electronic Green Folder in .pdf format is saved.

J. Process Closeout.

- i. OTD Executive Assistant. When notified of the results of the Board's vote, update the entry in the technical staff Board letter status log.
- ii. OTD Executive Assistant. After the Board's vote, ensure that the Board's Executive Secretary submits the hard copy Green Folder along with any briefing material and other documentation related to the Board's final vote to the Board's records officer for retention. This action occurs whether or

not the correspondence is approved and is completed in accordance with procedures established by the Office of the General Manager.

- iii. Cognizant Group Lead. If the Board's vote was negative, consider converting the Issue or Technical Report into an Information Paper per OP-546.1-1.
- iv. Author. Update the appropriate Issue and Commitment Tracking System (IACTS) records.

K. Unexpected Determination that a Draft Document Contains Classified or Sensitive Information.

- i. (\*) Technical Director/Deputy Technical Director/Cognizant Group Lead/Author. If notified by the Board's Executive Secretary or the Headquarters Security Officer that there are classified or sensitive information issues with a draft document, work with the Headquarters Security Officer to resolve the concerns.
  - (1) If applicable, work with the Board's Executive Secretary to retrieve the hardcopy Green Folder, Orange Folders containing the affected document, and any other copies of the document that may be held by Board members or their administrative staff.
  - (2) Ensure that the document is appropriately marked and controlled per AD-301-1.
  - (3) Ensure that appropriate actions are taken to address electronic information as directed by the Headquarters Security Officer.
  - (4) Consult with the Headquarters Security Officer and the Chief Information Officer to identify required follow-up actions to appropriately secure all classified and sensitive information.
- ii. (\*) Technical Director. Resume processing of the document when the document has been properly marked and required controls have been established.

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each procedure step in section 6 of this OP.
- B. The Author is responsible for overall coordination of actions contained in this OP.

8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor and assess this program.



- A. The Technical Director reviews draft Board letters, Technical and Issue Reports produced by the technical staff before the documents are submitted to the Board. The Technical Director's signature on the records concurrence form signifies that the draft document is accurate, of high quality, consistent with technical staff requirements, and necessary to fulfill Board objectives.
  - B. The Cognizant Group Lead approves exemptions and deviations to requirements contained in this OP.
  - C. The Cognizant Group Lead (Deputy Technical Director when a Site Rep is the Author) reviews draft Board letters and Issue Reports produced by subordinates before the documents are submitted to the Technical Director. The Cognizant Group Lead's signature on the records concurrence form and the technical staff concurrence/record note page signifies that the draft document is accurate, of high quality, consistent with technical staff requirements, and necessary to fulfill Board objectives.
9. RECORDS. Records are maintained by the technical staff in accordance with I-562.1, *Records Management and Information Retention*. OP-562.1-1 gives the specific processes for managing the records and information created by the technical staff and N-562.1 defines the structure that supports record organization, maintenance, retrieval, and disposition.
10. REFERENCES.
- A. *Board Procedures*.
  - B. 42 U.S.C. § 2286 *et seq.*, *Enabling Statute of the Defense Nuclear Facilities Safety Board*.
  - C. AD 301-1, *DNFSB Procedures for Handling Classified Information*.
  - D. I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria*.
  - E. I-521.2, *Technical Staff Resource Planning*
  - F. I-530.1, *Execution of Technical Staff Reviews*.
  - G. OP-530.1-5, *Documenting and Reviewing Engineering Calculations*.
  - H. I-532.1, *Technical Staff Oversight of DOE's Development or Modifications of DOE Directives*.
  - I. I-542.1, *Technical Staff Development of Externally Released Documents*.

- J. F-542.1-8, *Technical Staff Non-concurrence Record*.
- K. OP-542.1-6, *Developing Board Recommendations and Addressing DOE's Responses to Board Recommendations*
- L. OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*.
- M. WP-542.1-0D, *Guidance for Technical Staff Concurrence on Reports and Other Documents*.
- N. OP-546.1-1, *Developing Information Papers*.
- O. I-562.1, *Records Management and Information Retention*
- P. N-562.1, *Office of the Technical Director File Plan*.
- Q. OP-562.1-1, *Storing and Maintaining Technical Staff Documents and Information*.

11. DEFINITIONS.

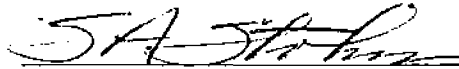
- A. Author. The member of the technical staff assigned responsibility to draft a technical staff document or correspondence (e.g., Recommendation, Technical Report, Board letter, Information Paper, Weekly Report, Issue Report, Annual Report, Periodic Report, Directives Letter, Design and Construction Project Letter). The Author is responsible for originating and controlling changes to a document, and coordinating the concurrence process.
- B. Board Safety Issue. A safety deficiency that is identified while conducting oversight activities and that the Board has communicated to DOE. A Board Safety Issue will normally be presented to DOE in externally released correspondence and/or communicated to DOE in public hearings conducted by the Board. Generally, a Board Safety Issue arises when (1) DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards; (2) conditions at defense nuclear facilities or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards; or (3) requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate.
- C. Cognizant Group Administrative Assistant. Normally, the Group Administrative Assistant assigned to the Group to which a document Author belongs. In order to balance workloads, however, Group Leads have discretion to change the assigned Group Administrative Assistant for a particular document.

- D. Cognizant Group Lead. The specific Group Lead responsible for the technical staff mission function that covers the activity that is being reviewed. Mission function alignment for Group Leads is defined in the Board's Annual Performance Plan and detailed in supporting Oversight Plans.
- E. Folder. The hardcopy package used to convey draft documents, background information, and the technical staff Concurrence/Record Note Page during the internal review and concurrence process. The Folder assemblage depends on the type of correspondence and is described below for each case:
  - i. External Correspondence (Green Folder). The hardcopy package containing a draft external document on which Board action is needed. The left side of the Folder normally consists of the signed original technical staff Concurrence/Record Note Page, followed by a copy of the Records Concurrence Form. The right side of the Folder normally contains the documents to be enclosed with the letter (Issue Report, Recommendation, Technical Report, Annual Report, etc.) if any, the draft Board letter printed on white paper, and an executive cover sheet.
  - ii. Orange Folder. Orange colored Folders are used in the process when the Board Members review and comment on the initial staff proposed correspondence after the staff's proposed Board correspondence begins routing in a Green Folder. The proposed Board correspondence is taken from the Green Folder and is routed in Orange Folders to Board Members in parallel.
  - iii. Yellow Folder. Yellow colored Folders are used in the Yellow Folder process when the Board Members are provided the opportunity to initiate amendments to the final staff document after the Orange Folder process.
  - iv. Blue Folder. Blue colored Folders are used in the Blue Folder process when the Board votes on the final staff document after the Yellow Folder process.
  - v. Internal Correspondence (other colors). The hardcopy package for a draft Information Paper. It includes the following: (1) on the left side, a copy of the technical staff Concurrence/Record Note Page and any emailed concurrence responses (e.g., from the Site Representatives) and (2) on the right side, the latest version of the draft Information Paper followed by comments provided by the Information Paper Contributors.
- F. Information Paper. Internal documentation developed by the technical staff to present a Staff Safety Issue, Potential Safety Issue, results of a technical review, recent activities related to an open Board Safety Issue, evaluations of DOE actions, or correspondence associated with an open Board Safety Issue. This type

of report can also document information of general interest to the Board or the technical staff. See I-546.1, *Technical Staff Internal Communications*.

- G. Issue and Commitment Tracking System (IACS). An electronic system that the technical staff uses to support the management of Board Safety Issues, Staff Safety Issues, Potential Safety Issues, and related DOE and Internal Staff Commitments.
- H. Issue Report. Documentation developed by the technical staff to present a Staff Safety Issue. If the Board chooses to present the Staff Safety Issue to DOE in either a Recommendation or a Board letter, the issue is reclassified as a Board Safety Issue. Many Board letters to DOE will have an Issue Report enclosed to provide background information regarding the identified Board Safety Issue. See I-542.1, *Technical Staff Development of Externally Released Documents*.
- I. Notational Vote. The method specified in *Board Procedures* for Board Members to review and approve or disapprove the issuance of correspondence (e.g., Recommendations, Technical Reports, Board letters, enclosed Issue Reports, Annual Reports) concerning health and safety matters to the Secretary of Energy, DOE officials, and other Federal, state, or local officials. Issuance is determined by a majority vote of a quorum of at least three Board Members.
- J. Office of the Technical Director Executive Assistant. The Executive Assistant to the Technical Director or the Executive Assistant to the Deputy Technical Director.
- K. Potential Safety Issue. A situation in which observed actions, designs, or conditions may not meet applicable requirements, or a situation in which the requirements themselves may be inadequate. In both cases, further information, review, and evaluation are required to understand the implications of the situation. Upon completion of the review and evaluation, a Potential Safety Issue may be reclassified as a Staff Safety Issue or as not a Safety Issue.
- L. Recommendation. A document created and transmitted by the Board pursuant to 42 U.S.C. § 2286a (b) (5) to the Secretary of Energy. A Recommendation triggers the statutory procedures found at 42 U.S.C. § 2286d.
- M. Safety Issue. Used to refer to a Board Safety Issue, Potential Safety Issue, or Staff Safety Issue.
- N. Special Study. Analysis or evaluation of selected topics that could include broad programmatic or complex-wide evaluations or other miscellaneous review efforts that are expected to include multiple review events or require substantial resources.

- O. Staff Safety Issue. A situation that the Board's technical staff has identified as a safety concern pertaining to a defense nuclear facility. Generally, a Staff Safety Issue arises when (1) DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards; (2) conditions at defense nuclear facilities or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards; or (3) requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues.
  - P. Technical Report. Documentation developed by the technical staff to present a Staff Safety Issue resulting from a staff review(s) and/or Special Study where warranted by the scope, depth and results. Technical Reports are numerically identified, specially bound and promulgated as part of the enduring series of Technical Reports issued by the Board.
12. CONTACT. Address questions concerning this Directive to the Deputy Technical Director.



Steven A. Stokes, Technical Director

### **Exemption 5**



# OPERATING PROCEDURE

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**Subject: DEVELOPING BOARD RECOMMENDATIONS**

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<b>Number: OP-542.1-6</b>	<b>Approved: 11/2/2015</b>	<b>Review: 11/1/2018</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. In accordance with 42 U.S.C. § 2286 *et seq.*, *Enabling Statute of the Defense Nuclear Facilities Safety Board*, the Defense Nuclear Facilities Safety Board (Board) is required to make such recommendations to the Secretary of Energy with respect to Department of Energy (DOE) defense nuclear facilities, including operations of such facilities, standards, and research needs, as the Board determines are necessary to ensure adequate protection of public health and safety. Recommendations may be initiated by Board Members, and the Technical Staff may also propose Recommendations for Board consideration as a result of information developed under I-530.1, *Execution of Technical Staff Reviews*, I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives*, or other oversight activities. The purpose of this Operating Procedure is to provide a process by which the Technical Staff can propose and complete the development of a (Draft) Recommendation; to define a process by which the Technical Staff can validate that the potential Recommendation meets the criteria defined in the Board's enabling legislation and further described in Policy Statement 5 (PS-5), *Policy Statement on Assessing Risk*; and to provide the method by which the interfaces between this Operating Procedure and the Board's Procedure shall be managed to place the (Draft) Recommendation before the Board for consideration.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Operating Procedure applies to all Technical Staff employees.
  - B. In the event of a conflict between any provision contained in this Operating Procedure and a higher order, policy or law, the provision in the higher order, policy or law shall supersede and control.
  - C. Policy or requirements stated by this Operating Procedure apply only to the Office of the Technical Director (OTD). If any provision contained in this Operating Procedure is found to affect an office outside of the OTD the provision shall be disregarded by that office. This circumstance does not alter or void the applicability of the Operating Procedure to the OTD.

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4. EXEMPTIONS.

- A. The Technical Director or Deputy Technical Director may authorize an exemption to the requirements of this Operating Procedure.
- B. Individuals shall also notify the Technical Director or Deputy Technical Director if they discover any deviations from the requirements contained in this Operating Procedure.
- C. Exemption requests and Deviation notifications are submitted by email, and then processed and retained as discussed in OP-562.1-1, *Storing and Maintaining Technical Staff Documents and Information*.

5. REQUIREMENTS.

- A. This Operating Procedure provides a procedure for fulfilling requirements established in I-542.1, *Technical Staff Development of Externally Released Documents*, related to the development of (Draft) Recommendations.
- B. After the Board has approved the Technical Staff's proposal to proceed with the development of a Draft Recommendation, the Cognizant Group Lead, in consultation with the Technical Director, shall designate a Technical Staff member as the Recommendation Author.
- C. Each Recommendation Author shall ensure that documents that they develop and that intentionally contain classified or sensitive material are appropriately created, marked, and controlled per AD 301-1, *DNFSB Procedures for Handling Classified Information*.
- D. During the conduct of the Board's oversight work, Technical Staff members may have access to information that is not available to the public. Such information may include, but is not limited to safety-privileged information; classified information; attorney/client privileged information; unclassified controlled nuclear information (UCNI); official use only information (OUO); patent rights; Privacy Act information; personally identifiable information; and proprietary information, such as trade secrets or privileged/confidential commercial or financial information, and pre-decisional drafts. Members of the Technical Staff will follow procedures documented in the Board's Administrative Directives and Operating Procedures system for the access, storage, handling, and disposal of this information. All members of the Technical Staff will maintain the confidentiality of all such data and follow the data disclosure requirements and protection procedures applicable to the data.



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- E. The Technical Staff develops a variety of draft documents that assist the Board in making informed decisions regarding public and worker health and safety throughout the DOE defense nuclear complex. These documents are internal, pre-decisional documents and are considered “works-in progress.” They are labeled “Draft—Not Reviewed for Public Release.” Members of the Technical Staff shall not share these documents with individuals outside of the Board or the Board’s staff before necessary reviews are complete and before receiving authorization from the appropriate Board manager via their Group Lead.
  - F. Board positions are not final until the Board has voted and relevant correspondence is delivered to DOE. If any individual assigned to the Technical Staff is contacted by a member of the public or by a DOE or DOE contractor representative regarding undelivered Board correspondence or other matters being considered by the Board, the staff member shall refrain from commenting on the substance of the draft correspondence or other matter under consideration. Additionally, members of the Technical Staff shall use the following guidance in responding to the questions:
    - i. If contacted by a member of the press or public, refer the individual to the Board’s Freedom of Information Act Officer (the Board’s point-of-contact for all public inquiries).
    - ii. If contacted by a DOE or DOE contractor representative, ask them to refer their questions to the Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board via the appropriate DOE administrative chain.
    - iii. In each case, as soon as possible, inform the Cognizant Group Lead, Deputy Technical Director, and Technical Director, and General Counsel of the inquiry.
6. PROCEDURES. In general, procedure steps are to be performed in the order in which they are listed. Sections that are marked with an asterisk (\*) are executed as a unit at any point in the procedure if a classification and vulnerability information review conducted by DOE determines that the document contains classified or sensitive information. Note that this procedure will be executed twice before a Recommendation is final. The first time this procedure is executed, the product will be a Draft Recommendation that is provided to the Secretary of Energy for comment per 42 U.S.C. § 2286d(b), *Submission of Recommendations*. After the Board receives comments from the Secretary of Energy on the Draft Recommendation, or if the Secretary of Energy provides no comments before the comment period expires, this procedure shall be executed a second time to produce a Recommendation that is ready to be issued by the Board for DOE action. Such a Recommendation may incorporate relevant comments from the Secretary of Energy.

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*Note that execution of I-530.1 or I-532.1 will normally result in a decision to develop or not develop a Draft Recommendation. A Draft Recommendation might also be initiated by a Board Member. This Operating Procedure can be executed a second time to convert a Draft Recommendation into a Recommendation—therefore, the term (Draft) Recommendation is used to refer to both.*

- A. Proposing Work on a Draft Recommendation. The Board's approval is required before the Board's Technical Staff proceeds with the development of a Draft Recommendation. The following steps shall be used by the staff to prepare a proposal before proceeding to Step 6.B.
- i. Lead Reviewer. The Lead Reviewer shall prepare the proposal for the staff to work on a Draft Recommendation by using the outline described in Attachment (1). After obtaining agreement from the Cognizant Group Lead and Technical Director, the Lead Reviewer shall work with the appropriate Administrative Assistant and forward the proposal to the Board for approval via the Board's Orange Folder process (detailed steps for supporting the Board's Orange Folder process are included in Section 6.I. of this procedure).
  - ii. Cognizant Group Lead. After the Board has approved the staff's proposal to proceed with the development of a Draft Recommendation, the Cognizant Group Lead, in consultation with the Technical Director, shall designate a Technical Staff member as the Recommendation Author.
  - iii. Recommendation Author. Proceed to Step 6.B. and develop a Draft Recommendation.
  - iv. Lead Reviewer. If the Board does not approve the proposal for the staff to work on a Draft Recommendation, update the appropriate Issue and Commitment Tracking System (IACTS) records. Ensure that the desired outcomes from the Board are included in this entry. Continue working on the Staff Safety Issue(s) as directed by the Technical Director.
- B. Collect Information to Support the Development of a (Draft) Recommendation.
- i. Recommendation Author. Collect any input relevant to the Staff Safety Issues to be discussed in the (Draft) Recommendation from members of the Board's staff and Outside Experts who participated in the oversight activities as Reviewers. Previously published or developed Site Representative Weekly Reports, Group Weekly Reports, Information Papers, Issue Reports, or Technical Reports may serve as sources of relevant input for Draft Recommendations. Draft Recommendations or correspondence from the Secretary of Energy related to Draft Recommendations may serve as sources of relevant input for

Recommendations. Previously published Board documents may also aid in ensuring consistent Board actions.

- ii. Recommendation Author. Determine the proposed Board Safety Issue(s) to be addressed in the proposed (Draft) Recommendation. If the (Draft) Recommendation will include an Issue Report or Technical Report as an enclosure, ensure that the most significant Staff Safety Issue(s) from the Issue Report/Technical Report are included in the (Draft) Recommendation.
- iii. Recommendation Author. If possible, determine if DOE agrees with the proposed Board Safety Issue(s) as they will be characterized in the (Draft) Recommendation to be proposed to the Board. This information helps shape the (Draft) Recommendation and the supporting materials used to present the (Draft) Recommendation to the Board.
  - (1) If DOE agrees with the characterization, and is taking corrective actions that will address the proposed Board Safety Issue(s), include that fact in the (Draft) Recommendation.
  - (2) If DOE agrees with the characterization, but is not taking corrective actions that will address the proposed Board Safety Issue(s), attempt to determine why that is the case.
  - (3) If DOE disagrees with the characterization, attempt to determine the specific points of disagreement.
- iv. Recommendation Author. Determine the desired outcome(s) that will result from the (Draft) Recommendation if DOE successfully addresses the proposed Board Safety Issues. Clear knowledge of the desired outcome(s) helps shape the (Draft) Recommendation and the supporting materials used to present the (Draft) Recommendation to the Board.
- v. Recommendation Author. Attempt to determine both the potential counter-arguments that DOE might make and the undesired outcome(s) that may result from the (Draft) Recommendation. Knowledge of these potential arguments and outcomes helps shape the (Draft) Recommendation and the supporting materials that will be used to present the (Draft) Recommendation to the Board.
- vi. Recommendation Author. Work with Reviewers to develop an outline for the proposed (Draft) Recommendation, and forward it to the Cognizant Group Lead for approval.

- vii. Cognizant Group Lead. Review the outline, and then authorize the Recommendation Author to proceed with step 6.B.viii of this Operating Procedure, or provide comments and direct the Recommendation Author to re-perform step 6.B.vi of this Operating Procedure.
- viii. Recommendation Author. Determine the addressee for the (Draft) Recommendation.
  - (1) A Draft Recommendation shall be addressed only to the Secretary of Energy.
  - (2) If the Board Safety Issue(s) to be included in the proposed Recommendation is/are classified as an Imminent or Severe Threat (see 42 U.S.C. § 2286d(h), *Imminent or Severe Threat*), immediately coordinate with the Office of the General Counsel (OGC). When a proposed Recommendation falls into this category, the Draft Recommendation process detailed in the Board's legislation at 42 U.S.C. § 2286d(a) through (e) no longer applies, and the procedures detailed in this Operating Procedure and discussed above at paragraph 6 above will be executed only once. The Recommendation shall be addressed to the Secretary of Energy, and shall be transmitted to the President and for information purposes to the Secretary of Defense. Other activities under 42 U.S.C. § 2286d(h), are beyond the scope of this Operating Procedure and will be promulgated at a later date.
  - (3) (Draft) Recommendations must include the Departmental Representative to the Board as a "copy to" addressee.

C. Documented Assessment of Risk per PS-5.

- i. Recommendation Author. Collect available risk assessment models and data from DOE, its contractors, and other sources such as commercial industry, to the extent that they are applicable and meaningful to the Board Safety Issue(s) in the (Draft) Recommendation.
- ii. Recommendation Author. If the (Draft) Recommendation is programmatic in nature, such as Recommendation 2010-1, *Safety Analysis Requirements for Defining Adequate Protection for the Public and the Workers*, assess the risk presented by the Safety Issue(s) (in order to demonstrate the need for the (Draft) Recommendation) by developing a clear articulation of the vulnerability in DOE's safety framework that the (Draft) Recommendation is intended to address.

- iii. Recommendation Author. If the (Draft) Recommendation addresses specific safety hazards, assess the risk (in order to demonstrate the need for the (Draft) Recommendation) by applying the risk factors listed in Table 1 to specifically answer the questions listed in Table 2:

<b>Table 1. Important Factors that Drive the Risk Posed by a Facility or Operation</b>	
Category	Typical Details
Location	Proximity to collocated workers and the offsite public
Nuclear Materials	Quantity, chemical composition (i.e., pure elements, stable compounds, reactive compounds), physical form, and radiological characteristics of material stored or handled in the facility
Release Mechanisms and Energetic Events	Mechanisms for release of materials (e.g., earthquakes; tornadoes; chemical reactions, fires, explosions, and other potential energy sources), nuclear criticality, highly energetic violent reactions involving nuclear explosives, and nuclear detonations
Safety Control Set	Complexity of safety controls and the degree of reliance on active safety systems or administrative controls instead of passive design features
Unproven or Unique Applications	Degree of application of new or one-of-a-kind materials, processes, and technologies with limited operational experience; application of materials, processes, and technologies in new areas where existing experience is not applicable
New Circumstances	Changes in facility configuration, facility conditions (e.g., degradation of aging systems and structures), facility operations, and facility personnel (e.g., transition to a new operating contractor)

<b>Table 2. Risk Assessment Questions for Recommendations Involving Specific Safety Hazards</b>	
Category	Detailed Questions
Initiating Events	1. Are there credible events, including failures in human performance, that could lead to unacceptably high consequences to the health and safety of the workers and the public? 2. How likely is the initiating event?
Preventive and Mitigative Controls	1. Are controls in place to prevent the events or mitigate their consequences? 2. How reliable are the controls? 3. Do specific problems render the controls unreliable?
Consequences	1. What are the magnitudes of the potential unmitigated and mitigated consequences to the health and safety of the workers and the public in the event of an accident?

- iv. Recommendation Author. Document the assessment of risk completed in Step 6.B.ii or 6.B.iii for inclusion in the external correspondence routing folder (Green Folder) that will be constructed for the (Draft) Recommendation.

D. Development of a (Draft) Recommendation.

- i. Recommendation Author. Write the (Draft) Recommendation, using the template available from the Board's intranet. Writing guidance is available in *Ten Principles for Writing High-Quality Reports*. In developing the (Draft) Recommendation, the Recommendation Author shall:
- (1) Clearly and succinctly describe the proposed Board Safety Issue(s) and the specific measures to resolve the Board Safety Issue(s). (Draft) Recommendations can be as short as one page, but are nominally four to seven pages.
  - (2) Consider whether the (Draft) Recommendation is technically feasible (i.e., if any specific physical measures are proposed, they shall be capable of implementation using generally accepted scientific and engineering principles). Guidance is available in WP-542.1-6A, *Guidance for Evaluating Technical and Economic Feasibility of Implementing Board Recommendations*.
  - (3) Consider whether the (Draft) Recommendation is economically feasible (i.e., if any specific physical measures are proposed,

consider the relative cost of alternative approaches, the remaining useful life of facilities, schedules and plans for replacing them, means to mitigate disruptions to ongoing operations, etc.). Guidance is available in WP-542.1-6A.

In general, a (Draft) Recommendation should be provided to the Board within approximately 30 days of the determination that the Staff Safety Issue meets the evaluation criteria for Case 4 as described in I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria*. The Recommendation Author along with the Cognizant Group Lead determines if the criteria are met.

- ii. Recommendation Author. Ensure that the (Draft) Recommendation is marked “DRAFT–NOT REVIEWED FOR PUBLIC RELEASE” in the document header.
  - iii. Recommendation Author. Concurrently circulate the (Draft) Recommendation among the members of the Board’s staff and Outside Experts who participated in the oversight activities as Reviewers.
  - iv. Reviewers. Review the (Draft) Recommendation and provide comments on its content to the Recommendation Author.
  - v. Recommendation Author. Use the comments received from the members of the Board’s staff and Outside Experts who participated in the oversight activities as Reviewers to improve the quality, accuracy, and completeness of the (Draft) Recommendation.
  - vi. Recommendation Author. Determine whether the (Draft) Recommendation contains an engineering calculation that requires validation. If so, execute OP-530.1-5, *Documenting and Reviewing Engineering Calculations*.
  - vii. Recommendation Author. Work with the Cognizant Group Lead to identify any reference documents or materials that should be included in the Green Folder along with the (Draft) Recommendation as background information for the Board.
- (1) Note that at a minimum the Documented Assessment of Risk must be included. Additionally, include any documents that are referenced in the body of the (Draft) Recommendation or in any enclosure of the (Draft) Recommendation unless the documents are commonly available in the public domain, e.g. text books, national consensus standards, DOE directives, etc.

- (2) Large documents (> 50 pages) need not be included in the hardcopy Green Folder, but must be included in the electronic Green Folder.

E. Creation of the Green Folder.

- i. Recommendation Author. Provide the (Draft) Recommendation, Documented Assessment of Risk, and, when appropriate, draft Issue Report or Technical Report to the Cognizant Group Administrative Assistant.
- ii. Cognizant Group Administrative Assistant. Work with the Recommendation Author to complete the administrative entries on the Technical Staff Concurrence/Record Note Page and the Records Concurrence Form.
  - (1) If the Recommendation has not yet been sent to the Secretary of Energy for a 30-day comment period, it shall be titled “Draft Recommendation [year]-[sequential number], [text title].”
  - (2) If the Recommendation is being proposed to the Board as a final Recommendation after the Secretary of Energy has been provided the opportunity to comment on the Draft Recommendation, it shall be titled “Recommendation [year]-[same sequential number as used for the associated Draft Recommendation], [text title].”
- iii. Recommendation Author. Work with the Cognizant Group Administrative Assistant to prepare and maintain both an electronic and a hardcopy Green Folder.
  - (1) At this point, the hardcopy Green Folder contents should include the items shown in the following table:



Top	
Left Side	Right Side
<ul style="list-style-type: none"> <li>• Incomplete Records Concurrence Form</li> <li>• Incomplete Technical Staff Concurrence/Record Note Page</li> </ul>	<ul style="list-style-type: none"> <li>• (Draft) Recommendation</li> <li>• Enclosures to the (Draft) Recommendation (Issue Report, Technical Report, etc.)</li> <li>• Divider labeled “Assessment of Risk.”</li> <li>• Documented Assessment of Risk.</li> <li>• Divider labeled “Background”</li> <li>• Informational/background references that may help concurrence reviewers and Board Members understand the content, context, and need for the correspondence (e.g., Staff Proposal to Work on a Draft Recommendation with Board Approval documentation).</li> </ul>
Bottom	

- (2) The electronic Green Folder is established and maintained in the Recommendations file of the OTD transfer directory (H:\Home\TransferOTD\Recommendations).
- Create a new folder in the appropriate sub-folder of the “Recommendations” transfer folder. The new folder should be labeled with the year and number of the (Draft) Recommendation (e.g. 2015-01).
  - Store an electronic copy of the (Draft) Recommendation, any enclosures, and the Documented Assessment of Risk in the new folder.
  - If background material is being submitted with the (Draft) Recommendation to support the Board’s review, create a sub-folder named “Background Information” in the folder that contains the (Draft) Recommendation. Store the reference material in the sub-folder.
  - Because changes are expected, the (Draft) Recommendation, any enclosures to the (Draft)

Recommendation, and the Documented Assessment of Risk should be stored in a Microsoft's Word® format.

- (3) The (Draft) Recommendation is now considered to be under configuration control. During the concurrence process, all changes that are made to the (Draft) Recommendation or its enclosures shall use the current electronic version as a starting point for revision.
- (4) Store a new "ready for issue" version of the document in the transfer file any time the document is revised during the concurrence process. If more than one version of the draft document is retained in the transfer file, ensure that the files are clearly labeled so that there is no confusion regarding which file is the version that is currently being reviewed for concurrence.

- iv. Cognizant Group Administrative Assistant. Initiate an entry into the Technical Staff Board Letter Status Log for this new Green Folder.

F. Technical Staff Review and Concurrence.

- i. Recommendation Author. Use OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*, to perform an internal review of the (Draft) Recommendation, Documented Assessment of Risk, and, if applicable, the included enclosures.
  - (1) If applicable, document and process non-concurrences using F-542.1-8, *Technical Staff Non-concurrence Record*, per OP-542.1-8.

G. Technical Director Review and Concurrence.

- i. Recommendation Author. After completing internal staff review per OP-542.1-8, and if applicable, insert the date of Cognizant Group Lead concurrence in the date field located on the first page of the Issue Report or on the cover of the Technical Report.
- ii. Recommendation Author. Work with the Cognizant Group Administrative Assistant to update both the hardcopy and electronic Green Folders.
  - (1) At this point, the hardcopy Green Folder should include the items shown in the following table:

Top	
Left Side	Right Side
<ul style="list-style-type: none"> <li>• Incomplete Records Concurrence Form</li> <li>• Original completed Technical Staff Concurrence/Record Note Page</li> <li>• Original Technical Staff Non-concurrence Records (F-542.1-8) that were processed during the Technical Staff concurrence review noted in step 6.E of this Operating Procedure.</li> </ul>	<ul style="list-style-type: none"> <li>• (Draft) Recommendation (as revised; if applicable).</li> <li>• Enclosures to the (Draft) Recommendation (Issue Report, Technical Report, etc.) (as revised; if applicable).</li> <li>• Divider labeled “Assessment of Risk.”</li> <li>• Documented Assessment of Risk (as revised; if applicable).</li> <li>• Divider labeled “Background”</li> <li>• Informational/background references that may help concurrence reviewers and Board Members understand the content, context, and need for the correspondence (e.g., Staff Proposal to Work on a Draft Recommendation with Board Approval documentation).</li> </ul>
Bottom	

(2) Update the electronic Green Folder.

- (a) Ensure that a new, up-to-date, ready-for-issue version of the (Draft) Recommendation, any associated enclosures, and the Documented Assessment of Risk is saved.
- (b) Store a scanned copy of the completed Technical Staff Concurrence/Record Note Page.
- (c) Store a copy of each Technical Staff Non-concurrence Record (F-542.1-8) processed during the review noted in section 6.E of this Operating Procedure.

*Note: Scanned documents should be in Portable Document Format (.pdf).*

- iii. Recommendation Author. Send the hardcopy Green Folder to the OTD Executive Assistant.

- iv. OTD Executive Assistant. Initiate Technical Director and Deputy Technical Director review of the (Draft) Recommendation.
  - (1) Update the entry in the Technical Staff Board Letter Status Log for the Green Folder.
  - (2) Send the hardcopy Green Folder to the Technical Director.
  - (3) Email an electronic copy of the (Draft) Recommendation, associated enclosures, and the Documented Assessment of Risk to the Deputy Technical Director.
    - (a) Background information is not sent to the Deputy Technical Director unless specifically requested by the Deputy Technical Director.
  - (4) Review the (Draft) Recommendation and associated enclosures. Provide comments on document format to the Technical Director.
- v. Technical Director/Deputy Technical Director. Review the (Draft) Recommendation and return comments to the OTD Executive Assistant.
  - (1) The review should cover content, definition of any proposed Board Safety Issue(s), addressee(s), list of concurrences, format, grammar, syntax, and writing style.
  - (2) Emphasis should be placed on putting the Staff Safety Issue(s) into context, citing relevant directives, providing logical arguments with accurate data, and ensuring consistency with prior Board actions.
- vi. OTD Executive Assistant. Distribute comments.
  - (1) Return the hardcopy Green Folder along with comments received from the Technical Director and Deputy Technical Director to the Cognizant Group Lead.
  - (2) Provide a copy of the comments to the Technical Editor for information.
- vii. Cognizant Group Lead and Recommendation Author. Work with the Technical Director or Deputy Technical Director to resolve comments generated in steps 6.G.v of this Operating Procedure.

- viii. Recommendation Author. Work with the Cognizant Group Administrative Assistant to update the electronic and hardcopy Green Folders (if necessary) and the configuration-controlled file.
  - ix. Recommendation Author. Send the Green Folder with the revised (Draft) Recommendation to the OTD Executive Assistant requesting Technical Director concurrence.
  - x. OTD Executive Assistant. Forward the Green Folder to the Technical Director for concurrence.
  - xi. Technical Director. Review the changes.
    - (1) If additional changes are required, provide necessary comments.
    - (2) If the document is acceptable, sign the Records Concurrence Form, signifying that the draft document(s) is/are accurate, of high quality, consistent with Technical Staff requirements, and necessary to fulfill Board objectives.
    - (3) Return the Green Folder to the OTD Executive Assistant.
  - xii. OTD Executive Assistant. If the Technical Director did not concur, return the Green Folder to the Cognizant Group Lead. Otherwise, go to section 6.H of this Operating Procedure.
  - xiii. Cognizant Group Lead and Recommendation Author. Work with the Technical Director to resolve remaining comments and repeat steps 6.G.ix through 6.G.xii of this Operating Procedure.
- H. Office of the General Counsel (OGC) and Site Rep Review and Concurrence.
- i. OTD Executive Assistant. Coordinate OGC and Site Rep review.
    - (1) Update the entry in the Technical Staff Board Letter Status Log for the Green Folder.
    - (2) Send the hardcopy Green Folder to OGC.
    - (3) Concurrently, distribute electronic copies of the (Draft) Recommendation, associated enclosures, and the Documented Assessment of Risk to all Site Reps, with copy to the Deputy Technical Director.

- (a) Background information is not sent to the Site Reps unless specifically requested.
- ii. OTD Executive Assistant. When OGC returns the hardcopy Green Folder, forward the hardcopy Green Folder to the Deputy Technical Director.
- iii. Site Reps. Review the (Draft) Recommendation, associated enclosures, and Documented Assessment of Risk within two days of receiving the document:
  - (1) Develop comments on the factual accuracy, proposed Board Safety Issue(s), consistency with past Board positions, type of document, addressee(s), and list of concurrences.
  - (2) Respond to the original review request email. The response should provide:
    - (a) Either comments or a statement that the Site Rep has no comments.
    - (b) A statement as to whether or not the Site Rep requests another factual accuracy review prior to the Board's vote.<sup>1</sup>
- iv. Deputy Technical Director. Review the comments from the Site Reps and the OGC for conflicts and comments of a non-actionable nature. If necessary, work with the appropriate comment originators to resolve conflicts. After any conflicts are resolved, provide comments to the Recommendation Author.
- v. Recommendation Author. Work with the Site Reps and the OGC to modify the document. In case of new conflicts, work with the Deputy Technical Director to render a final disposition.
- vi. Site Representative. If the comment is not adequately resolved, enter the Non-Concurrence Process per OP-542.1-8 to document the non-concurrence.
- vii. Recommendation Author. Ensure that any new F-542.1-8 forms processed are filed in the hardcopy Green Folder, and that an electronic copy is saved in the electronic Green Folder in .pdf format.

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<sup>1</sup> Site Representatives should use this option in cases where the report or correspondence addresses rapidly changing circumstances that may affect facts that are important to the content or tone of the (Draft) Recommendation, or that may influence the Board's decision whether to send the correspondence.

- viii. Recommendation Author. Work with the Cognizant Group Administrative Assistant to update the hardcopy Green Folder and the configuration-controlled file.
- ix. Recommendation Author. Send the revised hardcopy Green Folder to the OTD Executive Assistant requesting concurrences for Site Reps and the OGC.
- x. OTD Executive Assistant. Send the hardcopy Green Folder to OGC for concurrence. If OGC chooses to withhold concurrence for the document:
  - (1) Request that OGC document the reason for the non-concurrence in a memorandum.
  - (2) Insert the OGC memorandum in the hardcopy Green Folder with any other non-concurrence records.
  - (3) Scan and save an electronic copy of the OGC memorandum in the electronic Green Folder in .pdf format.
- xi. Deputy Technical Director. Verify that all Site Rep comments have been either dispositioned, or that a form F-542.1-8 that documents the non-concurrence is inserted in the Green Folder.
  - (1) If no Site Rep has requested a final review of the (Draft) Recommendation prior to conduct of the Board's voting process, sign the Green Folder on the Records Concurrence Form.
  - (2) If one or more Site Reps have requested a final review, withhold concurrence at this time.
- xii. OTD Executive Assistant. When OGC returns the hardcopy Green Folder and the Deputy Technical Director has completed step 6.G.xi, forward the hardcopy Green Folder to the Recommendation Author.
- xiii. Recommendation Author. Use the guidance in WP-542.1-0D, *Guidance for Technical Staff Concurrence on Reports and Other Documents*, to determine if the changes that have been made to the Green Folder are substantive and require re-concurrence by members of the Technical Staff. If so, perform the following steps:
  - (1) Recommendation Author. Provide the current version of the document to all Reviewers.

- (2) Reviewers. Expeditiously review the document, ideally the same day received, to verify the changes do not alter the concurrence decision. Notify the Recommendation Author if changes prompt a non-concurrence, note non-concurrence on the Technical Staff Concurrence/Record Note Page, and refer to OP-542.1-8 to document non-concurrence.
  - (3) Recommendation Author. If additional changes are necessary, work directly with the Deputy Technical Director, OGC, and Technical Director to disposition the comments. If a comment cannot be resolved, notify the Reviewer to enter the Non-Concurrence Process per OP-542.1-8 to document the non-concurrence.
    - (a) Ensure that any new F-542.1-8 forms that are processed are filed in the hardcopy Green Folder, and that an electronic copy is saved in the electronic Green Folder in .pdf format.
- xiv. Recommendation Author. Work with the Cognizant Group Administrative Assistant to update the configuration-controlled file and hardcopy Green Folder.
  - (1) At this point, the hardcopy Green Folder should include the items shown in the following table:



Top	
Left Side	Right Side
<ul style="list-style-type: none"> <li>• Original in progress Records Concurrence Form.</li> <li>• Original Technical Staff Concurrence/ Record Note Page (updated if necessary to show changes in concurrence).</li> <li>• If applicable, the original OGC non-concurrence memorandum.</li> <li>• Original Technical Staff Non-concurrence Records (F-542.1-8) that were processed during the Site Rep review or supplemental Technical Staff concurrence review conducted in section 6.H.xiii.</li> </ul>	<ul style="list-style-type: none"> <li>• (Draft) Recommendation (as revised; if applicable).</li> <li>• Enclosures to the (Draft) Recommendation (Issue Report, Recommendation, Technical Report, Annual Report, etc.) (as revised; if applicable).</li> <li>• Divider labeled “Assessment of Risk.”</li> <li>• Documented Assessment of Risk (as revised; if applicable).</li> <li>• Divider labeled “Background”</li> <li>• Informational/background references that may help concurrence reviewers and Board Members understand the content, context, and need for the correspondence (e.g., Staff Proposal to Work on a Draft Recommendation with Board Approval documentation).</li> </ul>
Bottom	

- (2) If not already accomplished, update the electronic Green Folder.
  - (a) Ensure that a new, up-to-date ready-for-issue version of the (Draft) Recommendation and any associated enclosures is saved.
  - (b) Store a new scanned copy of the completed Technical Staff Concurrence/ Record Note Page if it was modified as a result of the follow-up staff review identified in section 6.H.xiii of this Operating Procedure.
  - (c) Store a scanned copy of the in progress Records Concurrence Form.
  - (d) Store a scanned copy of the OGC non-concurrence memorandum, if applicable.

- (e) Store a copy of each additional Technical Staff Non-concurrence Record (F-542.1-8) processed during the Site Rep review noted in section 6.H.iii of this Operating Procedure and follow-up staff reviews noted in section 6.H.xiii of this Operating Procedure.

*Note: Scanned documents should be in .pdf format.*

- xv. Recommendation Author. Conduct a final quality check of the Green Folder. After this check, initial the block on the Technical Staff Concurrence/Record Note Page to release the Green Folder for submission to the Board.
- I. Support the Board's Orange Folder Review.
- i. Recommendation Author. Select a target date to brief the Board and complete DNFSB F 421.3-1, *Request for Board Member Interaction or Briefing*. Submit the form to the Cognizant Group Lead. Whenever possible, the briefing should be timed to occur early in the Board's five day Orange Folder review period.
  - ii. Cognizant Group Lead. Review DNFSB F 421.3-1 and concur with the proposed date and time to present the Green Folder to the Board by initialing the form.
  - iii. Technical Director. Review DNFSB F 421.3-1 and concur with the proposed date and time to present the Green Folder to the Board by initialing the form.
  - iv. OTD Executive Assistant. Deliver the Green Folder and completed DNFSB F 421.3-1 to the Board's Executive Secretary.
    - (1) Update the entry in the Technical Staff Board Letter Status Log for the Green Folder.
  - v. Recommendation Author. Develop the material to support the Board Member briefing.
    - (1) Refer to OP-546.1-3, *Communicating with the Board*, for guidance regarding the development of Board briefing material.
  - vi. Recommendation Author. Brief the Green Folder to the Board at the date and time specified by the Board.

- (1) Provide briefing materials to the Executive Secretary for retention per N-562.1.
- vii. Technical Director. Annotate the briefing date on the Records Concurrence Form.
- viii. OTD Executive Assistant. Update the entry in the Technical Staff Board Letter Status Log for the Green Folder.
- ix. Technical Director. When notified by the Board's Executive Secretary that all Board feedback is available, review the feedback to determine if it can be resolved.
  - (1) If the Board's feedback cannot be resolved in a manner that will allow an affirmative vote to approve the letter by a majority of the participating Board Members after a quorum is established:
    - (a) Propose withdrawal of the document from Board consideration per section 3.1.B.6 of the *Board Procedures*.
    - (b) If the Board concurs with the withdrawal, direct the Recommendation Author to convert the attached report (if one was included in the Green Folder) into an Information Paper per OP-546.1-1, *Developing Information Papers*, and terminate execution of this Operating Procedure.
    - (c) If the Board does not allow withdrawal of the document, continue processing the document.
  - (2) If the Board's feedback can be resolved, send the Green Folder with all of the Board's feedback to the Recommendation Author.
- x. OTD Executive Assistant. Provide a copy of the comments generated by the Chairman to the Technical Editor for information.
- xi. Recommendation Author. Work with individual Board Members, the Technical Director, the Cognizant Group Lead, and appropriate contributors to resolve Board Member comments.
  - (1) Develop resolution to each comment. Resolutions should be:
    - (a) Responsive to Board Member concerns.
    - (b) Technically supportable.

- (c) Consistent with the theme and goals of the (Draft) Recommendation.
  - (2) Individually brief each Board Member regarding the comments that were received from all Board Members, the resolution of the Board Member comments (paying particular attention to the comments submitted by the Board Member that is being briefed), and the basis for the comment resolutions.
  - (3) If necessary, repeat steps 6.I.xi.(1) – 6.I.xi.(2) to address any additional Board Member comments or concerns that are identified during the briefing sessions.
  - (4) If possible, resolve all comments to the satisfaction of all Board Members.
  - (5) If consensus cannot be achieved among all Board Members using the above process, consult with the Technical Director to determine required action regarding the draft correspondence.
- xii. Technical Director. If the staff is unable to accommodate a Board Member's comment to the satisfaction of the Board Member, meet with the Board Member to explain the rationale for not accommodating the comment.
- xiii. Recommendation Author. When comment resolution is complete, work with the Cognizant Group Administrative Assistant to update the configuration-controlled file and both the electronic and hardcopy Green Folders.
- J. Submit (Draft) Recommendation for Board Vote.
- i. Cognizant Group Administrative Assistant. Generate a redline/strikeout (RLSO) version of the updated documents.
    - (1) Insert hardcopy versions in the orange folders containing Board Member comments.
    - (2) Save an electronic copy of the RLSO version of the document in the electronic Green Folder.
  - ii. Recommendation Author. Use the guidance in WP-542.1-0D, *Guidance for Technical Staff Concurrence on Reports and Other Documents*, to determine if the changes that have been made to the Green Folder are

substantive and require re-concurrence by members of the Technical Staff. If so, perform the following steps:

- (1) Recommendation Author. Provide the RLSO version of the document to all Reviewers.
- (2) Reviewers. Review the document.
  - (a) Review should be completed as soon as possible, ideally the same day as received.
  - (b) Verify the changes do not alter previous concurrence decision.
  - (c) If necessary, work with the Recommendation Author, Cognizant Group Lead, and Technical Director to address any concerns.
  - (d) If the changes prompt a new non-concurrence:
    - i. Note the non-concurrence on the Technical Staff Concurrence/Record Note Page.
    - ii. Refer to OP-542.1-8 to document the non-concurrence.
- iii. Cognizant Group Administrative Assistant. Send the revised Green Folder to the OTD requesting that it be prepared for the Board's Yellow Folder review and a final vote per section 3.1.C of the *Board Procedures*.
- iv. OTD Executive Assistant. If a Site Rep requested a final review per step 6.G.iii.(2) of this Operating Procedure, send an RLSO version of the draft document to the Site Rep for review.
- v. Site Rep. Review the Green Folder for factual accuracy and consistency with past Board positions.
  - (1) The review should be completed as soon as possible, ideally the same day as received.
  - (2) If necessary, work with the Deputy Technical Director and Recommendation Author to address any concerns.

- (3) If the concerns cannot be resolved, and the changes prompt a new non-concurrence, refer to OP-542.1-8 to document the non-concurrence.
- vi. Deputy Technical Director. Sign the Green Folder for the Site Reps on the Records Concurrence Form.
  - (1) The concurrence signifies that the Site Reps have completed their reviews, and that either all comments have been addressed or a non-concurrence record (F-542.1-8) has been processed and included in the Green Folder.
- vii. OTD Executive Assistant. Send a copy of the RLSO version of the updated document to OGC to ensure the General Counsel's concurrence remains valid.
  - (1) If OGC has no additional comments, go to step 6.I.ix of this Operating Procedure.
  - (2) If OGC chooses to withdraw concurrence for the document, notify the Technical Director and Deputy Technical Director.
- viii. Technical Director/Deputy Technical Director. Work with the General Counsel and Recommendation Author to resolve OGC comments.
  - (1) If the cause of the non-concurrence cannot be resolved, request that the General Counsel document the reason for the non-concurrence in a memorandum and work with the OTD Executive Assistant to:
    - (a) Insert the OGC memorandum in the hardcopy Green Folder with any other non-concurrence records.
    - (b) Scan and save an electronic copy of the OGC memorandum in the electronic Green Folder in .pdf format.
- ix. Office of the Technical Director Executive Assistant. If necessary, update the configuration-controlled file, the RLSO version of the updated document in the Board Members' Orange Folders, and both the hardcopy and electronic Green Folders.
  - (1) The hardcopy Green Folder should include the items shown in the following table:

Top	
Left Side	Right Side
<ul style="list-style-type: none"> <li>• Original completed Records Concurrence Form (modified if necessary to reflect any change to the OGC concurrence as a result of the review described in section 6.J.vii).</li> <li>• Original completed Technical Staff Concurrence/ Record Note Page (modified to reflect any changes in concurrence resulting from the supplemental review described in 6.J.ii, if applicable).</li> <li>• If applicable, original OGC non-concurrence memorandum or memoranda.</li> <li>• Original Technical Staff Non-concurrence Records (F-542.1-8) that were processed during both original and supplemental Technical Staff and Site Rep concurrence reviews.</li> </ul>	<ul style="list-style-type: none"> <li>• Executive correspondence cover sheet.</li> <li>• (Draft) Recommendation (as revised; if applicable).</li> <li>• Enclosures to the (Draft) Recommendation (Issue Report, Recommendation, Technical Report, etc.) (as revised; if applicable).</li> <li>• Divider labeled “Assessment of Risk.”</li> <li>• Documented Assessment of Risk (as revised; if applicable).</li> <li>• Divider labeled “Background”</li> <li>• Informational/background references that may help concurrence reviewers and Board Members understand the content, context, and need for the correspondence (e.g., Staff Proposal to Work on a Draft Recommendation with Board Approval documentation).</li> </ul>
Bottom	

- (2) The Orange Folders that hold the Board Member comments should be included with the Green Folder. Each Orange Folder should contain:
  - (a) The Board Member’s original comments.
  - (b) A RLSO version of the (Draft) Recommendation that shows the changes between the version of the (Draft) Recommendation originally reviewed by the Board Member and the final draft of the proposed (Draft) Recommendation.
- (3) If not already accomplished, update the electronic Green Folder.

- (a) Ensure that a new, up-to-date ready for issue version of the (Draft) Recommendation and any associated enclosures is saved.
- (b) Store a copy of the RLSO version of the (Draft) Recommendation.
- (c) Store a new scanned copy of the completed Technical Staff Concurrence/ Record Note Page if it was modified as the result of the follow-up staff review identified in section 6.J.ii of this Operating Procedure.
- (d) Store a new scanned copy of the Records Concurrence Form.
- (e) Store a scanned copy of any OGC non-concurrence memorandum, if applicable.
- (f) Store a copy of each additional Technical Staff Non-concurrence Record (F-542.1-8) processed either during the original or supplemental Site Rep and Technical Staff reviews.

*Note: Scanned documents should be in Portable Document Format (.pdf).*

- x. Office of the Technical Director Executive Assistant. Work with the Board's Executive Secretary to support the Board's Yellow Folder review and final vote per the *Board Procedures*.
  - (1) Send the hardcopy Green Folder and related Orange Folders to the Board's Executive Secretary.
  - (2) Send an email to the Board's Executive Secretary with address information or a link to the electronic Green Folder.
  - (3) At this point, configuration control for the document is transferred to the Board's Executive Secretary.

K. Evaluating and Responding to Amendments that are Proposed by Board Members.

- i. Technical Director. If a Board Member submits an amendment for consideration per section 3.1.C of the *Board Procedures*:



- (1) If necessary, coordinate the involvement of the Recommendation Author and appropriate Reviewers in evaluating the amendment.
  - (2) Determine if there are any technical issues created by the amendment.
  - (3) Send memorandum response to the Board's Executive Secretary that either:
    - (a) States that the amendment does not create any technical issues, or
    - (b) States any technical issues created by the amendment, and provides the technical basis for each issue.
- ii. OTD Executive Assistant. When the Technical Director completes step 6.K.i of this Operating Procedure:
- (1) Insert the original Technical Director memorandum into the hardcopy Green Folder, and
  - (2) Save a scanned copy of the Technical Director memorandum to the electronic Green Folder in .pdf format.

**L. Process Closeout.**

- i. OTD Executive Assistant. When notified of the results of the Board's vote, inform the Technical Director and the Recommendation Author, and update the entry in the Technical Staff Board Letter Status Log.
- ii. OTD Executive Assistant. If the Board's vote was affirmative, the Green Folder has been signed out by the Chairman, and delivery to the addressee has been confirmed:
  - (1) Distribute the signed (Draft) Recommendation electronically to the Technical Staff (.pdf format).
  - (2) Store a copy of the signed (Draft) Recommendation in the electronic Green Folder (.pdf format).
- iii. Technical Director. If the Board's vote was negative, direct the Recommendation Author to convert the Issue Report (if one was included in the Green Folder) into an Information Paper per OP-546.1-1.

- iv. Recommendation Author. Update the appropriate Issue and Commitment Tracking System (IACS) records. Ensure that the desired outcomes from the Board briefing are included in this entry as part of the *Closure Criteria* data.

M. Board Does Not Act Upon a Draft Document Due to Lack of Quorum or Other Circumstances that Prevent Board Action.

*Note: This section assumes that the Board decides not to act during the final consideration of the proposed Board communication (Yellow Folder Process). If the Board decision is made before the Yellow Folder Process, the Recommendation Author should work with the Cognizant Group Lead to determine the actions required to appropriately modify the following sub-sections of the Operating Procedure while retaining the overall intent of the actions described in this section.*

- i. Recommendation Author. Retain the Green Folder and when directed by the Cognizant Group Lead, work with the Cognizant Group Lead to determine if the issues and information discussed in the (Draft) Recommendation remain relevant.
  - (1) If the issues or information discussed in the (Draft) Recommendation are no longer relevant and no further action is required, return to step 6.L.iii of this Operating Procedure.
  - (2) If the issues or information in the (Draft) Recommendation remain relevant and action is required, determine whether the document remains factually accurate and technically correct, or if it should be modified.
    - (a) If the document is no longer factually accurate or technically correct, or otherwise needs changes, the previous concurrences are no longer valid. Revise the document and re-enter this Operating Procedure at section 6.D.
    - (b) If the document remains factually accurate and technically correct, and no changes are required, the previous concurrences remain valid. Work with the Cognizant Group Administrative Assistant to produce a new Green Folder with the same content as described in section 6.J.ix, attach a new Records Concurrence Form, and submit the Green Folder to the Cognizant Group Lead.
- ii. Cognizant Group Lead. Review the document.

- (1) If the document requires modification, work with the Recommendation Author to revise the document and re-enter this OP at section 6.D.
  - (2) If the document is remains factually accurate and technically correct, and requires no changes, sign the Records Concurrence Form.
- iii. Recommendation Author. Submit an email with the following statement to the Technical Director, with copy to the Deputy Technical Directory and Cognizant Group Lead.

“I have completed the following actions with respect to the proposed Board communication concerning (*insert title of proposed board action*) that was not acted upon by the Board due to the lack of a quorum (*or specify other reason if not due to lack of a quorum*): (1) I verified that there are no changes to the document, and (2) I verified that the document remains factually accurate and technically correct.

I request that the proposed Board communication be resubmitted to the Board for their consideration.”
- iv. Technical Director. Reply either approving or rejecting the request.
  - (1) The reply should copy the Deputy Technical Director, General Manager, General Counsel, Security Officer, General Counsel’s Administrative Assistant, and the OTD Executive Assistant.
  - (2) If the request is rejected, state whether or not the Recommendation Author should continue to hold the (Draft) Recommendation for future consideration.
- v. Recommendation Author. Carry out one of the following actions.
  - (1) If the Technical Director rejected the request, but directed that the document be held for future consideration, re-enter this Operating Procedure at section 6.M.i.
  - (2) If the Technical Director rejected the request and directed termination of Technical Staff efforts related to the proposed Board communication, re-enter this Operating Procedure at section 6.L.iii.

- (3) If the Technical Director approved submittal of the proposed communication to the Board, re-enter the Operating Procedure at section 6.J.ix.

N. Unexpected Determination that a Draft Document Contains Classified or Sensitive Information.

- i. (\*) Technical Director/Deputy Technical Director/Cognizant Group Lead/Recommendation Author. If notified by the Board's Executive Secretary or the Headquarters Security Officer that changes to the Green Folder are required due to classified information or Vulnerability Information concerns, work with the Headquarters Security Officer to resolve the concerns.
  - (1) If applicable, work with the Board's Executive Secretary to retrieve the hardcopy Green Folder, Orange Folders containing the affected document, and any other copies of the document that may be held by Board Members or their administrative staff.
  - (2) Ensure that the document is appropriately marked and controlled per AD 301-1.
  - (3) Ensure that any documents that are classified are removed from the electronic Green Folder.
  - (4) Consult with the Headquarters Security Officer and the Chief Information Officer to identify required follow-up actions to secure the information.
- ii. (\*) Technical Director. Resume processing of the document when the document has been properly marked and required controls have been established.

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each procedure step in Section 6 of this Operating Procedure.
- B. The Recommendation Author is responsible for overall coordination of actions contained in this Operating Procedure.

8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor and assess this program.

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- A. The Technical Director reviews draft Recommendations produced by the Technical Staff before the documents are submitted to the Board. His or her signature on the Records Concurrence Form signifies that the draft document is accurate, of high quality, consistent with Technical Staff requirements, and necessary to fulfill Board objectives.
  - B. The Technical Director or Deputy Technical Director approves exemptions to requirements contained in this Operating Procedure.
  - C. Draft Recommendations that are submitted to the Board for consideration are reviewed by OGC to ensure that the Recommendation is consistent with the Board's enabling legislation and other applicable laws.
  - D. The Cognizant Group Lead (Deputy Technical Director when a Site Rep is the Author) reviews draft Recommendations produced by subordinates before the documents are submitted to the Technical Director. Their signature on the Records Concurrence Form and the Technical Staff Concurrence/Record Note Page signifies that the draft document is accurate, of high quality, consistent with Technical Staff requirements, and necessary to fulfill Board objectives.
  - E. The Author verifies that all the action steps in Sections 6.B.i through 6.H.xv of this Operating Procedure have been completed before initialing the block on the Technical Staff Concurrence/Record Note Page to release the Green Folder for submission to the Board.
9. RECORDS. The Office of the General Manager will ensure that records associated with a (Draft) Recommendation are archived appropriately. As discussed in I-562.1, *Technical Staff Records Management and Information Retention*, the contents of the Green Folder developed under this Operating Procedure will be part of the archived records. Contents can include the (Draft) Recommendation and enclosed Issue Report or Technical Report, if any, background information including a Documented Assessment of Risk, a Records Concurrence Form, and a Technical Staff Concurrence/Record Note Page.
10. REFERENCES.
- A. *Board Procedures*.
  - B. PS-5, *Policy Statement on Assessing Risk*.
  - C. 42 U.S.C. § 2286 *et seq.*, *Enabling Statute of the Defense Nuclear Facilities Safety Board*.
    - i. 42 U.S.C. § 2286a(b)(5), *Recommendations*.

- ii. 42 U.S.C. § 2286d, *Board Recommendations*.
- iii. 42 U.S.C. § 2286d(h), *Imminent or Severe Threat*.
- D. OP-311.1-1, *Protecting DNFSB Sensitive and Classified Information*.
- E. I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria*.
- F. I-530.1, *Execution of Technical Staff Reviews*.
- G. OP-530.1-5, *Performing Engineering Calculations*.
- H. I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives*.
- I. I-542.1, *Technical Staff Development of Externally Released Documents*.
- J. OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*.
- K. WP-542.1-0D, *Guidance for Technical Staff Concurrence on Reports and Other Documents*.
- L. WP-542.1-6A, *Guidance for Evaluating Technical and Economic Feasibility of Implementing Board Recommendations*.
- M. OP-546.1-1, *Developing Information Papers*.
- N. OP-546.1-3, *Communicating with the Board*.
- O. I-562.1, *Technical Staff Records Management and Information Retention*.
- P. N-562.1, *Office of the Technical Director File Plan*.

11. DEFINITIONS.

- A. Board Safety Issue. A safety deficiency that is identified while conducting oversight activities and that the Board has communicated to DOE. A Board Safety Issue will normally be presented to DOE in externally released correspondence and/or communicated to DOE in public hearings conducted by the Board. Generally, a Board Safety Issue arises when (1) DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards, (2) conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in

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applicable regulations, DOE directives, or national consensus standards, or (3) requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate.

- B. Cognizant Group Administrative Assistant. The Group Administrative Assistant assigned to the Group to which the Recommendation Author belongs. In order to balance workloads, Group Leads may change the assigned Group Administrative Assistant for a particular (Draft) Recommendation.
- C. Cognizant Group Lead. The specific Group Lead responsible for the Technical Staff mission function that covers the activity that is being reviewed. Mission function alignment for Group Leads is defined in the Board's Annual Performance Plan and detailed in supporting Oversight Plans.
- D. Draft Recommendation. A Recommendation created and transmitted by the Board pursuant to 42 U.S.C. § 2286d(a) to the Secretary of Energy for a 30-day review and comment period. A Draft Recommendation can become a Recommendation through execution of the rest of the statutory procedures found at 42 U.S.C. § 2286d.
- E. Issue and Commitment Tracking System (IACS). An electronic system which the Technical Staff uses to support the management of Board Safety Issues, Staff Safety Issues, and Potential Safety Issues, and related DOE and Internal Staff Commitments.
- F. Lead Reviewer. The individual assigned to coordinate and document the overall planning, preparation, execution, and documentation of the review.
- G. Notational Vote. The method specified in *Board Procedures* for Board Members to review and approve or disapprove the issuance of correspondence (e.g., Recommendations, Technical Reports, Board Letters, enclosed Issue Reports, Annual Reports) concerning health and safety matters to the Secretary of Energy, DOE officials, and other Federal, state, or local officials. Issuance is determined by a majority vote of the members participating after a quorum has been established.
- H. Office of the Technical Director Executive Assistant. The Executive Assistant assigned to the Technical Director or the Executive Assistant assigned to the Deputy Technical Director.
- I. Recommendation. A document created and transmitted by the Board pursuant to 42 U.S.C. § 2286a(b)(5) to the Secretary of Energy. A Recommendation triggers the statutory procedures found at 42 U.S.C. § 2286d(b)-(g).

- J. Recommendation Author. A member of the Technical Staff designated by the Cognizant Group Lead, in consultation with the Technical Director and assigned responsibility to draft the Recommendation. The Author is responsible for originating, controlling changes and coordinating the concurrence process for the draft and final version of the Recommendation.
  - K. Review Team. A group of individuals assigned to evaluate DOE standards, design data, operational data, facility design, and facility construction per an approved Review Plan. The Review Team includes the Lead Reviewer, Reviewers, and appropriate Site Cognizant Engineer, Design and Construction Project Cognizant Engineer, and Site Representative(s). Not all members of a Review Team are required to attend the onsite review or review meeting.
  - L. Staff Safety Issue. A situation that the Board's Technical Staff has identified as a safety concern pertaining to a defense nuclear facility. Generally, a Staff Safety Issue arises when (1) DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards, (2) conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards, or (3) requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues.
12. CONTACT. Address questions concerning this Operating Procedure to the Deputy Technical Director.



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Steven A. Stokes, Technical Director



## **Attachment (1)–Outline for Staff Proposal to Work on a Draft Recommendation**

### **Staff Proposal to Work on a Draft Recommendation**

The following items should be completed based on the Technical Staff's best available knowledge. The information should be factually and technically accurate.

1. Describe the Staff Safety Issue and why the Draft Recommendation is needed (e.g., what DOE needs to do to provide adequate protection of the public and the worker, when is it needed, and what compensatory measures are needed until it is resolved).
2. Describe how DOE characterizes the issue(s). If DOE agrees with issue, describe what it is doing to resolve the issue(s), and why the action or lack of action substantiates the need for a Draft Recommendation. If DOE disagrees, describe its basis for disagreeing.
3. Describe the intended outcome of the proposed Draft Recommendation.
4. Identify existing IACTS entries (e.g., identify Case), Staff Issue Reports, Technical Reports, Information Papers, Group Weekly Reports, and/or Site Representative Weekly Reports / Site Monthly Reports that support the need for the proposed Draft Recommendation.
5. Assuming sufficient data exists to specifically assess risk, describe how the staff intends to develop a risk assessment for the Draft Recommendation.<sup>1</sup> For instance, the description should state whether the risk assessment would be qualitative or quantitative, the information that would be needed as inputs, and potentially how the risk assessment would inform the Board.
6. Identify additional staff work that is needed to support developing the proposed Draft Recommendation (e.g., site review(s), analysis, research). Outline the tasks, resources, and schedule, and estimate the level of effort.
7. Initial to agree to present to the Board.

	Initial	Date
Lead Reviewer		
Cognizant Group Lead		
Technical Director		

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<sup>1</sup> Policy Statement-5 (PS-5), *Policy Statement on Assessing Risk*, establishes the approach the Board will take to assess risk when making Recommendations to the Secretary of Energy.



# OPERATING PROCEDURE

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**Subject: INTERNAL REVIEW AND CONCURRENCE FOR TECHNICAL STAFF  
DOCUMENTS**

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<b>Number: OP-542.1-8</b>	<b>Approved: 07/16/2014</b>	<b>Review: 07/15/2017</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. The Technical Staff of the Defense Nuclear Facilities Safety Board (Board) communicates with the Board using documents produced under I-542.1, *Technical Staff Development of Externally Released Documents*, and I-546.1, *Technical Staff Internal Communications*. A fundamental objective of I-542.1 and I-546.1 and their supporting Operating Procedures (OPs) is to produce documents that are factually and technically accurate, of high quality, timely, and effective. As a result, it is necessary to define a clear and efficient process for obtaining the concurrence or documenting the non-concurrence of all relevant contributors to a document. This OP provides the process for achieving concurrence or documenting non-concurrence and routing of documents developed by the Technical Staff.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This OP applies to all Technical Staff employees.
  - B. In the event of a conflict between any provision contained in this OP and a higher order, policy or law, the provision in the higher order, policy or law shall supersede and control.
  - C. Policy or requirements stated by this OP apply only to the Office of the Technical Director (OTD). If any provision contained in this OP is found to affect an office outside of the OTD the provision shall be disregarded by that office. This circumstance does not alter or void the applicability of the OP to the OTD.
4. EXEMPTIONS. None.
5. REQUIREMENTS. This OP fulfills requirements established in I-542.1 related to internal review of documents produced by the Technical Staff.
6. PROCEDURES. In general, procedure steps in Sections 6.A and 6.B of this OP are to be performed in the order in which they are listed. Section 6.C should only be executed in the event of a non-concurrence. Section 6.D provides guidance for special circumstances. For those cases in which a Site Representative is the Author, the Deputy

Technical Director will fulfill the function of Cognizant Group Lead throughout the execution of this OP.

A. Technical Staff Review and Concurrence.

- i. Author. Identify the individuals to be listed on the Technical Staff Concurrence/Record Note Page for the document in the Folder and confirm the list with the Cognizant Group Lead. There are several types of individuals who will be asked to concur:
  - (1) Contributors. In this section of the Technical Staff Concurrence/Record Note Page, list the Author and those individuals who directly participated in the review activity or the development of the document. For site specific documents, one or more Site Representatives should be listed as a Contributor.
  - (2) Limited Contributors. Subject matter experts (SMEs) or other Technical Staff members may be tasked to provide limited or specialized document content or assess specific elements of a document, even though they were not directly involved in the review activity or the development of the document. Limited Contributors shall only verify the facts or conclusions within their area of participation or expertise. Limited Contributors shall identify the scope of their concurrence by adding a parenthetical notation—e.g., “(limited-fire protection)” —after their name on the Technical Staff Concurrence/Record Note Page.
  - (3) Site Cognizant Engineer and/or Design and Construction Project Cognizant Engineer (Project Cognizant Engineer). For site or project specific documents, list the appropriate Site Cognizant Engineer or Project Cognizant Engineer as Contributors in the appropriate section of the Technical Staff Concurrence/Record Note Page.
  - (4) Cognizant Group Lead. List the Cognizant Group Lead. In some cases the review activity or document may fall under the purview of more than one Group Lead. In such cases, list all of the Cognizant Group Leads unless specifically directed by a Cognizant Group Lead to remove his name from the list.
  - (5) Outside Expert. In some cases it may be desirable to include an Outside Expert on concurrence for a document. If so, list the Outside Expert as a Contributor in the appropriate section of the Technical Staff Concurrence/Record Note Page. If the Outside Expert is concurring as a Limited Contributor, identify the scope of their concurrence by adding a parenthetical notation—e.g.,

“(limited-fire protection)”—after their name on the Technical Staff Concurrence/Record Note Page.

- ii. Cognizant Group Administrative Assistant. Work with the Author to complete the administrative entries on the Technical Staff Concurrence/Record Note Page and the Records Concurrence Form of the Folder.
- iii. Author. Distribute an electronic version of the document from the Folder to all the members of the Board’s staff and Outside Experts listed for concurrence.
- iv. Contributors. Take concurrence action as a high priority task—generally it should be completed within two working days. Seek the Author and annotate the Folder according to one of the following three options:
  - (1) Concur. This should be the norm for most documents with an appropriate concurrence chain. The meaning of a given Contributor’s concurrence signifies overall agreement with the document’s conclusions including: (a) that the facts presented in the document are accurate and complete to the best of their knowledge and (b) the conclusions have sound technical bases and are supported by the facts.
  - (2) Concur with Suggestions for improvement. A Contributor may concur and provide Suggestions (defined in Section 11 of this OP) to improve the document. The Author should consider these Suggestions and make every effort to incorporate them. However, the Author is not obligated to incorporate every Suggestion and does not need to resubmit the document for additional review. The Author should discuss those Suggestions not being incorporated with the Contributor.
  - (3) Non-concur. If a Technical Staff member or Outside Expert cannot concur on a document, they should work with the Author and provide specific, actionable written comments that, if incorporated, would lead to concurrence. If the Author cannot resolve the comments, the non-concurring individual shall then enter the Non-Concurrence Process per Section 6.C of this OP.
- v. Author. Incorporate changes to resolve non-concurrence comments and Suggestions, as appropriate. Work with the Cognizant Group Administrative Assistant to update the Folder and the configuration-controlled file.
- vi. Author. Send the Folder to the Technical Editor.

- vii. Technical Editor. Review the Folder and provide any suggested changes and comments related to the format, grammar, syntax, or style of the writing to the Author.
- viii. Author. Work with the Technical Editor to understand, consider, and incorporate suggestions and comments to the extent they do not alter the technical content or meaning of the document.
- ix. Author. Work with the Cognizant Group Administrative Assistant to update the Folder and the configuration-controlled file.
- x. Author. Send the revised Folder to the Technical Editor requesting concurrence.
- xi. Technical Editor. Insert the Technical Editor data on the Technical Staff Concurrence/Record Note Page. Concur in the Folder on the Records Concurrence Form indicating that a technical edit was performed and the comments were discussed with the Author. Return the Folder to the Author.

**B. Group Lead Review and Concurrence.**

- i. Author. Send the Folder to the Cognizant Group Lead.
- ii. Cognizant Group Lead. Review the Folder. Provide comments related to the proposed Board Safety Issue(s), Staff Safety Issue(s), or Potential Safety Issue(s), type of letter, need for Engineering Calculations, and addressee. Emphasis should be placed on putting the proposed safety issue(s) into context, citing relevant directives, providing logical arguments backed by factually accurate data, and consistency with prior Board actions.
- iii. Author. Work with the Cognizant Group Lead to resolve comments.
- iv. Author. Work with the Cognizant Group Administrative Assistant to update the Folder and the configuration-controlled file.
- v. Author. Send the revised Folder to the Cognizant Group Lead requesting concurrence.
- vi. Cognizant Group Lead. Concur in the Folder on both the Technical Staff Concurrence/Record Note Page and the Records Concurrence Form and return to the Cognizant Group Administrative Assistant.

- (1) Concurrence signifies confidence that the document is factually accurate, technically correct, of high quality, and is consistent with Technical Staff requirements.

- vii. Cognizant Group Administrative Assistant. Send an electronic version of the Folder to the Headquarters Security Officer to initiate reviews for classified information, Unclassified Controlled Nuclear Information, and Vulnerability Information under OP-311.1-1, *Protecting DNFSB Sensitive and Classified Information*. Record the classification review tracking number provided by the Headquarters Security Officer on the Technical Staff Concurrence/Record Note Page.
- viii. Author. Resume processing of the document per the OP under which it was generated.

C. Non-concurrence Process.

- i. Non-concurring Individual. As stated in 6.A.iv.(3), provide the Author with specific actionable written comments that, if incorporated, would lead to concurrence.
- ii. Author and Cognizant Group Lead. Attempt to incorporate the comments provided by the Non-concurring Individual. If the changes necessary to incorporate the comments are untenable, notify the Non-concurring Individual.
- iii. Non-concurring Individual. Complete Sections 1 through 3 of F-542.1-8, *Technical Staff Non-concurrence Record*, using the template available from the Board's intranet. After completing Sections 1 through 3, provide the F-542.1-8 form to the Author.
  - (1) Statement of non-concurrence. Succinctly describe the aspect(s) of the document that you do not agree with. If feasible, reproduce the precise statements under contention.
  - (2) Basis for non-concurrence. Succinctly describe the basis for your non-concurrence, including any relevant facts and the associated references.
  - (3) Suggested alternative. State what is required to achieve your concurrence. In many cases, this will be suggested alternative statement(s) that could be included in the document.
- iv. Author. Complete Section 4 of form F-542.1-8 and provide it to Cognizant Group Lead.

- (4) Author's disposition. Briefly state why you did not incorporate the suggested alternative statement(s) into the document.
  - v. Cognizant Group Lead. Review the Technical Staff Non-concurrence Record to validate that the facts are accurately presented. Approve or disapprove the Author's disposition, then sign and date F-542.1-8 form. If the Author's disposition is disapproved, provide comments to that effect to the Author as part of step 6.B.ii of this OP.
  - vi. Cognizant Group Administrative Assistant. Insert completed F-542.1-8 forms into the Folder and associated configuration-controlled file.
  - vii. Author. Continue processing the Folder per Section 6.A of this OP.
- D. Special Circumstances. A number of special circumstances may occur that warrant changes to the concurrence process. Guidance is provided below.
- iv. Withholding Submittal of Documents. Group Leads, the Deputy Technical Director, and Technical Director have the discretion and responsibility to withhold submittal of documents that they do not believe are factually accurate, technically correct, of high quality, or consistent with Technical Staff requirements. If the Author believes he or she has exhausted attempts to achieve concurrence from their Group Lead, the Deputy Technical Director, or Technical Director, as appropriate, regarding technical information contained in a document and believes the report should be submitted, the Author may pursue a Differing Professional Opinion per OP-561.1-1, *Differing Professional Opinions*.
  - v. Removal from concurrence. A Contributor may request to be removed from the concurrence process. This may be due to reasons related to an inability to support the timeliness goals of the effort, inability to participate in all the activities necessary to develop sufficient technical bases to review and concur, extended absence, or other reasons. Individuals should not request to be removed from concurrence due to disagreements with the facts or conclusions contained in the document. In such cases, executing Section 6.C of this OP is the expected action.
  - vi. Withdrawal of concurrence. An individual may, based on new information or changes in the document made after concurrence, withdraw their concurrence by following the steps in Section 6.C of this OP.

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each procedure step in Section 6 of this OP.

- i. For those cases in which a Site Representative is the Author, the Deputy Technical Director will fulfill the function of Cognizant Group Lead throughout the execution of this OP.
  - B. The Author is responsible for overall coordination of actions contained in this OP.
8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor this program.
- A. The Cognizant Group Lead shall review all Technical Staff Non-concurrence Records (F-542.1-8) submitted by subordinates and indicate that they meet the requirements of this OP by signing the Record.
  - B. The Author shall verify that all applicable steps of this OP have been completed before releasing the Folder for submission to the Board per the OP under which it was generated.
9. RECORDS. The Office of the General Manager will ensure that records associated with Technical Staff documents are archived appropriately. Non-concurrences that are developed per this OP and documented on completed F-542.1-8 forms are retained with their associated Technical Staff Concurrence/Record Note Page. Specific guidance on the treatment of Technical Staff Concurrence/Record Note Pages and any attached F542.1-8 forms is contained in the individual document development OPs.
10. REFERENCES.
- A. OP-311.1-1, *Protecting DNFSB Sensitive and Classified Information.*
  - B. F-542.1-8, *Technical Staff Non-concurrence Record.*
  - C. I-542.1, *Technical Staff Development of Externally Released Documents.*
  - D. I-546.1, *Technical Staff Internal Communications.*
  - E. OP-561.1-1, *Differing Professional Opinions.*
  - F. I-562.1, *Technical Staff Records Management and Information Retention.*
11. DEFINITIONS.
- A. Author. The member of the Technical Staff assigned responsibility to draft a Technical Staff document or correspondence (e.g., Recommendation, Technical Report, Board Letter, Information Paper, Weekly Report, Issue Report, Annual Report, Periodic Report, Directives Letter, Design and Construction Project Letter). The Author is responsible for originating and controlling changes to a document, and coordinating the concurrence process.

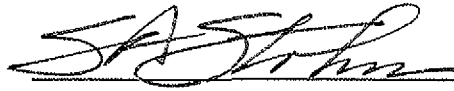


- B. Cognizant Group Administrative Assistant. Normally, the Group Administrative Assistant assigned to the Group to which a document Author belongs. In order to balance workloads, however, Group Leads have discretion to change the assigned Group Administrative Assistant for a particular document.
- C. Cognizant Group Lead. The specific Group Lead responsible for the Technical Staff mission function that covers the activity that is being reviewed. Mission function alignment for Group Leads is defined in the Board's Annual Performance Plan and detailed in supporting Oversight Plans.
- D. Comment. In the context of the concurrence process, a comment is the formal communication of a specific and actionable observation relating to a deficiency in a document that must be corrected before concurrence is achieved.
- E. Concur (or concurrence). The act of formally indicating agreement with the relevant facts and conclusions within one's scope of involvement in a document. Concurrence indicates that the concurring individual agrees that the facts are correct and that they support the conclusion(s) drawn. Concurrence can be limited to portions of a document, or to specific objectives. The concurrence of individuals with limited involvement reflects their agreement with only those aspects of the product with which they were directly involved.
- F. Design and Construction Project Cognizant Engineer (Project Cognizant Engineer). A member of the Technical Staff who is assigned the responsibility for coordinating oversight efforts for a specific DOE defense nuclear facility design and construction project.
- G. Folder. The hardcopy package used to convey draft documents, background information, and the Technical Staff Concurrence/Record Note Page during the internal review and concurrence process. The folder assemblage depends on the type of correspondence and is described below for each case:
  - i. External Correspondence (Green Folder). The hardcopy package containing a draft external document on which Board action is needed. It includes:
    - (1) On the left side of the folder, from bottom to top, the signed original Technical Staff Concurrence/Record Note Page, followed by a copy of the Records Concurrence Form.
    - (2) On the right side of the folder, from bottom to top, background material associated with the draft document, a divider labeled "Background," the documents to be enclosed with the letter (Issue Report, Recommendation, Technical Report, Annual Report, etc.)

if any, the draft Board letter printed on white paper, and an executive cover sheet.

- (3) An orange folder for the Board's Executive Secretary and for each Board member, with comments or feedback provided by the Board member, as well as a document tracking the changes executed to resolve the Board's comments.
- ii. Internal Correspondence (blue or other color). The hardcopy package for a draft Information Paper. It includes the following:
  - (1) On the left side, a copy of the Technical Staff Concurrence/Record Note Page and any emailed concurrence responses (e.g., from the Site Representatives).
  - (2) On the right side, the latest version of the draft Information Paper followed by comments provided by the Information Paper Contributors.
- H. Information Paper. Internal documentation developed by the Technical Staff to present a Staff Safety Issue, Potential Safety Issue, results of a technical review, recent activities related to open Board Safety Issue, evaluations of DOE actions, or correspondence associated with an open Board Safety Issue. This type of report can also document information of general interest to the Board or the Technical Staff. See I-546.1, *Technical Staff Internal Communications*.
- I. Issue Report. Documentation developed by the Technical Staff to present a Staff Safety Issue. If the Board chooses to present the Staff Safety Issue to DOE in either a Recommendation or a Board Letter, the issue is reclassified as a Board Safety Issue. Many Board letters to DOE will have an Issue Report enclosed to provide background information regarding the identified Board Safety Issue. See I-542.1, *Technical Staff Development of Externally Released Documents*.
- J. Non-concur (or non-concurrence). The act of formally indicating disagreement with a document that is in the concurrence process. A non-concurrence typically involves issues related to the exclusion of relevant facts or disagreements on interpretations or conclusions.
- K. Office of the Technical Director Executive Assistant. The Executive Assistant to the Technical Director or the Executive Assistant to the Deputy Technical Director.
- L. Site Cognizant Engineer. A member of the Technical Staff who is assigned the responsibility for coordinating oversight efforts for a specific defense nuclear site.

- M. Suggestion. A suggestion is an observation that, if adopted, would potentially improve or change the document. The incorporation of suggestions is optional and is not an expectation with respect to concurrence. The document author should consider suggestions but is not required to formally respond or to document if or how suggestions are dispositioned.
12. CONTACT. Address questions concerning this OP to the Deputy Technical Director.

A handwritten signature in black ink, appearing to read 'SA Stokes', is positioned above a horizontal line.

Steven A. Stokes, Technical Director

### **Exemption 5**



# OPERATING PROCEDURE

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**Subject: DEVELOPING INFORMATION PAPERS**

<b>Number: OP-546.1-1</b>	<b>Approved: 4/2/2014</b>	<b>Review: 4/1/2017</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. Information Papers create a record of Technical Staff oversight activities and communicate Potential Safety Issues, Staff Safety Issues, and other information related to the mission of the Defense Nuclear Facilities Safety Board (DNFSB or Board) to members of the Technical Staff and to the Board members. This Operating Procedure (OP) defines the processes that members of the Technical Staff use to identify the need for an Information Paper, develop an Information Paper, obtain approval for an Information Paper, and distribute an Information Paper.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This OP applies to all Technical Staff employees.
  - B. In the event of a conflict between any provision contained in this OP and a higher order, policy or law, the provision in the higher order, policy or law shall supersede and control.
  - C. Policy or requirements stated by this OP apply only to the Office of the Technical Director (OTD). If any provision contained in this OP is found to affect an office outside of the OTD the provision shall be disregarded by that office. This circumstance does not alter or void the applicability of the OP to the OTD.
4. EXEMPTIONS. The Author shall send an email to the Cognizant Group Lead to request an exemption or to report a deviation from OP requirements. The email shall reference the affected requirement(s) and describe the scope of the exemption or deviation.
  - A. In the case of an exemption request, the Cognizant Group Lead shall approve or disapprove the request in a response to the original email.
  - B. In the case of a deviation report, the Cognizant Group Lead shall respond to the email and identify necessary compensatory action.

April 2, 2014

- C. The Cognizant Group Lead shall retain responses to exemption requests and deviation reports by using the procedure provided in OP-562.1-1, *Storing and Maintaining Technical Staff Documents and Information*.

5. REQUIREMENTS.

- A. This OP fulfills requirements established in I-546.1, *Technical Staff Internal Communications*.
- B. The Deputy Technical Director shall perform actions and is responsible for requirements assigned to the Cognizant Group Lead when the action or requirement applies to oversight work performed by Site Representatives.
- C. The Cognizant Group Lead shall:
  - i. Deliver final Information Papers to the Office of the Technical Director Executive Assistant for distribution within 30 calendar days unless a timeliness exemption has been approved per section 4 of this OP. If the end of the 30 day period falls on a weekend, holiday, or other non-work day, the period ends at the close of the next regular business day.
    - (1) For Information Papers identified in 6.A.i of this OP that include either an onsite or offsite interaction with DOE or a DOE contractor, the 30-day period starts on the first full business day after:
      - (a) The Lead Reviewer returns from travel in cases where the Review closeout meeting is conducted at a Department of Energy (DOE) or DOE contractor site;
      - (b) Completing a Video Teleconference (VTC) or teleconference interaction with DOE or a DOE contractor where the intent of the closeout meeting is completed as part of the VTC or teleconference interaction; or
      - (c) Completing a Review closeout meeting that is held separately from an onsite, VTC, or teleconference interaction with DOE or a DOE contractor.
    - (2) For Information Papers identified in 6.A.i of this OP that do not include an interaction with DOE or a DOE contractor, the 30-day period starts on the first full business day after the Review Team concludes the evaluation phase of the Review per OP-530.1-1, *Planning and Executing Technical Staff Reviews*. The Lead

Reviewer shall establish the evaluation closure date in consultation with the Cognizant Group Lead.

- (3) For Information Papers identified in 6.A.ii of this OP, the 30-day period starts on the first full business day after the Group Lead assigns an Author to develop an Information Paper.
  - (4) There may be special cases that do not fit the above criteria. In those cases, the assigned Author shall submit an exemption request to the Cognizant Group Lead and the Cognizant Group Lead shall provide a due date for distribution of the final Information Report in the response to the exemption request.
- ii. Ensure Safety Issues and all related Technical Staff, DOE, or DOE contractor commitments that are identified in Information Papers are entered into the Issue and Commitment Tracking System (IACS) per I-550.1, *Issue Tracking and Closure*.

6. PROCEDURES.

- A. Determining the Need for an Information Paper. The Technical Staff uses two types of reports to document and transmit information internally. The first is a Group Weekly Report, developed per OP-546.1-2, *Developing Group Weekly Reports*. The second is an Information Paper, developed per this OP. Depending on the specific situation, either or both reporting methods may be used to report a condition, event, or other information. In practice, Group Weekly Reports are used to provide a timely initial report of all Technical Staff work activities, and to provide a final report for less complex cases. As a rule of thumb, a Group Weekly Report may be used as a final report if the condition, event, or other information can be adequately reported in less than two report pages and the topic is simple and non-controversial, eliminating the need for formal consensus review. Information Papers are used to provide both interim and final reports for all other applicable cases, especially when a formal consensus review is necessary. The Lead Reviewer or the Cognizant Group Lead determine the need for an Information Paper as discussed below.
- i. Lead Reviewer. Develop an Information Paper when required by OP-530.1-1.
  - ii. Cognizant Group Lead. Assign a member of the Technical Staff to author an Information Paper in any situation where it is appropriate to create a record of Technical Staff oversight activities or communicate the existence of Safety Issues and other information to members of the Technical Staff and to the Board members unless the situation has been adequately addressed in a Group Weekly Report as discussed in section 6.A

of this OP. As a minimum, consider developing an Information Papers when:

- (1) The Technical Staff accomplishes oversight work that is independent from Reviews conducted per OP-530.1-1, and the work generates information that may be of interest to the Board or other members of the staff; identifies new Potential Safety Issues or Staff Safety Issues; or identifies new information regarding previously identified Potential Safety Issues, Staff Safety Issues, or Board Safety Issues.
- (2) Members of the Technical Staff attend DOE meetings, training sessions or conferences, or perform observations of DOE sites or activities that are not included in a Review per OP-530.1-1.
- (3) Members of the Technical Staff attend non-DOE-sponsored meetings or events such as training courses, professional conferences, or standards committee meetings.
- (4) The full Board or a portion of the Board completes an oversight visit to a DOE site. However, a familiarization trip to a defense nuclear facility by a Board Member does not require the development of an Information Paper.
- (5) A member of the Technical Staff identifies the need for an Information Paper and the Cognizant Group Lead concurs with the development.
- (6) The Technical Director or a Board Member determine that the development of a Information Paper is necessary.

B. Developing an Information Paper.

- i. Author. Collect input from members of the Technical staff and outside experts who participated in the activity. Previously published Site Representative Weekly Reports, Group Weekly Reports, or Information Papers may serve as sources of input.
- ii. Author. Develop the Information Paper per the following guidance.
  - (1) Apply *Ten Principles for Writing High-Quality Reports* while developing the Information Paper.



- (2) Use the Information Paper template that is found in the “Templates” section of the “Documents” tab of the DNFSB Intranet site.
- (3) Ensure that individuals who are expected to concur on the Information Paper are actively involved in developing the Information Paper. Attempt to maintain a general consensus regarding the content of the Information Paper as it is developed.
- (4) Based on the topic or type of material used for developing the Information Paper, determine if the paper will or might contain classified or sensitive information. If necessary, follow the requirements contained in AD 301-1, *DNFSB Procedures for Handling Classified Information*, for creating classified or sensitive information. Consult with the Headquarters Security Officer (HSO) if there are any questions regarding the appropriate handling of the Information Paper.
- (5) Develop the body of the Information Paper. The Information Paper shall be clear and concise and, in most cases, the body of the Information Paper should not exceed five pages. Use attachments for information and analysis that supports the discussion, but is not critical to understanding the topic or issue. The Information Paper body generally includes the sections and content described below:
  - (a) Introduction section. Describe the scope of the paper. If applicable, identify the dates, schedule, and objectives of the Review and briefly describe new Potential Safety Issues or Staff Safety Issues, and the proposed path forward to evaluate or communicate these issues.
  - (b) Background section. Provide noteworthy historical information relevant to the topic or issue and, if applicable, a summary of relevant observations and Safety Issues identified in previously issued Board Recommendations, Board Letters, and Technical Staff reports (e.g., Site Representative Weekly Reports, Group Weekly Reports, Information Papers, and Issue Reports).
  - (c) Discussion section. Include the following, as applicable:
    - i. A summary of documents reviewed and operations, activities, conferences, and meetings observed;

- ii. A summary of the relevant requirements and guidance in DOE Directives, industry standards, and, if appropriate, discrepancies between observations made by the Technical Staff and the relevant requirements and guidance; and
  - iii. A full description of newly identified Safety Issues, including the technical basis for the Safety Issues and any technical analysis that supports the case for establishing the Safety Issues; the significance of the identified Safety Issues based on potential consequences and risks to the workers and public; and if applicable, actions taken or planned by DOE to address the Safety Issues.
- (d) Conclusion section. Describe the Technical Staff's conclusions and any near-term and long-term plans to monitor or further evaluate the identified Safety Issues.
- (6) Using the template, develop the "tear-off sheet," which includes the following:
  - (a) The Author and subject of the Information Paper.
  - (b) The date of proposed follow-up action resulting from the Information Paper (or "None," if appropriate).
  - (c) An executive summary (generally one to three paragraphs and no longer than the space provided by the template), which includes, as applicable, the scope of the paper, a description of significant observations, new Safety Issues, and an assessment of the significance of the new Safety Issues (e.g., potential consequences and risks to the workers and the public).
  - (d) If applicable, a brief statement of DOE's plans to address any new Safety Issues and the Technical Staff's proposed path forward for additional evaluation.
- iii. Author. If the Information Paper uses an engineering calculation:
  - (1) Document and review the calculation per OP-530.1-5, *Documenting and Reviewing Engineering Calculations*, unless the Cognizant Group Lead determines this action is not necessary.

- (2) Record the calculation number in the “Record Note” section of the Technical Staff Concurrence/Record Note Page.

C. Technical Staff Review and Concurrence.

- i. Author. Ensure the draft Information Paper is marked “DRAFT – NOT REVIEWED FOR PUBLIC RELEASE” in the document header.
- ii. Author. Work with the Cognizant Group Administrative Assistant to prepare and maintain an internal routing folder.
  - (1) The internal routing folder includes a copy of the Technical Staff Concurrence/Record Note Page on the left hand side, and the latest version of the draft Information Paper on the right hand side. During concurrence routing, a copy of any concurrences that are received by email are placed beneath the Technical Staff Concurrence/Record Note Page on the left, and any comments received from contributors are placed beneath the draft Information Paper on the right.
  - (2) Create an electronic file by combining the draft Information Paper and Technical Staff Concurrence/Record Note Page into one file. Save the electronic version of the Information Paper in the Information Paper file of the Office of the Technical Director transfer directory (H:\Home\TransferOTD) using the procedures described in OP-562.1-1.
  - (3) The draft Information Paper is now considered to be under configuration control. All changes that are made to the draft Information Paper during the concurrence process shall use the current version of the draft Information Paper that is stored in the transfer file as the starting point for the revision.
  - (4) Store a new “ready for issue” version of the Information Paper in the transfer file any time the Information Paper is revised during the concurrence process. If more than one version of the draft Information Paper is retained in the transfer file, ensure that the files are clearly labeled so that there is no confusion regarding which file is the version that is currently being reviewed for concurrence.
- iii. Author. Use OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*, to perform an internal review and obtain approval of the draft Information Paper.

D. Distribution of the Information Paper.

- i. Author. Ensure that any Non-concurrence Records that were developed during the Technical Staff review process have been appended to the Information Paper per OP-542.1-8.
- ii. Cognizant Group Lead. In consultation with the Technical Director, determine whether to brief the Board on any Safety Issues identified in the Information Paper. If a brief to the Board is warranted:
  - (1) Update the table of proposed follow-up actions resulting from the Information Paper on the “tear-off sheet.”
  - (2) Execute the Board briefing per OP-546.1-3, *Communicating with the Board*.
- iii. Cognizant Group Administrative Assistant. Insert the date of Cognizant Group Lead concurrence on the first page and the “tear-off sheet” of the Information Paper, and send the Information Paper to the Office of the Technical Director Executive Assistant.
- iv. Office of the Technical Director Executive Assistant. Distribute the Information Paper to the Board and the Board’s staff, including posting the Information Paper to SharePoint per OP-562.1-1.
- v. Cognizant Group Lead. Ensure that new Potential Safety Issues, new Staff Safety Issues, new Board Safety Issues, and new commitments pertaining to their resolution made by the Technical Staff, DOE, or DOE contractors are properly entered into IACTS per I-550.1.
- vi. Author. If notified by the HSO that the classification review has determined that the Information Paper is classified or sensitive:
  - (1) Ensure that the Information Paper is appropriately marked and controlled per AD 301-1.
  - (2) Consult with the HSO to identify required follow-up actions to secure the information.

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each procedure step in section 6 of this OP.
- i. The Technical Director assesses the effectiveness of this OP per section 8.D of this OP annually.

- ii. The Deputy Technical Director shall perform all actions and is responsible for all requirements assigned to the Cognizant Group Lead within this OP when the action or requirement applies to oversight work performed by Site Representatives.
- iii. The Cognizant Group Lead shall:
  - (1) Unless modified by an exemption per section 4 of this OP, ensure Information Papers are issued within 30 calendar days as described in section 5.C of this OP.
  - (2) Ensure Safety Issues and all related Technical Staff, DOE, or DOE contractor commitments that are identified in Information Papers are entered into IACTS per I-550.1.
  - (3) Review the results of this OP bi-monthly per section 8.C of this OP.
- iv. The Author is responsible for coordinating the accomplishment of all steps in this procedure.
- v. The Office of the Technical Director Executive Assistant distributes the final Information Paper to the Board and the Technical Staff, and then archives final Information Paper per OP-562.1-1.

**8. CONTROLS AND MEASURES.**

- A. The Cognizant Group Lead assigns Authors to develop Information Papers for cases that are not covered by OP-530.1-1.
- B. The Cognizant Group Lead ensures Information Papers are issued within 30 calendar days as defined in section 5.C of this OP.
- C. Each Group Lead shall review the results of this OP bi-monthly. The review shall determine the average Information Paper development time for the Group. Additionally, the Group Lead shall determine the cause for delay in cases where Information Paper development time exceeds 30 days as defined in section 5.C. of this OP. The identified causes shall be compared to the results from previous reviews to identify and address common causes within the Group. The results of this assessment shall be reported per OP-22.1-1, *Internal Control Program Operating Procedures*.
- D. The Technical Director shall review the results of the Group Lead assessments discussed in section 8.C, as well as additional information annually to determine

if the process established in this OP is effective. The implementation of this OP is considered effective if:

- i. Information Paper are being submitted in the cases defined by section 6.A;
- ii. The mean development time for Information Papers does not exceed 30 days as defined in section 5.C. of this OP;
- iii. The development time for no more than 15% of the reports exceeds the 30 days defined in section 5.C. of this OP, and all of the identified cases are covered by an approved or unapproved exemption or an adjudicated deviation notice; and
- iv. Submitted Information Papers are not generating negative comments from any Board member regarding the clarity of information or validity of analysis contained in the paper.

The results of this assessment shall be reported per OP-22.1-1.

- E. The Cognizant Group Lead ensures Safety Issues and related commitments that are identified in Information Papers are entered into IACTS.
9. RECORDS. Information Papers and associated Technical Staff Concurrence/Record Note Page are archived as records per OP-562.1-1.
10. REFERENCES.
- A. OP-22.1-1, *Internal Control Program Operating Procedures*.
  - B. AD 301-1, *DNFSB Procedures for Handling Classified Information*.
  - C. OP-530.1-1, *Planning and Executing Technical Staff Reviews*.
  - D. OP-530.1-5, *Documenting and Reviewing Engineering Calculations*.
  - E. OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*.
  - F. I-546.1, *Technical Staff Internal Communications*.
  - G. OP-546.1-2, *Developing Group Weekly Reports*.
  - H. OP-546.1-3, *Communicating with the Board*.
  - I. I-550.1, *Issue Tracking and Closure*.

J. OP-562.1-1, *Storing and Maintaining Technical Staff Documents and Information*.

K. *Ten Principles for Writing High-Quality Reports, 2006*.

11. DEFINITIONS.

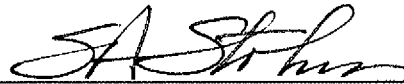
- A. Board Safety Issue. A safety deficiency that is identified while conducting oversight activities and that the Board has communicated to DOE. A Board Safety Issue will normally be presented to DOE in externally released correspondence and/or communicated to DOE in public hearings conducted by the Board. Generally, a Board Safety Issue arises when one or more of the following circumstances are identified:
- i. DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE Directives, or national consensus standards.
  - ii. Conditions at defense nuclear facilities or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE Directives, or national consensus standards.
  - iii. Requirements in applicable regulations, DOE Directives, or national consensus standards are found to be inadequate.
- B. Cognizant Group Administrative Assistant. Normally, the Group Administrative Assistant assigned to the Group to which a document Author belongs. In order to balance workloads, however, Group Leads have discretion to change the assigned Group Administrative Assistant for a particular document.
- C. Cognizant Group Lead. The specific Group Lead responsible for the Technical Staff mission function that covers the activity that is being reviewed. Mission function alignment for Group Leads is defined in the Board's Annual Performance Plan and detailed in supporting Oversight Plans.
- D. Concur (or concurrence). The act of formally indicating agreement with the relevant facts and conclusions within one's scope of involvement in a document. Concurrence indicates that the concurring individual agrees that the facts are correct and that they support the conclusion(s) drawn. Concurrence can be limited to portions of a document, or to specific objectives. The concurrence of individuals with limited involvement reflects their agreement with only those aspects of the product with which they were directly involved.

- E. DOE Directives. DOE Directives include Policies, Notices, Orders, Manuals, Guides, Technical Standards (including Handbooks and/or Specifications), and/or NNSA Supplemental Directives.
- F. Issue and Commitment Tracking System (IACTS). An electronic system that the Technical Staff uses to support the management of Board Safety Issues, Staff Safety Issues, Potential Safety Issues, and related DOE and Internal Staff Commitments.
- G. Lead Reviewer. The individual assigned to coordinate and document the overall planning, preparation, execution, and documentation of the Review.
- H. Non-concur (or non-concurrence). The act of formally indicating disagreement with a document that is in the concurrence process. A non-concurrence typically involves issues related to the exclusion of relevant facts or disagreements on interpretations or conclusions.
- I. Potential Safety Issue. A situation in which observed actions, designs, or conditions may not meet applicable requirements, or a situation in which the requirements themselves may be inadequate. In both cases, further information, review, and evaluation are required to understand the implications of the situation. Upon completion of the review and evaluation, a Potential Safety Issue may be reclassified as a Staff Safety Issue or as not a Safety Issue.
- J. Recommendation. A document created and transmitted by the Board pursuant to 42 U.S.C. § 2286a(b)(5) to the Secretary of Energy. A Recommendation triggers the statutory procedures found at 42 U.S.C. § 2286d.
- K. Review. A planned study of the content and implementation of DOE standards, design and operational data, or facility design, construction, and operation that uses scientific and engineering principles, along with applicable information and criteria defined in regulations, DOE Directives, and national consensus standards. A Review's initial scope and objectives are identified in the associated Oversight Plan and the Review is conducted in accordance with a Review Plan. Reviews are planned per OP-530.1-1, *Planning and Executing Technical Staff Reviews*.
- L. Safety Issue. A generic term that includes Potential Safety Issues, Staff Safety Issues, or Board Safety Issues. This term is used when a topic or discussion applies to all three types of Safety Issues.
- M. Staff Safety Issue. A situation that the Board's Technical Staff has identified as a safety concern pertaining to a defense nuclear facility. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues. Generally, a Staff



Safety Issue arises when one or more of the following circumstances are identified:

- i. DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE Directives, or national consensus standards.
  - ii. Conditions at defense nuclear facilities or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE Directives, or national consensus standards.
  - iii. Requirements in applicable regulations, DOE Directives, or national consensus standards are found to be inadequate.
12. CONTACT. Address questions concerning this OP to the Group Lead for Performance Assurance.



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Steven A. Stokes, Technical Director

### **Exemption 5**



# OPERATING PROCEDURE

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**Subject: DEVELOPING GROUP WEEKLY REPORTS**

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<b>Number: OP-546.1-2</b>	<b>Approved: 01/06/2014</b>	<b>Review: 01/05/2017</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. Group Weekly Reports provide timely information to the Technical Director, Defense Nuclear Facilities Safety Board (Board) members and the Board's staff regarding: (1) the status of Technical Staff reviews; (2) significant safety related events; (3) new Potential Safety Issues or new Staff Safety Issues; (4) new information related to previously identified Potential Safety Issues, Staff Safety Issues, or Board Safety Issues; (5) general information related to meetings, workshops, training courses, and conferences that the Technical Staff has attended; and (6) the status of Differing Professional Opinions developed and issued by the Technical Staff. The Group Weekly Reports provide a summary of the weekly activities of the Technical Staff and a record of other routine activities that do not warrant the development of an Information Paper. The purpose of this Operating Procedure is to define the process for (1) determining the input for Group Weekly Reports, (2) developing the input for the Group Weekly Reports, and (3) finalizing and distributing Group Weekly Reports.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Operating Procedure applies to all Technical Staff employees. When travelling or on leave, the Cognizant Group Lead may designate an Acting Group Lead to be responsible for implementing the requirements and guidance contained within this Operating Procedure.
  - B. In the event of a conflict between any provision contained herein and a provision of a higher order or policy, the provision in the higher order or policy shall supersede and control. Moreover, any policy stated by this Operating Procedure shall remain within the scope of the legal authority for the Operating Procedure. Accordingly, if any provision contained herein is found to affect any office outside of the Office of the Technical Director, such provision shall be deemed null and void and without impact on the Operating Procedure's remaining provisions.

4. EXEMPTIONS. The Deputy Technical Director may authorize an exemption to the requirements of this Operating Procedure. The Deputy Technical Director shall be notified of deviations from the requirements of this Operating Procedure as they are identified. The Cognizant Group Lead shall request an exemption or provide a notification of deviation by sending an email that describes the scope of the exemption or deviation to the Deputy Technical Director. The Deputy Technical Director shall evaluate the request for exemption or notification of deviation and, in the case of an exemption request, approve or disapprove the request in a response to the original email. For a deviation notification, the Deputy Technical Director shall respond to the original email and provide any required compensatory action for the deviation. The Technical Director and all other relevant individuals shall be copied on the responses to exemption requests and deviation notifications. The Deputy Technical Director shall ensure that responses to exemption requests and deviation notifications are retained per I-562.1, *Technical Staff Records Management and Information Retention*, and supplemental Operating Procedure.
5. REQUIREMENTS.
  - A. I-546.1, *Technical Staff Internal Communications*, contains the overarching requirements for this Operating Procedure
  - B. Cognizant Group Lead shall ensure that
    - i. subordinates use this Operating Procedure to develop inputs to Group Weekly Reports;
    - ii. an electronic version of the Group Weekly Report is distributed to the Board and the Board's staff using the All DNFSB Users email group and posted in SharePoint® on or before Thursday of each week; and
    - iii. Safety Issues and all commitments pertaining to their resolution made by the Technical Staff, Department of Energy (DOE), or DOE contractors that are identified in Group Weekly Reports are properly entered into the Issue and Commitment Tracking System (IACS) per I-550.1, *Issue Tracking and Closure*.
    - iv. Weekly Reports are marked "DRAFT – NOT REVIEWED FOR PUBLIC RELEASE" in the document header.
  - C. The Technical Staff shall:
    - i. Apply the guidance from *Ten Principles for Writing High-Quality Reports* while developing inputs for Group Weekly Reports.

- ii. Avoid intentional inclusion of classified or sensitive information in Group Weekly Report inputs.

6. PROCEDURES.

A. Determining Inputs for Group Weekly Reports. Generally, Group Weekly Reports provide a summary of the weekly activity of the Technical Staff and a record of other routine activities that do not warrant the development of an Issue Report per OP-542.1-5, *Developing Board Letters*, or Information Paper per OP-546.1-1, *Developing Information Papers*. The following sub-sections identify expected inputs to the Group Weekly Report.

- i. Lead Reviewer. Develop Group Weekly Report inputs to communicate timely information regarding the status of Technical Staff reviews per I-530.1, *Execution of Technical Staff Reviews*. The following situations require an input to the Group Weekly Report:
  - (1) An agenda is issued to conduct a Review interaction per OP-530.1-3, *Developing Agendas for Technical Staff Reviews*.
    - (a) Include the scope of Review and any significant observations identified by the Technical Staff during the preparation phase of the Review.
    - (b) Submit input the week after the agenda is sent to DOE.
  - (2) The interaction phase of a Review is completed per OP-530.1-1, *Planning and Executing Technical Staff Reviews*.
    - (a) Summarize significant observations identified during the event.
    - (b) Submit input the week immediately following the interaction.
  - (3) A follow-up meeting or out-brief meeting completed with DOE management per OP-530.1-1.
    - (a) Summarize the results of the meeting, report key DOE and DOE contractor attendees, and state whether the senior DOE Site Manager attended the meeting.
    - (b) Submit input the week immediately following the meeting.

- ii. Directive Lead Reviewer. Subsequent to completing either an initial or final review of a DOE Directive consistent with OP-532.1-1, *Performing Reviews of New or Revised DOE Directives*, develop a Group Weekly Report input.
- iii. Other Technical Staff Members. While performing routine oversight functions per I-520.1, *Technical Staff Organization and Assignment*, or participating in training or other external events, develop Group Weekly Report inputs to communicate timely information to the Board and to the Board's Staff. Substantial new information (e.g., information that requires more than a few paragraphs to be adequately explained) should be briefly summarized in a Group Weekly Report and a follow-up Issue Report developed per OP-542.1-5, or Information Paper developed per OP-546.1-1, to communicate more detailed information. In general, Group Weekly Report inputs are developed in the following situations:
  - (1) The Technical Staff identifies new Potential Safety Issues or new Staff Safety Issues while performing routine oversight functions.
  - (2) The Technical Staff identifies new information related to previously identified Potential Safety Issues, Staff Safety Issues, or Board Safety Issues.
  - (3) The Technical Staff attends a meeting, workshop, training course, or conference.
  - (4) A significant event occurs that has a direct or indirect safety-related impact at DOE's operating defense nuclear facilities or new defense nuclear facilities that are being constructed.
  - (5) A Differing Professional Opinion is developed and issued by a member of the Technical Staff, or there has been a significant change in the status of a previously issued Differing Professional Opinion.
  - (6) Other cases as identified by the Technical Staff member, with concurrence from the Cognizant Group Lead.

B. Developing Inputs for Group Weekly Reports.

- i. Authors. Work with other members of the Technical Staff to develop the input for the Group Weekly Report. In general, be sure to request input and comments from relevant Subject Matter Experts and the appropriate Site Representatives, Site Cognizant Engineers, or Design and Construction Project Cognizant Engineers (Project Cognizant Engineers). In addition:
  - (1) Consult with the Cognizant Group Lead regarding the scope, content, and focus of the proposed input to ensure that the input supports the Cognizant Group Lead's intended communication approach.
  - (2) Consult with the applicable Site Representative(s) to ensure that duplicative information is not in the Group Weekly Report and the Site Representative Report (i.e., if a similar input is being included in a Site Representative Weekly Report, it should not be included in a Group Weekly Report).
  - (3) Apply the guidance from *Ten Principles for Writing High-Quality Reports* while developing input for the Group Weekly Report.
  - (4) Do not intentionally include classified or sensitive information in inputs for Group Weekly Reports.
- ii. Authors. Submit the input to the Cognizant Group Lead and Cognizant Group Administrative Assistant using the method specified by the Cognizant Group Lead.
- iii. Authors. If appropriate, propose new issue or commitment records, or update existing records in IACTS per I-550.1.

C. Finalizing and Distributing Group Weekly Reports.

- i. Cognizant Group Lead. Consolidate the inputs received from the Authors and prepare the Group Weekly Report for distribution.
  - (1) Use the Group Weekly Report Template available from the Board's intranet.
  - (2) Ensure that mandatory inputs identified in section 6.A are included. Determine which other inputs to include in the Group Weekly Report.

- (3) Review the report to improve the grammar, syntax, or writing style and ensure the report is clear, concise, and accurate.
  - (4) If not already present, ensure that the statement, “DRAFT – NOT REVIEWED FOR PUBLIC RELEASE” is placed in the Group Weekly Report Header.
- ii. Cognizant Group Lead. Distribute the Group Weekly Report and post it in SharePoint® on or before Thursday of each week.
  - (1) The Group Weekly report is distributed to the Board and the Board’s staff by email using the group email address All DNFSB Users. This email group includes the Headquarters Security Officer and the Board’s Records Officer. Receipt of the email by the Headquarters Security Officer triggers the required reviews for Classified Information, Unclassified Controlled Nuclear Information (UCNI), and Vulnerability Information per AD 301-1, *DNFSB Procedures for Handling Classified Information*.
  - (2) The Group Weekly Report is posted in SharePoint® by including the email address **Exemption 6** on the distribution email.
- iii. Cognizant Group Lead. Ensure that the Cognizant Group Administrative Assistant maintains the Group Weekly Report SharePoint® record.
  - (1) Once the Group Weekly Report is posted in SharePoint®, update the record to reflect appropriate metadata including the Week Ending Date, Publishing Date, OTD Group, and Strategic Plan Reference.
  - (2) When the information is available, update the record to include the date the report is sent to DOE for classification review, and date that DOE completes the classification review.
- iv. Cognizant Group Lead. Ensure that the Cognizant Group Administrative Assistant forwards to Group Weekly Report to the Board’s Executive Secretary for inclusion in the Board Member Gold Folder.
- v. Cognizant Group Lead. If notified that the classification review has determined that the Group Weekly Report is classified or sensitive
  - (1) ensure that the documents are appropriately marked and controlled per AD-301-1, *DNFSB Procedures for Handling Classified Information*; and



(2) consult with the Headquarters Security Officer to identify required follow-up actions to secure the information.

vi. Cognizant Group Lead. Ensure that Potential Safety Issues or Staff Safety Issues, and all commitments pertaining to their resolution made by the Technical Staff, DOE, or DOE contractors that are identified in the Group Weekly Report are entered into IACTS per I-550.1.

vii. Cognizant Group Lead. In consultation with the Technical Director and Deputy Technical Director, determine whether to brief the Board on the Potential Safety Issues or the Staff Safety Issues identified in the Group Weekly Reports. If warranted, execute the Board briefing per OP-546.1-3, *Communicating with the Board*.

viii. Cognizant Group Lead. Determine whether changes to Oversight Plans or Review Plans are warranted based on information contained in the Group Weekly Report.

(1) Changes to Oversight Plans are completed per OP-521.2-2, *Developing Technical Staff Oversight Plans*.

(2) Changes to Review Plans are completed per OP-530.1-1.

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each procedure step in Section 6 of this Operating Procedure.
- B. The Cognizant Group Lead shall ensure that subordinates use this Operating Procedure to develop inputs to Group Weekly Reports.
- C. The Cognizant Group Lead is responsible for coordinating the accomplishment of all steps in this procedure.

8. CONTROLS AND MEASURES.

- A. The Cognizant Group Lead shall ensure that an electronic version of the Group Weekly Report is distributed to the email group All DNFSB Users by Thursday of each week.
- B. The Headquarters Security Officer ensures that Group Weekly Reports are reviewed to ensure that they are properly classified and controlled.

9. RECORDS. Group Weekly Reports are retained per I-562.1.

10. REFERENCES.

- A. AD 19-1, *Records Management Program*
- B. AD 301-1, *DNFSB Procedures for Handling Classified Information.*
- C. I-520.1, *Technical Staff Organization and Assignments.*
- D. OP-521.2-2, *Developing Technical Staff Oversight Plans.*
- E. I-530.1, *Execution of Technical Staff Reviews.*
- F. OP-530.1-1, *Planning and Executing Technical Staff Reviews.*
- G. OP-530.1-3, *Developing Agendas for Technical Staff Reviews.*
- H. OP-532.1-1, *Performing Reviews of New or Revised DOE Directives.*
- I. OP-542.1-5, *Developing Board Letters.*
- J. I-546.1, *Technical Staff Internal Communications.*
- K. OP-546.1-1, *Developing Information Papers.*
- L. OP-546.1-3, *Communicating with the Board.*
- M. I-550.1, *Issue Tracking and Closure.*
- N. OP-550.1-5, *Identifying, Documenting, and Applying Lessons Learned.*
- O. I-562.1, *Technical Staff Records Management and Information Retention.*
- P. *Ten Principles for Writing High-Quality Reports, 2006.*

11. DEFINITIONS.

- A. Board Safety Issue. A safety deficiency that is identified while conducting oversight activities and that the Board has communicated to DOE. A Board Safety Issue will normally be presented to DOE in externally released correspondence and/or communicated to DOE in public hearings conducted by the Board. Generally, a Board Safety Issue arises when one or more of the following circumstances are identified:

- i. DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards.
  - ii. Conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards.
  - iii. Requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate.
- B. Cognizant Group Administrative Assistant. Normally, the Group Administrative Assistant assigned to the Technical Staff Group to which a document Author belongs. In order to balance workloads, however, Group Leads have discretion to change the assigned Group Administrative Assistant for a particular document.
- C. Cognizant Group Lead. The specific Group Lead responsible for the Technical Staff mission function that covers the activity that is being reviewed. Mission function alignment for Group Leads is defined in the Board's Annual Performance Plan and detailed in supporting Oversight Plans.
- D. Design and Construction Project Cognizant Engineer (Project Cognizant Engineer). A member of the Technical Staff that is assigned the responsibility for coordinating oversight efforts for a specific DOE defense nuclear facility design and construction project.
- E. DOE Directives. DOE Directives include Policies, Notices, Orders, Manuals, Guides, Technical Standards (including Handbooks and/or Specifications), and/or NNSA Supplemental Directives.
- F. Issue and Commitment Tracking System (IACS). An electronic system which the Technical Staff uses to support the management of Board Safety Issues, Staff Safety Issues, and Potential Safety Issues, and related DOE and Internal Staff Commitments.
- G. Lead Reviewer. The individual assigned to coordinate and document the overall planning, preparation, execution, and documentation of the review.
- H. Lessons Learned. A Lesson Learned can either be a particularly good work practice that should be captured and shared to promote repeated application, or a particularly bad work practice that should be captured and shared to prevent recurrence.
- I. Oversight Plan. A plan that defines the approach that the Technical Staff will use to evaluate or monitor a specific DOE or DOE contractor document, activity, or

approach; or a set of DOE or DOE contractor documents, activities, or approaches related to design, construction, or operation of DOE defense nuclear facilities to achieve goals contained in the Board's Annual Performance Plan. The plan indicates objectives, key milestones, tasks, relevant dates, and resources that support accomplishment of the planned oversight activities.

- J. Potential Safety Issue. A situation in which observed actions, designs, or conditions may not meet applicable requirements, or a situation in which the requirements themselves may be inadequate. In both cases, further information, review, and evaluation are required to understand the implications of the situation. Upon completion of the review and evaluation, a Potential Safety Issue may be reclassified as a Staff Safety Issue or as not a Safety Issue.
- K. Review. A focused study of DOE standards, design data, operational data, facility design, and facility construction using information and criteria defined in applicable regulations, DOE directives, and national consensus standards. The Review is conducted in accordance with a Review Plan. Reviews are identified, and the Review's scope and resource requirements are established per I-521.2, *Technical Staff Resource Planning*. Reviews are planned per OP-530.1-1, *Planning and Executing Technical Staff Reviews*.
- L. Review Plan. A description of the objectives, scope, requirements, and specific review activities that support evaluation of DOE standards, design data, operational data, facility design, and facility construction. The Review Plan also identifies applicable regulations, DOE directives, and national consensus standards necessary for the review. The Review Plan further assigns individuals to accomplish Review activities and defines a Review preparation and execution schedule per OP-530.1-1, *Planning and Executing Technical Staff Reviews*.
- M. Site Cognizant Engineer. A member of the Technical Staff that is assigned the responsibility for coordinating oversight efforts for a specific defense nuclear site.
- N. Staff Safety Issue. A situation that the Board's Technical Staff has identified as a safety concern pertaining to a defense nuclear facility. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues. Generally, a Staff Safety Issue arises when one or more of the following circumstances are identified:
  - i. DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards.
  - ii. Conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards.

January 6, 2014

- iii. Requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate.
12. CONTACT. Address questions concerning this Directive to the Deputy Technical Director.

A handwritten signature in black ink, appearing to read "S. A. Stokes", is positioned above a horizontal line.

Steven A. Stokes, Technical Director

### Exemption 5



# OPERATING PROCEDURE

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**Subject: RESOLVING DIFFERING PROFESSIONAL OPINIONS**

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<b>Number: OP-561.1-1</b>	<b>Approved: 03/28/2014</b>	<b>Review: 03/27/2017</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. **PURPOSE.** The Technical Director values open communications and diversity of opinions relating to any technical decisions developed and implemented within the Office of the Technical Director. This Operating Procedure (OP) provides a process to develop and present a Differing Professional Opinion (DPO). A DPO condition exists when a Technical Staff employee identifies a concern that he or she believes is related to implementation of a technical decision within the Office of the Technical Director, and has been unable to achieve a satisfactory outcome through normal Technical Staff processes. Accordingly, this OP ensures that an alternative review channel exists to resolve DPOs regarding technical matters. Any Technical Staff employee may originate a DPO against any Technical Staff document or position. This OP is not used to resolve differing opinions or issues related to management policy or administrative practices.
2. **CANCELLATION.** None.
3. **APPLICABILITY.** This Directive applies to all current Technical Staff employees.
4. **EXEMPTIONS.** None.
5. **REQUIREMENTS.** Other requirements are described in I-561.1, *Technical Staff Administrative Requirements*.
  - A. The Technical Director is responsible for the ensuring that DPO Reviews are adequate and impartial, and shall resolve all questions regarding assignment of individuals to roles in this process, the independence of individuals assigned to Review Panels, the impartiality of the process, or the adequacy of the DPO Review scope and methods. The Technical Director's decision regarding these matters is not subject to appeal.
  - B. Any individual who played a role in the development of the position or decision that is the source of the DPO, or who feels they cannot provide impartial consideration of the DPO for other reasons, shall recuse themselves from participating as a member of the DPO panel, or the management of the DPO resolution process for that DPO.

March 27, 2014

- C. If an individual or individuals assigned to carry out tasks in this OP is an Originator or co-originator, or is a source of the original position, the Technical Director shall assign a different Technical Staff Senior Executive Service manager to carry out the affected role(s). The primary consideration in selecting replacements is process impartiality.
- D. Technical Staff managers shall support free and open discussions of matters concerning implementation of the mission and functions of the Board and protect employees from retaliation in any form for expressing a DPO.
- E. Participants in a DPO process shall support timely execution of the process, recognizing that processing times may vary substantially depending on the nature of the DPO.

6. PROCEDURES.

A. Entry into the DPO process.

- i. Originator. If the concern is believed to represent an imminent and severe threat, ensure that all participants understand the urgency and the need to expedite the process as an immediate priority.
- ii. Originator. If the concern results from a draft document for which the Originator or co-originators are listed as a Contributor, attempt to resolve the concern with the Document Author and Cognizant Group Leader. If unsuccessful, first execute the Non-concurrence Process per step 6.C of OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*. If the non-concurrence process is successful in resolving the disagreement, exit the procedure. Otherwise go on to step 6.A.iii of this OP.
- iii. Originator. Complete sections 1 through 3, and sections 10 through 14 of F-561.1-1, *Differing Professional Opinion Form*. F-561.1-1 can be found in the “*Templates*” section of the “*Documents*” tab which is located on the DNFSB Intranet front page. Provide the following information:
  - (1) Section 1, *Originator(s) and Date submitted*: List the Originator and any co-originators and insert the date that the DPO is submitted to the Performance Assurance (PA) Group Lead for consideration.
  - (2) Section 2, *Statement of concern*: Succinctly state the concern and cite any applicable agency document(s).



- (3) Section 3, *Suggested DPO Review Panel Members*: Provide the names of three reviewers with backgrounds suitable to consider the concern.
    - (a) If the DPO involves a topic where Technical Staff expertise is too limited to support a full DPO Review Panel, the Originator may propose the use of outside experts to support the DPO Review. In this case, indicate the need for outside experts in section 3 of the F-561.1-1 and attach a separate memorandum to the form that provides justification for the use of outside experts. Address the required analysis to evaluate the DPO, and provide the reason why existing staff resources cannot fulfill the requirement.
  - (4) Section 10, *Basis for concern*: Provide the basis for the concern.
  - (5) Section 11, *Supporting information*: List the supporting reference information to be considered by the DPO Review Panel.
  - (6) Section 12, *Safety implications*: Describe the safety implications and potential consequences that could result from inaction on the concern.
  - (7) Section 13, *Suggested action*: Describe the suggested action.
  - (8) Section 14, *Prior actions*: Summarize past attempts to resolve the concern and the associated outcome of those efforts.
- iv. Originator. Print and submit Form F-561.1-1 to the PA Group Lead with a copy to the Technical Director.

B. Processing and Consideration of the DPO.

- i. PA Group Lead. Inform the Technical Director that a DPO is in process.
- ii. PA Group Lead. Acknowledge receipt of the DPO form by email, sign, and date the Form F-561.1-1 on section 4.
- iii. PA Group Lead. Assume duties as DPO Review Panel Leader.
  - (1) The Technical Director may assign another Technical Staff Group Lead to fill the DPO Review Panel Leader position if the PA Group Lead cannot fulfill the function because of work load considerations.

- (2) The primary consideration in selecting a replacement DPO Review Panel Leader is process impartiality.
- iv. DPO Review Panel Leader. If the use of outside experts is suggested, evaluate the justification provided by the Originator.
  - (1) If the use of outside experts is necessary, inform the Technical Director, and then take appropriate action to obtain the necessary support.
  - (2) If there is sufficient expertise on the Technical Staff to support a sufficient review of the DPO, respond to the Originator's justification memo and provide the reasons why outside experts will not be used. Send a copy of the response along with a copy of the Originator's memo to the Technical Director, and retain a copy of the memorandum with the DPO form.
  - (3) If the Originator agrees with a decision to not use outside expert support, proceed to section 6.B.v of this OP. If the Originator disagrees with the decision, arrange and hold a meeting with the Originator and the Technical Director to obtain a final decision regarding the use of outside experts. Document the results of the meeting in a memorandum to the Originator with copy to the Technical Director. This decision is final and is not subject to appeal. Retain a copy of the memorandum with the DPO form.
- v. DPO Panel Leader. Select and notify two individuals to serve as participants on the DPO Review Panel and document their names and the name of the DPO Review Panel Leader on section 5 of Form F-561.1-1. If determined necessary in section 6.B.iv. of this OP, one or both of the positions may be filled by an outside expert. When selecting Technical Staff employees as participants, apply the following criteria:
  - (1) Selected individuals must have adequate technical competence regarding the matter of the concern, as judged by the DPO Review Panel Leader.
  - (2) At least one individual must be suggested by the Originator as noted on Form F-561.1-1.
  - (3) Selected individuals shall not be the Originator, a co-originator, or a source of the original position.

- vi. DPO Review Panel Members. Convene to review the DPO documented on the Form F-561.1-1. Review reference information and hear oral arguments as necessary. The DPO Review Panel should hear the views of the Originator, co-originators, Author, contributors, or other individuals who are the source of the original position, and other individuals as appropriate.
- vii. DPO Review Panel Members. Screen the suggested action to determine if it should be adopted using all of the criteria listed below.
  - (1) The statement of concern relates to implementation of the mission and functions of the Board.
  - (2) The basis for the concern is logical and based on sound technical, engineering, and management principles.
  - (3) The suggested alternative is technically feasible and consistent with the Board's statute.
  - (4) The suggested alternative either addresses deficiencies in the original approach, or provides a better outcome than the original approach.
- viii. DPO Review Panel Members. Indicate agreement or disagreement of the suggested action in section 6 of Form F-561.1-1. If all of the DPO Review Panel Members agree on the decision, succinctly document the basis for the conclusion in a record memorandum. If there is disagreement within the panel, succinctly document both the majority and minority opinion. The majority opinion will govern the outcome of the DPO unless the decision is appealed. Provide the completed Form F-561.1-1 and a copy of the DPO Review Panel record memorandum to the Originator, any co-originators, Technical Director, PA Group Lead, and Cognizant Group Lead.
- ix. DPO Review Panel Leader. Hold a one-on-one meeting with the Technical Director to discuss the method and scope of the Review, summarize significant concerns or issues, and provide the results of the DPO Review.
- x. Technical Director. Based on the discussion with the DPO Review Panel Leader, determine if the scope of the DPO Review was adequately comprehensive, the methods used by the DPO Review Panel were appropriate, and whether the conduct of the DPO Review was impartial. Based on the above, either:

- (1) Proceed with the outcome meeting;
  - (2) Direct the DPO Review Panel Leader to reconvene the DPO Review Panel and provide instructions regarding the additional scope and alternative methods that the DPO Review Panel should use in their deliberations; or
  - (3) Dissolve the DPO Review Panel and repeat the DPO Review process starting with section 6.B.iii of this OP. This approach should only be considered in cases where it is determined that the original DPO Review was not conducted impartially.
- xi. DPO Review Panel Leader. Convene an outcome meeting to discuss the conclusion of the process with the Originator, any co-originators, Technical Director, and Cognizant Group Lead. This meeting should typically be held within five business days of the DPO Review Panel's completion. Document completion of this action by signing and dating section 7 of the Form F-561.1-1.
- C. Appeal Decision and DPO Review Panel Close-out. Depending on the outcome, the DPO Review Panel's decision may be appealed by the Technical Director, the Originator(s) of the DPO, the individual or individuals who are the source of the original position, or a dissenting member of the DPO panel. The requirements contained in sections 5.B and 5.C apply to any individual who decides to participate in an appeal of the DPO Panel decision.
  - i. Appealer. Notify the DPO Review Panel Leader of the intent to appeal the DPO Review Panel decision within three business days after the completion of the DPO Review Panel outcome meeting.
  - ii. DPO Review Panel Leader. Determine if the DPO Review Panel decision will be appealed.
    - (1) If there is an appeal:
      - (a) Check the "Yes" box on section 8 of the Form F-561.1-1.
      - (b) Submit a copy of the Form F-561.1-1 and associated DPO Review Panel record memorandum to the Board's Executive Secretary for insertion into the Board's Gold Folder. This action typically occurs within five business days of the outcome meeting.
      - (c) Go to Section 6.D of this procedure.

- (2) If there is no appeal of the DPO Review Panel's decision:
      - (a) Check the "No" box on section 8 of the Form F-561.1-1.
      - (b) Submit a copy of the completed Form F-561.1-1 and associated DPO Review Panel record memorandum to the Board's Executive Secretary for insertion into the Board's Gold Folder. This action typically occurs within five business days of the outcome meeting.
      - (c) Submit the original Form F-561.1-1 and associated DPO Review Panel record memorandum to the Records Officer for retention.
  - iii. Cognizant Group Lead. If the DPO Review Panel agreed with the suggested action in the DPO, initiate actions required to complete the suggested action consistent with the applicable Technical Staff internal controls.
  - iv. All parties. Exit this procedure.
- D. Appeal Process. The following steps are used to resolve any appeal of a DPO Review Panel decision.
- i. Appeler. Identify any co-appealers and notify the PA Group Lead of all individuals participating in the appeal.
  - ii. PA Group Lead. Make arrangements for the Appeler to brief the Deputy Technical Director.
    - (1) Schedule and hold an Appeal briefing.
    - (2) Invite the Originator, co-originators, co-appealers, the DPO Review Panel Leader, DPO Review Panel, Cognizant Group Lead, and any individuals who were the source of the original position to the briefing.
    - (3) Document the date of the briefing and actual briefing attendees on section 9 of the Form F-561.1-1.
  - iii. Appeler. Brief the Deputy Technical Director on the contents of Form F-561.1-1 and the associated DPO Review Panel record memorandum.
  - iv. Deputy Technical Director: Solicit input/positions from attendees at the Appeal briefing.

- v. Deputy Technical Director: Make a final determination regarding the DPO.
  - (1) Record the decision and the basis for the decision in a record memorandum.
  - (2) Provide a copy of the record memorandum to the Originator, any co-originators, the Technical Director, DPO Review Panel Leader, DPO Review Panel Members, and PA Group Lead.
- vi. Deputy Technical Director: Brief the Technical Director on the outcome of the DPO Appeal.
- vii. Technical Director: Determine if the appeal process was conducted properly. Based on the discussion with the Deputy Technical Director, either:
  - (1) Close the DPO; or
  - (2) Reconvene the Appeal briefing. This option should only be used if there appears to be a problem with the scope or conduct of the Appeal briefing. If the Appeal briefing is reconvened, participate in the Appeal briefing process to ensure that it is complete and impartial.
- E. Appeal Process Close-out.
  - i. Cognizant Group Lead. Initiate actions required to support the final decision consistent with the applicable Technical Staff internal controls.
  - ii. PA Group Lead. Within three business days after the Deputy Technical Director makes a final decision:
    - (1) Submit a copy of the completed Form F-561.1-1 along with a copy of the DPO Review Panel record memorandum and a copy of the Deputy Technical Director's final decision memorandum to the Board's Executive Secretary for insertion into the Board's Gold Folder.
    - (2) Forward the original Form F-561.1-1 along with DPO Review Panel record memorandum and the Deputy Technical Director's final decision memorandum to the Records Officer for retention.

**March 27, 2014**

7. RESPONSIBILITIES.

- A. Responsibilities are assigned for each step of this OP. Refer to section 6 of this OP.
- B. The PA Group Lead is responsible for coordinating timely completion of the DPO process for each submitted DPO.

8. CONTROLS AND MEASURES.

- A. The Technical Director determines if the scope of each DPO is adequately comprehensive, the methods used by the DPO Review Panel were appropriate, and whether the conduct of the DPO Review was impartial.
- B. If used, the Technical Director determines if the Appeal process was conducted properly.
- C. The PA Group Lead informs the Technical Director upon issuance of a DPO and provides status updates at the Technical Director's request.

9. RECORDS. The PA Group Lead shall ensure that the following are submitted to the Records Officer for retention:

- A. Completed Form F-561.1-1, along with any attached memorandums.
- B. Related Technical Director Final Decision Memorandum (if applicable).

10. REFERENCES.

- A. OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents.*
- B. F-561.1-1, *Differing Professional Opinion Form.*
- C. I-561.1, *Technical Staff Administrative Requirements.*

11. DEFINITIONS.

- A. Differing Professional Opinion (DPO). A DPO condition exists when a Technical Staff employee identifies a concern that he or she believes is related to implementation of the mission and functions of the Board and has been unable to achieve a satisfactory outcome through normal Technical Staff processes.

- B. Non-concur (or non-concurrence). The act of formally indicating disagreement with a report that is in the concurrence process. A non-concurrence typically involves issues related to the exclusion of relevant facts or disagreements on interpretations or conclusions.
12. CONTACT. Address questions concerning this Directive to the Technical Director.

A handwritten signature in black ink, appearing to read "S. Stokes", is written over a horizontal line.

S. Stokes, Technical Director



### **Exemption 5**



# OPERATING PROCEDURE

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**Subject: PERFORMING REVIEWS OF NEW OR REVISED DOE DIRECTIVES**

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**Number: OP-602****Approved: 06/08/2015****Review: 06/08/2035****Certified:**

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**Responsible Office: Office of the General Counsel**

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1. PURPOSE. In concert with the Technical Staff, the Office of the General Counsel (OGC) performs reviews of, evaluates, and comments on the Department of Energy's (DOE) directives pertaining to the design, construction, operation, and decommissioning of defense nuclear facilities. OGC provides its comments on DOE directives to DOE staff by participating in the Technical Staff's review and comment process. This Operating Procedure (OP) ensures that reviews of DOE directives result in objective, legally accurate, and defensible comments. OGC comments will be considered along with Technical Staff comments by DOE staff and used to develop and modify DOE directives. This OP also ensures that the Defense Nuclear Facilities Safety Board (DNFSB or Board) is informed of OGC's reviews of DOE directives.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This OP applies to all OGC employees assigned to manage, lead, or participate in reviews of formal written products produced by DOE or the National Security Administration (NNSA) that provide requirements and guidance to DOE and NNSA employees or contractors. These written products include:
    - i. DOE Policies.
    - ii. DOE Notices.
    - iii. DOE Orders.
    - iv. DOE Manuals.
    - v. DOE Guides.
    - vi. DOE Directive Justification Memoranda.
    - vii. DOE Technical Standards.
    - viii. Project Justification Statements.

- ix. NNSA Supplemental Directives.
    - x. Other formal written products of interest to the Board.
  - B. In the event of a conflict between any provision contained in this OP and a higher order, policy, or law, the provision in the higher order, policy, or law shall supersede and control.
  - C. Policy or requirements stated by this OP apply only to OGC. If any provision contained in this OP is found to affect an office outside of OGC, the provision shall be disregarded by that office. This circumstance does not alter or void the applicability of the OP to OGC.
- 4. EXEMPTIONS.
  - A. The Deputy General Counsel (GC) may authorize an exemption to the requirements of this OP.
  - B. Individuals shall notify the OGC Point of Contact if they discover any deviations from the requirements contained in this OP.
- 5. POLICY. OGC, in concert with the Technical Staff, performs reviews of, evaluates, and comments on all new or revised DOE directives and associated documents. OGC provides its comments on DOE directives to DOE staff by participating in the Technical Staff's review and comment process. The Technical Staff transmits comments on new or revised DOE directives to DOE staff. The Board's staff's review of draft versions of DOE directives is normally completed before DOE publishes the final versions of the directives.
- 6. PROCEDURES.
  - A. Receipt of DOE Directives and Associated Documents. The directives review process begins when the Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep) sends a directives review request for DOE directives and associated documents by email to  
**Exemption 6**. A hardcopy of the request is also sent by Postal Service or courier. The NPA Group Lead, DOE Directives Point of Contact, DOE Directives Assistant, and OGC Point of Contact all receive any email sent to  
**Exemption 6**.
    - i. OGC Point of Contact. Upon being appointed to this position, ensure the OGC Point of Contact's email address replaces that of the previous OGC Point of Contact in the **Exemption 6** group. In the case of leave or prolonged absence, ensure an interim OGC Point of Contact is designated and trained. Notify the DOE Directives Point of Contact of the

changes, and ensure that the interim OGC Point of Contact is added to the  
**Exemption 6** group.

- ii. Monitor DOE emails for directives review requests from the DepRep, and request designation of a Technical Staff DOE Directive Lead Reviewer if the Lead Reviewer is not identified within one business day.

B. Distribution of DOE Directives and Associated Documents.

- i. OGC Point of Contact. Within one day of receiving a directive review request from the DOE Directives Point of Contact, identify the OGC Lead Reviewer. Ensure the DOE directive and associated documents are forwarded to the OGC Lead Reviewer. In cases where the DOE Directives Point of Contact is on leave, the NPA Group Lead or designated Technical Staff member may forward the directive and associated documents to the appropriate parties.
- ii. OGC Point of Contact. In the case of a new DOE directive, consult with the DOE Directives Point of Contact (and the Deputy GC and NPA Group Lead, if necessary) and determine an appropriate OGC Lead Reviewer.
- iii. OGC Lead Reviewer. Within one day of receiving a directive review request, determine if reviewing, evaluating, and commenting is achievable by the review date deadline requested by the DepRep. Inform the OGC Point of Contact and the DOE Directive Lead Reviewer if the review date deadline cannot be met.
- iv. OGC Point of Contact. In the case where a review date deadline cannot be met, inform the DOE Directives Point of Contact and coordinate a new review date deadline. Ensure that the DOE Directives Point of Contact informs the DepRep via email of the revised review date deadline. If the revised review date deadline is not acceptable to the DepRep, coordinate with the DOE Directives Point of Contact, the DOE Directive Lead Reviewer, the OGC Lead Reviewer, and the DepRep to determine an acceptable review date deadline.

C. Initial Review of DOE Directives. DOE directives are distributed in accordance with Section 6.B. of this OP.

- i. OGC Lead Reviewer. Coordinate with the DOE Directive Lead Reviewer and understand the Lead Reviewer's plan to accomplish the review. Review the assigned DOE directive for the following items, at a minimum: 1) ensure any cited law or regulation is properly quoted and is the most recent version; 2) ensure any commitments made by DOE as part of an Implementation Plan for a Board Recommendation are upheld; 3)

ensure any statements made by DOE in correspondence to the Board are not negated by the proposed directive; and 4) use any expertise gained while at the Board or elsewhere to provide other non-legal input to the DOE Directive Lead Reviewer, as appropriate. When reviewing the directive, grammatical or logic errors may be included in the comments provided.

- ii. OGC Lead Reviewer. Participate in staff-to-staff meetings between the Board's staff and DOE or NNSA staff as requested by the Technical Staff and as appropriate. Ensure OGC participates in any staff-to-staff meetings that may include discussions of legal issues, changes to any commitments made by DOE as part of an Implementation Plan for a Board Recommendation, or changes to any statements made by DOE in correspondence to the Board.
- iii. OGC Lead Reviewer. Inform the Deputy GC and the OGC Point of Contact if any legal issues identified may require coordination with the DOE or NNSA OGCs. Determine the appropriate DOE or NNSA OGC point of contact and coordinate any necessary interaction with the DOE or NNSA OGCs.
- iv. OGC Lead Reviewer. Submit any comments and suggestions using the DOE Directives Comment Letter Template, the DOE Directives No Comment Letter Template, or other format (e.g. email or MS Word) as requested by the DOE Directive Lead Reviewer by the requested date. Categorize comments as "Major" or "Suggested." The templates are located on the Directives Review SharePoint Wiki, which can be accessed from the Technical Tab of the DNFSB Intranet.
- v. OGC Lead Reviewer. Review the Directives Review yellow folder containing the staff's comments and suggestions, provide any comments, and initial the correspondence coordination form. If further comments are substantive and require another OGC review of the yellow folder, indicate so on the form. Forward the yellow folder to the OGC Point of Contact. These steps may be done via email.
- vi. OGC Point of Contact. Review the Directives Review yellow folder containing the staff's comments and suggestions, provide any comments, and initial the correspondence coordination form. If further comments are substantive and require another OGC review of the yellow folder, indicate so on the form. Forward the yellow folder to the DOE Directives Point of Contact. These steps may be done via email.

- D. Final Review of DOE Directives (“RevCom Concurrence Review”). DOE directives are distributed in accordance with Section 6.B. of this OP.
- i. OGC Lead Reviewer. Review DOE directives and associated documents as noted in Section 6.C. Inform the DOE Directive Lead Reviewer and the OGC Point of Contact if DOE did not resolve one or more OGC comments or if DOE’s failure to resolve any Technical Staff comments is legally problematic. Coordinate with the DOE Directive Lead Reviewer to resolve any unresolved comments; inform the Deputy GC and OGC Point of Contact if OGC comments remain unresolved.
  - ii. OGC Point of Contact. With the Deputy GC and the OGC Lead Reviewer, coordinate any necessary interaction with the DOE or NNSA OGCs regarding unresolved legal comments.
  - iii. OGC Lead Reviewer. Submit any comments and suggestions using the DOE Directives Comment Letter Template, the DOE Directives No Comment Letter Template, or other format (e.g. email or Word) as requested by the DOE Directive Lead Reviewer by the requested date. Categorize comments as “Major” or “Suggested.” The templates are located on the Directives Review Wiki, which can be accessed from the Technical Tab of the DNFSB Intranet.
  - iv. OGC Lead Reviewer. Review the Directives Review yellow folder containing the staff’s comments and suggestions, provide any comments, and initial the correspondence coordination form. If further comments are substantive and require another OGC review of the yellow folder, indicate so on the form. Forward the yellow folder to the OGC Point of Contact. These steps may be done via email.
  - v. OGC Point of Contact. Review the Directives Review yellow folder containing the staff’s comments and suggestions, provide any comments, and initial the correspondence coordination form. If further comments are substantive and require another OGC review of the yellow folder, indicate so on the form. Forward the yellow folder to the DOE Directives Point of Contact. These steps may be done via email.
- E. Review of Justification Memoranda, Project Justification Statements, Pre-RevCom Draft Directives, and Other Documents. Justification Memoranda and Project Justification Statements serve as the Technical Staff’s official notification that DOE has initiated the development of a new DOE directive or a revision of an existing DOE directive. Pre-RevCom Draft Directives are received by the Technical Staff through staff-to-staff exchanges or **Exemption 6** emails. Review of these documents requires only email correspondence with the DepRep. The Technical Staff periodically reviews other documents including N-532.1, *List*

*of Directives of Interest to the Board*, on its own initiative or at the request of the DepRep. OGC provides input to each of these reviews.

- i. OGC Point of Contact. Coordinate review of any Justification Memorandum, Project Justification Statement, or Pre-RevCom draft directive with the DOE Directives Review Lead.
  - ii. OGC Lead Reviewer. Contribute to any Technical Staff group weekly report regarding the directive being reviewed, as requested. Include review activity, including any unresolved legal issues, in the OGC weekly report submitted to the Deputy GC. Ensure the two weekly reports do not conflict, or that any conflict is explained.
  - iii. OGC Point of Contact. Be familiar with and coordinate OGC input to the Technical Staff's periodic review of N-532.1, *List of Directives of Interest to the Board*.
  - iv. OGC Point of Contact and OGC Lead Reviewers. Be familiar with all references listed in Section 10 of this OP.
7. RESPONSIBILITIES. Responsibilities are assigned for each procedure step in Section 6 of this OP. The OGC Lead Reviewer is responsible for coordinating the accomplishment of all steps in this OP.
8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor and assess this program.
  - A. The OGC Lead Reviewer shall inform the OGC Point of Contact and the DOE Directive Lead Reviewer if any review date deadline cannot be met. The OGC Point of Contact shall inform the Deputy GC, NPA Group Lead, and DOE Directives Point of Contact if any review date deadlines cannot be met.
  - B. Upon receipt of the Directives Review yellow folder containing the staff's comments and suggestions from the OGC Lead Reviewer, the DOE Directive Lead Reviewer, or the DOE Directives Point of Contact, the OGC Point of Contact shall review all comments and suggestions for legal sufficiency. On an as available basis, the OGC Point of Contact shall also review the Technical Staff letter for clarity.
9. RECORDS.
  - A. The DOE Directives Assistant ensures that hard copy records are archived. The OGC Point of Contact shall ensure that any relevant OGC documents are provided to the DOE Directives Assistant for archiving. The OGC Point of Contact shall ensure that any OGC documents containing information subject to a

claim of privilege are maintained in OGC and protected from disclosure to the extent permitted by law.

- B. The OGC Point of Contact shall maintain a file on OGC's H: drive documenting the dates directives are received for review, directives are assigned to OGC Lead Reviewers, and yellow folders are forwarded to the DOE Directives Point of Contact. The OGC Point of Contact shall ensure that a copy of the final correspondence coordination form is scanned and filed on OGC's H: drive after it is initialed by the OGC Point of Contact.

10. REFERENCES.

- A. I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives.*
- B. N-532.1, *List of DOE Directives of Interest to the Board.*
- C. OP-532.1-1, *Performing Reviews of New or Revised DOE Directives.*
- D. WP-532.1-1A, *Guidance for Technical Staff Review of DOE Directives.*
- E. DOE Order 251.1C, *Departmental Directives Program.*
- F. DOE Order 252.1A, *Technical Standards Program.*
- G. NA SD 251.1, *Policy Letters: NNSA Policies, Supplemental Directives, and Business Operating Procedures.*

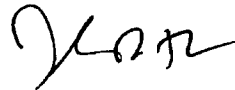
11. DEFINITIONS.

- A. DOE Directives Assistant. The NPA Group Administrative Assistant who provides administrative support for directives.
- B. DOE Directive Lead Reviewer. The Technical Staff member assigned by the NPA Group Lead to coordinate and document the review of a specific DOE directive.
- C. DOE Directives Point of Contact. A designated member of the Technical Staff who assists the NPA Group Lead in managing and tracking the Technical Staff's review of new or revised DOE directives.
- D. DOE Policies, Notices, Orders, Manuals, Guides, and Directive Justification Memoranda. Documents developed by DOE defined in DOE Order 251.1C, *Departmental Directives Program.*



- E. DOE Regulations. The requirements promulgated by DOE in the Code of Federal Regulations (CFR). For the purposes of this OP, DOE Regulations include any regulations specific to NNSA.
- F. DOE Technical Standards and Project Justification Statements. Documents developed by DOE defined in DOE Order 252.1A, *Technical Standards Program*.
- G. NNSA Supplemental Directives. Documents developed by NNSA defined in NA SD 251.1, *Policy Letters: NNSA Policies, Supplemental Directives, and Business Operating Procedures*.
- H. Office of the General Counsel (OGC) Lead Reviewer. The individual General Counsel staff member assigned by OGC to review a specific DOE directive.
- I. Office of the General Counsel (OGC) Point of Contact. A member of the General Counsel's staff who assists OGC in managing OGC staff review of new or revised DOE directives.
- J. Potential Safety Issue. A situation in which observed actions, designs, or conditions may not meet applicable requirements, or a situation in which the requirements themselves may be inadequate. In both cases, further information, review, and evaluation are required to understand the implications of the situation. Upon completion of the review and evaluation, a Potential Safety Issue may be reclassified as a Staff Safety Issue or as not a safety issue.
- K. Review Date Deadline. The date that Technical Staff letters are due to be sent electronically to the DepRep and followed in hardcopy form.
- L. Reviewer. An individual assigned to a Review Team. The Reviewer shall be assigned specific responsibilities under the Review Plan.
- M. Staff Safety Issue. A situation that the Board's Technical Staff has identified as a safety concern pertaining to a defense nuclear facility. Generally, a Staff Safety Issue arises when (1) DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards; (2) conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards; or (3) requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues.

- N. The Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep). The DOE Office that provides cross-organizational leadership in resolving Board-identified technical and management issues.
12. CONTACT. Address questions concerning this Operating Procedure to the Office of the General Counsel.



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Acting General Counsel



# INSTRUCTION

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**Subject: TECHNICAL STAFF INTERNAL WORK PRIORITIZATION AND REPORTING DECISION CRITERIA**

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<b>Number: I-514.1</b>	<b>Approved: Sep 30, 2016</b>	<b>Review: Sep 29, 2019</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. This instruction identifies criteria that the technical staff use when: (1) identifying, prioritizing, and scheduling oversight work; (2) identifying and evaluating concerns during the execution of technical staff reviews under I-530.1, *Execution of Technical Staff Reviews*, or I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives*; and (3) choosing the optimal medium to communicate Staff Safety Issues<sup>1</sup> to the Defense Nuclear Facilities Safety Board (Board) under I-542.1, *Technical Staff Development of Externally Released Documents*, or I-546.1, *Technical Staff Internal Communications*.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This instruction applies to all technical staff employees.
  - B. Policy or requirements stated by this instruction apply only to the Office of the Technical Director (OTD).
  - C. In the event of a conflict between any provision contained in this instruction and a higher order, policy, or law, the provision contained in the higher order, policy, or law shall supersede and control.
4. EXEMPTIONS. None.
5. POLICY. Oversight work conducted in accordance with the annual performance plan shall be identified, prioritized, and scheduled consistent with the priorities and criteria established in this instruction. Furthermore, the results of oversight work shall be evaluated for safety issues and reported to the Board in a timely manner, in accordance with the decision criteria established in this instruction.
6. REQUIREMENTS. The following paragraphs provide decision criteria to be used by the technical staff.

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<sup>1</sup> Defined terms (see Section 11) are capitilized.

- A. Identifying, Prioritizing, and Scheduling Oversight Work. An annual work plan is developed to identify oversight activities consistent with the Board's annual performance plan and strategic plan. Operating procedures are used to identify, prioritize, and resource the activities necessary to accomplish the oversight goals of the annual performance plan. In cases where available resources do not support accomplishment of all scheduled work, or in cases where high priority emergent work is identified, the Technical Director will adjust the work plan in a way that provides the best opportunity for successful mission accomplishment. The following sub-sections provide decision criteria that support that function.
- i. Prioritization of Emergent Work. When possible, scheduling flexibility should be retained to ensure that resources can be redirected towards high priority, emergent safety concerns with minimum impact to high priority planned work.
- (1) Initial Prioritization. Prioritize emergent work using the same criteria used to prioritize planned tasks under OP-521.2-1, *Prioritizing and Resourcing Technical Staff Oversight Activities.*
- (2) High Level Tasking. The Technical Director shall work with the Board Chairman to identify priority tasks generated as a result of Board interest, Congressional interest, or high public or media interest.
- (3) Investigations. Under the Board's enabling legislation, the Board shall investigate any event or practice at a Department of Energy (DOE) defense nuclear facility that the Board determines has adversely affected, or may adversely affect, public health and safety. This type of work shall have the highest priority, and the Technical Director shall work with the Office of the General Counsel (OGC) to identify and assign appropriate technical staff personnel to support the investigation.
- ii. Scheduling Considerations for Resolving Resource Conflicts. When possible, the Technical Director should resolve resource conflicts by rescheduling work rather than cancelling work. Schedules for lower priority work will normally be modified in favor of higher priority tasks or activities. However, the following criteria should be considered for identifying exceptions to this practice:
- (1) Time sensitivity of an event or activity. Some DOE events or activities must be evaluated when they occur in order to accomplish oversight objectives. Rescheduling of higher priority oversight work with available schedule flexibility is appropriate to ensure that this type of oversight activity occurs.

- (2) Early Integration of Safety into Design. The Board is committed to the principle of integrating safety into the design of new facilities or major modifications to existing facilities. The deferral of oversight work can cause late identification of problems or late notification of the Secretary of Energy, resulting in a significant impact on DOE's mission. Consequently, the potential for impacting DOE's mission is considered when selecting and scheduling oversight work.
- iii. Priority Assignment Considerations for Resolving Resource Conflicts. The following considerations should be applied when modification of the work plan involves a conflict between oversight tasks with similar priority levels, and the conflict cannot be resolved by modifying the schedule:
  - (1) Annual Report to Congress. Unless preempted by higher priority emergent work, safety issues identified as "highest priority safety problems" in the annual report to Congress are placed at a higher priority than other work with a similar priority assignment.
    - (a) The Technical Director shall promptly notify the Board if oversight activities related to these safety issues cannot be accomplished because of resource conflicts.
  - (2) Oversight Continuity. Adequate resources should be dedicated to maintaining an overall awareness of DOE sites, projects, and programs to support identification of emerging problems and trigger in-depth reviews.
  - (3) Type of Facility. Oversight of activities involving nuclear weapons or significant quantities of fissile material, high-level waste, or other nuclear material should be a high priority. In particular, oversight of activities where hazard consequences could exceed the DOE evaluation guideline for the public should be given high priority.
  - (4) Quantity of Hazardous Material. Oversight of activities in Hazard Category 1 facilities should be a higher priority than those in Hazard Category 2 facilities, which should be a higher priority than activities in Hazard Category 3 facilities. Activities in Radiological Facilities should be the lowest priority. An exception to this order of prioritization should be made when activities or accidents at a lower Hazard Category facility can affect a higher Hazard Category facility—in such cases, the lower Hazard Category facility should be prioritized as if it were categorized at

the same level as the affected facility. Additionally, the potential impact of significant non-nuclear chemical or toxicological hazards on nuclear operations should be considered when performing this evaluation.

- (5) Operational Status. Oversight of activities at operating defense nuclear facilities should generally be a higher priority than oversight of design and construction activities at an equivalent Hazard Category facility.
- (6) DOE Oversight Effectiveness. The safety performance history at a site, facility, or DOE office should be taken into account when setting priorities for oversight activities. An organization or operation with a poorer performance history should be given higher priority than one with a better performance history. Sources of information to support this evaluation are Site Representative weekly reports, recent Information Papers and Issue Report, review of DOE oversight activities, and information contained in DOE's Occurrence Reporting and Processing System (ORPS).

B. Identifying Concerns During the Execution of Technical Staff Reviews under I-530.1 or I-532.1. The Technical Director shall ensure that the technical staff identifies and reports Staff Safety Issues to the Board that might affect adequate protection of public health and safety. Sections 6.B.i through 6.B.ix identify criteria that support a consistent approach to technical staff's identification of safety issues to support this function. If the technical staff determines that one or more of the stated criteria are not met, then the situation may represent a Staff Safety Issue. The Review Team will not typically apply this instruction to issues that were identified by DOE or a DOE contractor unless there are concerns with the response to the issue or if circumstances warrant technical staff identification and tracking.

i. Content of Standards (Including All Applicable DOE Orders, Regulations, and Requirements) Relating to the Design, Construction, Operation, and Decommissioning of Defense Nuclear Facilities of the DOE.

- (1) Clarity. Each standard or requirement is written in clear language such that an affected party can discern what must be done to comply with the standard or requirement.
- (2) Specificity. Each standard or requirement possesses sufficient detail so that an affected party can discern which courses of action are allowed and which courses of action are prohibited.

- (3) Comprehensiveness. Viewed as a whole, the standards or requirements are sufficient in scope and depth to adequately cover the subject matter.
- ii. Implementation of Standards (Including All Applicable DOE Orders, Regulations, and Requirements) Relating to the Design, Construction, Operation, and Decommissioning of Defense Nuclear Facilities of the DOE.
  - (1) Application. Requirements are properly interpreted, conscientiously applied, and consistently enforced.
  - (2) Prioritization. Safety requirements are met first and foremost without exception; cost and schedule are secondary considerations.
  - (3) Exceptions. Deviations from safety requirements, exemptions, or equivalencies, are identified, documented, justified, and approved by proper authorities.
- iii. Analysis of Design and Operational Data, Including Safety Analysis Reports.
  - (1) An encompassing set of design or evaluation basis accident conditions is identified that includes operational events, external and man-made accidents, and natural phenomena hazards. All hazards are adequately characterized.
  - (2) Unmitigated, bounding-type accident scenarios are used to conservatively estimate radiological exposures to the workers and the maximally exposed members of the public for the purpose of identification and classification of safety systems as safety-significant and safety-class, respectively. The hazards or accident analysis is technically defensible.
  - (3) Accidents with dose consequences at the site boundary exceeding 25 rem total effective dose (TED) are prevented, or mitigated such that the consequences are well below this value (normally less than 5 rem), using safety-class controls.
  - (4) Accidents with dose consequences to collocated workers exceeding 100 rem TED are prevented, or mitigated such that the consequences are well below this value (normally less than 25 rem), using at least safety-significant controls.

- (5) Preventive and mitigative controls have been provided to protect facility workers in cases where qualitative evaluation of the hazard shows that the consequences to the worker could be serious injury or death from a nuclear incident, significant exposure to radiation, or significant exposure to the toxic hazards of radioactive material.
- (6) Any decision to not implement controls for accidents with consequences at the site boundary that would remain between 5 and 25 rem TED without additional safety-class controls is technically justified without consideration of cost or operational flexibility.
- (7) For existing facilities only, it is possible that the safety basis will include accidents with mitigated consequences at the site boundary that remain above 25 rem TED. In such cases, the following additional information should be considered:
  - (a) Conservative estimates of the likelihood and consequences are clearly identified and described.
  - (b) Uncertainties related to the likelihood and consequences are identified and described, along with their contributors.
  - (c) Available controls that could reduce the likelihood and/or consequences of the accidents, including their potential failure modes, are clearly described along with the reason for their inadequacy to mitigate the consequences to below 25 rem TED.
  - (d) A strategy for preventing the event of concern, or mitigating its consequences to below 25 rem TED, is presented that includes schedule with decision milestones, planned operational improvements and/or facility modifications, as well as compensatory measures to reduce the likelihood and/or the consequences of the event.
  - (e) If necessary, a justifiable rationale is provided for continued operation of the facility, and how adequate protection of the public is provided.
  - (f) DOE program secretarial officers (or higher) are identified as the approval authority for such safety bases, in consultation with the central technical authorities and the Office of Environment, Health, Safety and Security.



iv. Engineering and Design for New Facility and Process Modifications.

- (1) Factors affecting safety are understood and integrated into all functions and processes of the project starting with the design of the facility. DOE and the DOE contractor have developed appropriate interfaces, methodologies, and documentation strategies to support effective integration.
- (2) A formalized set of criteria is imposed for the design of safety-class and safety-significant controls to ensure that they perform their intended function when needed. Analyses exist that show that all credited controls can effectively perform required safety functions in all expected operational environments.
- (3) Conservative engineering practices are applied that favor eliminating or reducing hazards wherever possible. Where hazards cannot be eliminated, they are confined, and conservative engineering practices are used to first identify highly reliable engineered features. If not practical, administrative controls or a combination engineered features and administrative controls are used to prevent or mitigate identified consequences.
- (4) Defense-in-depth principles are applied to ensure that the unexpected failure of any one preventive or mitigative control does not defeat the ability to adequately protect the public or the workers from accident consequences. Reliance is not placed solely on emergency evacuation programs.
- (5) A quality assurance program that complies with DOE requirements is applied to the derivation and implementation of the safety basis documents.

v. Facility Construction.

- (1) A formalized set of inspections, tests and acceptance criteria for procurement, construction, and testing is imposed on safety-class and safety-significant structures, systems, and components to ensure that they perform their intended functions when needed.
- (2) A quality assurance program that complies with DOE requirements is applied to the procurement, construction, operation, maintenance, and testing of the defense nuclear facility.
- (3) Site and facility programs, procedures, and systems that affect nuclear safety are consistent with DOE and site requirement(s),

and have been adequately demonstrated to prove that they fulfill their nuclear safety functions.

vi. Implementation of Nuclear Explosive Safety Standards.

- (1) A current nuclear explosive safety study has been conducted and approved for each nuclear explosive operation before the operation is conducted.
- (2) Each nuclear explosive safety study fully considers and ensures that the current nuclear explosive safety standards are met for every operation.
- (3) All nuclear explosive safety concerns identified by a nuclear explosive safety study have been properly addressed prior to initiation or continuation of operations.

vii. Adequacy of Credited Controls and Safety Management Programs.

- (1) Implementation of reviewed credited engineered controls, specific administrative controls, or safety management programs is effective; there are no indications that any reviewed controls are incapable of effectively performing their credited safety function.
- (2) Administrative controls serving a safety-class or safety-significant function are properly implemented as specific administrative controls.
- (3) Safety management programs that are relied upon for nuclear safety are effectively implemented. Performance measures are identified and data is available and used to identify and interdict negative trends that would lead to a general breakdown of the program.

viii. Safety-Impacting Trends/Patterns. If the technical staff observes an accumulation of concerns, issues, or weaknesses that individually may not meet any of the above criteria, but collectively constitute a problem, then the situation represents at least a Staff Safety Issue.

ix. Other Circumstances as Determined by Technical Director or Cognizant Group Lead. For cases not involving the above criteria, the Technical Director or Cognizant Group Lead may determine that the situation represents a Staff Safety Issue.

C. Dispositioning Safety Issues. The responsible technical staff Review Team and Cognizant Group Lead shall jointly categorize findings using four different cases in order to define the nature of technical staff follow-up action.

i. Case 1 – No issue. If the technical staff determines that any of the following three criteria are met, there is no safety issue:

- (1) None of the criteria in 6.B are triggered;
- (2) An identified concern triggers any of the criteria of section 6.B to be categorized as a safety issue, but DOE has already taken action to effectively address it; or
- (3) An identified concern triggers any of the criteria of section 6.B, but the consequences associated with the concern are qualitatively or quantitatively determined to be too low to warrant additional oversight work and communication with DOE.

No further oversight action is required for Case 1. However, in some situations it may be desirable to document such information. In these situations, the technical staff should document the identified concern(s) in a group weekly report or in an Information Paper per I-546.1, and include a description of the circumstances pertinent to resolution of the identified concern(s).

ii. Case 2 – Potential Safety Issue. In some cases, the technical staff may determine that an issue requires further information or analysis to fully understand the implications or impact. In these cases, the concern is classified as a Potential Safety Issue until it is fully understood. Case 2 situations are documented in Site Representative weekly reports per I-542.1 or in group weekly reports or Information Papers per I-546.1. The report or Information Paper should discuss the actions that the staff intends to take to fully understand the concern.

iii. Case 3 – Staff Safety Issue. If the technical staff determines that an identified issue triggers the criteria of section 6.B and Cases 1 and 4 do not apply, the issue is categorized as a Case 3 Staff Safety Issue. Case 3 applies if the technical staff evaluation determines that at least one of the following situations apply to the Staff Safety Issue:

- (1) The technical staff has communicated the concern as a Staff Safety Issue to DOE, and DOE agrees with the characterization, and is considering or has stated an intent to take corrective actions that will address the Staff Safety Issue; or

- (2) The consequences associated with the Staff Safety Issue are too low to warrant additional work as a stand-alone concern but the technical staff is tracking the issue as part of an accumulation of concerns per 6.B.viii.

Case 3 Staff Safety Issues are to be entered into the Issue and Commitment Tracking System (IACTS) per I-550.1, *Issue Tracking and Closure*. If new information related to the issue is identified, the technical staff shall evaluate whether a different case should apply. Concerns that fall into the Case 3 category shall be documented in a Site Representative report, group weekly or an Information Paper per I-546.1, with a description of the actions that the technical staff is pursuing to reach resolution with DOE.

The technical staff may propose external communications from the Board per I-542.1 if there is benefit in documenting either the Staff Safety Issue or DOE's plans to resolve the issue. In this case, the issue is elevated to a Case 4 Staff Safety Issue.

- iv. Case 4 – Staff Safety Issue. Case 4 applies if the technical staff determines that Board communication on the Staff Safety Issue may be appropriate. The staff will work with the Cognizant Group Lead to make this determination and will consider the following criteria for the issue:
  - (1) The technical staff has communicated the issue to DOE, and either DOE agrees with the characterization, but is not taking corrective actions that will address the Staff Safety Issue, or DOE does not agree with the characterization; or
  - (2) The consequences associated with the Staff Safety Issue are qualitatively or quantitatively determined to be significant.

For Case 4 situations, the technical staff shall use I-542.1 to propose external communications. Staff Safety Issues under Case 4 are entered into IACTS per I-550.1. If the Board chooses to communicate a Staff Safety Issue to DOE, the issue is updated as a Board Safety Issue in IACTS per I-550.1.

D. Communicating Staff Safety Issues. The technical staff should consider the following options to determine the optimal approach for drafting formal communications to DOE:

- i. Board Letter without Reporting Requirement. The technical staff should propose this alternative when it appears that DOE is taking or will

probably take action to address the Staff Safety Issue. An Issue Report or Technical Report may accompany the Board letter.

- ii. Board Letter with Reporting Requirement. The technical staff should propose this alternative when it appears that DOE will not take action and a DOE brief or report will clarify information associated with the safety issue. An Issue Report or Technical Report may accompany the Board letter.
- iii. Board Recommendation. The Board issues a Recommendation to the Secretary of Energy when it determines that action is necessary to ensure adequate protection of public health and safety. The technical staff shall propose a Recommendation for Board consideration when conditions indicate a potential lack of adequate protection. A Technical Report may accompany the Board Recommendation. The technical staff should use the following questions to evaluate potential impacts of the safety issues on adequate protection of public health and safety:
  - (1) Compliance—does the safety issue demonstrate a lack of compliance with DOE regulations or directives in a manner that compromises health and safety?
  - (2) Special Circumstances—does the safety issue compromise health and safety despite compliance with DOE regulations (e.g. circumstances that were not considered in DOE regulations)?
  - (3) Risk Factors—are there mitigating factors that lead the technical staff to conclude that health and safety is adequately protected despite non-compliance with regulations or special circumstances? Mitigating factors may affect the probability or consequence of issues that impact health and safety and may include operational restrictions, compensatory safety measures, time at risk, or any other relevant consideration.

## 7. RESPONSIBILITIES.

### A. The Technical Director shall:

- i. Promptly notify the Board if oversight activities related to the “highest priority safety issues” as reported in the annual report to Congress cannot be accomplished because of resource conflicts.
- ii. Work with the Board Chairman to identify priority tasks generated as a result of Board interest, Congressional interest, or a matter of high public or media interest.

- iii. Work with OGC to identify and assign appropriate technical staff personnel to support the investigations performed per 42 U.S.C. § 2286a(b)(2).
    - iv. Annually assess the performance of technical staff oversight work to ensure that the criteria contained in this instruction are appropriately applied.
  - B. All members of the technical staff shall apply the criteria contained in this instruction to select, plan, execute, evaluate, and report oversight work.
8. CONTROLS AND MEASURES.
- A. The Technical Director shall periodically assess the performance of technical staff oversight work. The results of this assessment shall be recorded as discussed in D-22.1, *Internal Control Program*.
9. RECORDS. None.
10. REFERENCES.
- A. 10 CFR Part 830, *Nuclear Safety Management*.
  - B. D-22.1, *Internal Control Program*.
  - C. 42 U.S.C. § 2286, *et seq.*, *Enabling Statute of the Defense Nuclear Facilities Safety Board*.
  - D. OP-521.2-1, *Prioritizing and Resourcing Technical Staff Oversight Activities*.
  - E. I-530.1, *Execution of Technical Staff Reviews*.
  - F. I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives*.
  - G. I-542.1, *Technical Staff Development of Externally Released Documents*.
  - H. I-546.1, *Technical Staff Internal Communications*.
  - I. I-550.1, *Issue Tracking and Closure*.

11. DEFINITIONS.

- A. Board Safety Issue. A safety deficiency that is identified while conducting oversight activities and that the Board has communicated to DOE. A Board Safety Issue will normally be presented to DOE in externally released correspondence and/or communicated to DOE in public hearings conducted by the Board. Generally, a Board Safety Issue arises when one or more of the following circumstances are identified:
  - i. DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards.
  - ii. Conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities), differ from requirements in applicable regulations, DOE directives, or national consensus standards.
  - iii. Requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate.
- B. Cognizant Group Lead. The specific group lead responsible for the technical staff mission function that covers the activity that is being reviewed. Mission function alignment for group leads is defined in the Board's annual work plan and detailed in supporting oversight plans.
- C. Information Paper. Internal documentation developed by the technical staff to present a Staff Safety Issue, results of a technical review, recent activities related to an open Board Safety Issue, or evaluation of DOE actions. This type of report can also document information of general interest to the Board or the technical staff. See I-546.1, *Technical Staff Internal Communications*.
- D. Issue Report. Documentation developed by the technical staff to present a Staff Safety Issue. If the Board chooses to communicate the Staff Safety Issue to DOE in either a Recommendation or a Board letter, the Staff Safety Issue is reclassified as a Board Safety Issue. Many Board letters to DOE will have an Issue Report enclosed to provide background information regarding the identified Board Safety Issue. See I-542.1, *Technical Staff Development of Externally Released Documents*.
- E. Issue and Commitment Tracking System (IACTS). An electronic system that the technical staff uses to support the management of Board Safety Issues, Staff Safety Issues, and related DOE and internal staff commitments.
- F. Potential Safety Issue. A situation in which observed actions, designs, or conditions may not meet applicable requirements, or a situation in which the

requirements themselves may be inadequate. In both cases, further information, review, and evaluation are required to understand the implications of the situation. Upon completion of the review and evaluation, a Potential Safety Issue may be reclassified as a Staff Safety Issue or as not a safety issue.

- G. Recommendation. A document created and transmitted by the Board pursuant to 42 U.S.C. § 2286a(b)(5) to the Secretary of Energy. A Recommendation triggers the statutory procedures found at 42 U.S.C. § 2286d.
  - H. Review Team. A group of individuals assigned to evaluate DOE standards, design data, operational data, facility design, and facility construction per an approved review plan. The Review Team includes the lead reviewer, reviewers, and appropriate site cognizant engineer, design and construction project cognizant engineer, and Site Representative(s). Not all members of a Review Team are required to attend the onsite review or review meeting.
  - I. Staff Safety Issue. A situation that the Board's technical staff has identified as a safety concern pertaining to a defense nuclear facility. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues.
  - J. Technical Report. Documentation developed by the technical staff to present a Staff Safety Issue resulting from a staff review(s) and/or special study where warranted by the scope, depth and results. Technical Reports are numerically identified, specially bound and promulgated as part of the enduring series of Technical Reports issued by the Board.
12. CONTACT. Address questions concerning this directive to the Deputy Technical Director.



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Steven A. Stokes, Technical Director



### **Exemption 5**



# INSTRUCTION

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**Subject: TECHNICAL STAFF OVERSIGHT OF DOE'S DEVELOPMENT OR  
MODIFICATION OF DOE DIRECTIVES**

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**Number: I-532.1**

**Approved: 05/08/2014**

**Review: 05/07/2017**

**Certified:**

**Responsible Office: Office of the Technical Director**

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1. PURPOSE. The Technical Staff performs reviews of, evaluates, and comments on the Department of Energy's (DOE) directives pertaining to the design, construction, operation, and decommissioning of defense nuclear facilities. The Technical Staff provides its comments on DOE directives to DOE staff. This Instruction establishes requirements for the Technical Staff to distribute, review, evaluate, and, when necessary, comment on DOE directives and ensures the Defense Nuclear Facilities Safety Board (DNFSB or Board) is informed of the Technical Staff's reviews of DOE directives.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Instruction applies to Technical Staff employees assigned to manage, lead, or participate in reviews of formal written products for DOE or the National Nuclear Security Administration (NNSA) that provide requirements and guidance to employees or contractors. These written products include:
    - i. DOE Policies.
    - ii. DOE Notices.
    - iii. DOE Orders.
    - iv. DOE Manuals.
    - v. DOE Guides.
    - vi. DOE Directive Justification Memoranda.
    - vii. DOE Technical Standards.
    - viii. Project Justification Statements.

- ix. NNSA Supplemental Directives.
    - x. Other formal written products that are of interest to the Board.
  - B. In the event of a conflict between any provision contained in this Instruction and a higher order, policy or law, the provision in the higher order, policy or law shall supersede and control.
  - C. Policy or requirements stated by this Instruction apply only to the Office of the Technical Director (OTD). If any provision contained in this Instruction is found to affect an office outside of the OTD the provision shall be disregarded by that office. This circumstance does not alter or void the applicability of the Instruction to the OTD.
4. EXEMPTIONS.
- A. The Nuclear Programs and Analysis (NPA) Group Lead may authorize an exemption to the requirements of this Instruction.
  - B. Individuals shall also notify the Nuclear Programs and Analysis (NPA) Group Lead if they discover any deviations from the requirements contained in this Instruction.
  - C. Exemption requests and Deviation notifications are submitted by email, and then processed and retained as discussed in OP-562.1-1, *Storing and Maintaining Technical Staff Documents and Information*.
5. POLICY. The Technical Staff performs review of, evaluates, and, when necessary, comments on all new or revised DOE directives and associated documents (e.g., crosswalks, requirements basis documents, justification memoranda, project justification statements, or cancellation memoranda) of interest to the Board. The Technical Staff transmits comments on new or revised DOE directives and associated documents to DOE staff. The Technical Staff's review of draft versions of DOE directives is normally completed before DOE publishes the final versions of its directives. This timing is based on the November 21, 1995, DNFSB letter to the Undersecretary of Energy and the November 12, 1997, DNFSB letter to the Secretary of Energy.
6. REQUIREMENTS. The following requirements apply to all reviews of DOE directives conducted by the Board's Technical Staff.
- A. The Deputy Technical Director shall assess the effectiveness of the Technical Staff's review of DOE directives on an annual basis.

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- B. The NPA Group Lead shall establish and maintain the Operating Procedure and Work Practice listed below for the Technical Staff to perform reviews of, evaluate, and, when necessary, comment on DOE directives. The Operating Procedure shall include a process for the Technical Staff to (1) provide comments and suggestions to DOE staff, and (2) to inform the Board of their reviews.
  - i. OP-532.1-1, *Performing Reviews of New or Revised DOE Directives*.
  - ii. WP-532.1-1A, *Guidance for Technical Staff Review of DOE Directives*.
- C. The NPA Group Lead shall ensure that the Board's Technical staff performs reviews of, evaluates, and, when necessary, comments on all new or revised DOE directives received from DOE. Staff Oversight Plans developed per OP-521.2-2, *Developing Technical Staff Oversight Plans*, shall guide all Technical Staff efforts.
- D. The NPA Group Lead shall review, approve, and sign Technical Staff letters (containing comments and suggestions) on new or revised DOE directives.
- E. The NPA Group Lead shall establish procedures for the Technical Staff to develop a schedule to perform a review of, evaluate, and, when necessary, comment on DOE directives. The schedule shall consider the review date deadline requested by the Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep). The establishment of the schedule should be accomplished per I-521.2, *Technical Staff Resource Planning*, and OP-521.2-1, *Prioritizing and Resourcing Technical Staff Oversight*.
- F. The NPA Group Lead shall designate a suggested DOE Directives Lead Reviewer to lead the review of each new or revised DOE Directive per I-521.2 and OP-521.2-1.
- G. The NPA Group Lead shall assign a member of the Technical Staff as the DOE Directives Point of Contact. If the individual is not a member of the NPA Group, the NPA Group Lead shall obtain concurrence for the assignment from the individual's supervising Group Lead.
- H. When DOE places revised directives into its Review and Comment System, the DOE Directives Point of Contact shall ensure that the Board's Technical Staff performs reviews of, evaluates and, when necessary, comments on the DOE directives listed in N-532.1, *List of DOE Directives of Interest to the Board*.
- I. The DOE Directives Point of Contact shall ensure the Office of the General Counsel (OGC) receives DOE directives to perform a review of, evaluate, and, when necessary, comment on each directive.

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- J. The DOE Directives Point of Contact shall ensure that comments received from OGC are aggregated with comments from the Technical Staff.
- K. The DOE Directives Point of Contact shall maintain a detailed knowledge of DOE's directives system and DOE's directive review schedules.
- L. The DOE Directives Point of Contact shall brief the Board annually regarding the Technical Staff's reviews of DOE directives from the previous year, the status of the Technical Staff's current reviews of DOE directives, and projected Technical Staff reviews of DOE directives.
- M. The DOE Directives Lead Reviewer shall coordinate with DOE staff to attempt to satisfactorily resolve the Technical Staff's comments on new or revised DOE directives.
- N. The DOE Directives Lead Reviewer shall generate input for a Group Weekly Report per OP-546.1-2, *Developing Group Weekly Reports*, to inform the NPA Group Lead, Technical Director, and Board of all unresolved Staff Safety Issues resulting from a failure to adopt directive changes suggested by the Technical Staff based on the criteria in I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria*.
- O. Reviewers shall provide technical support and reasoning for each comment on new or revised DOE directives. Comments and suggestions shall focus on protecting the public and workers at DOE defense nuclear facilities.

7. RESPONSIBILITIES.

- A. Annually, the Deputy Technical Director shall assess the effectiveness of the Technical Staff's review of DOE directives.
- B. The NPA Group Lead shall:
  - i. Establish and maintain the Operating Procedure and Work Practice listed below for the Technical Staff to perform reviews of, evaluate and, when necessary, comment on DOE directives. The Operating Procedure shall include a process for the Technical Staff to (1) provide comments and suggestions to DOE staff, and (2) to inform the Board of their reviews.
    - (1) OP-532.1-1, *Performing Reviews of New or Revised DOE Directives*.
    - (2) WP-532.1-1A, *Guidance for Technical Staff Review of DOE Directives*.

- ii. Ensure that the Board's Technical Staff performs reviews of, evaluates, and, when necessary comments on DOE directives received from DOE.
- iii. Review, approve, and sign Technical Staff letters containing comments and suggestions on new or revised DOE directives.
- iv. Establish procedures for the Technical Staff to develop a schedule to perform a review of, evaluate, and, when necessary, comment on DOE directives. The schedule shall consider the review date deadline requested by the DepRep.
- v. Designate a DOE Directives Lead Reviewer to lead the review of each new or revised DOE Directive per I-521.2, OP-521.2-1, and OP-521.2-2.
- vi. Assign a member of the Technical Staff as the DOE Directives Point of Contact. If the individual is not a member of the NPA Group, the NPA Group Lead shall obtain concurrence for the assignment from the individual's supervising Group Lead.

**C. The DOE Directives Point of Contact shall:**

- i. Ensure that the Board's Technical Staff performs reviews of, evaluates, and, when necessary, comments on revised DOE directives that are listed in N-532.1.
- ii. Ensure OGC receives DOE directives to perform a review of, evaluate, and, when necessary, comment on each directive.
- iii. Ensure that comments received from OGC are aggregated with comments from the Technical Staff.
- iv. Maintain a detailed knowledge of DOE's directives system and DOE's directive review schedules.
- v. Brief the Board annually regarding the (1) Technical Staff's reviews of DOE directives from the previous year, (2) status of the Technical Staff's current reviews of DOE directives, and (3) projected Technical Staff reviews of DOE directives.
- vi. Ensure electronic records are to be archived in SharePoint per I-562.1.

**D. The DOE Directives Lead Reviewer shall:**

- i. Coordinate with DOE staff to attempt to satisfactorily resolve the Technical Staff's comments on new or revised DOE directives.
    - ii. Inform the NPA Group Lead, Technical Director, and Board of all unresolved staff safety issues at any DOE defense nuclear facility resulting from a failure to adopt directive changes suggested by the Technical Staff.
  - E. Reviewers shall:
    - i. Provide technical support and reasoning for each comment on new or revised DOE directives. Comments and suggestions shall focus on protecting the public and workers at DOE defense nuclear facilities.
- 8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor and assess this program.
  - A. Technical Staff letters (containing comments and suggestions) on new or revised DOE directives shall be reviewed, approved, and signed by the NPA Group Lead or a designated Technical Staff Senior Executive Service employee. This designation shall be in accordance with N-542.1-9, *List of Technical Staff Members Authorized to Sign Staff Letters*, and assigned in an email to the designated Technical Staff Senior Executive Service employee and DOE Directives Point of Contact.
  - B. Annually, the Deputy Technical Director shall assess the effectiveness of the Technical Staff's review of DOE directives per D-22.1, *Internal Controls Program*. This assessment shall evaluate (1) whether the Technical Staff's comments were submitted by the review date deadline, (2) whether the staff's comments and suggestions met the criteria in I-514.1, Section 6.B.i, and (3) how many comments were accepted by DOE and resulted in changes to DOE directives. Completion of this assessment shall be documented per D-22.1.
- 9. RECORDS. The DOE Directives Assistant shall ensure that hard copy documents are archived per I-562.1. Additionally, the DOE Directives Point of Contact shall ensure that electronic records are archived per I-562.1. The following records are to be archived.
  - A. Letters from the DepRep to the NPA Group Lead, including draft directives, resolution of comments matrices, requirements tracking tools, justification memoranda, project justification statements, and other relevant documents.
  - B. Technical Staff letters from the NPA Group Lead to the DepRep, including comments matrices, red-lined versions of draft directives, and other relevant documents.
  - C. Group Weekly Reports concerning the new or revised DOE directives.

10. REFERENCES.

- A. D-22.1, *Internal Controls Program.*
- B. I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria.*
- C. I-521.2, *Technical Staff Resource Planning.*
- D. OP-521.2-1, *Prioritizing and Resourcing Technical Staff Oversight.*
- E. OP-521.2-2, *Developing Technical Staff Oversight Plans.*
- F. N-532.1, *List of DOE Directives of Interest to the Board.*
- G. OP-532.1-1, *Performing Reviews of New or Revised DOE Directives.*
- H. WP-532.1-1A, *Guidance for Technical Staff Review of DOE Directives.*
- I. N-542.1-9, *List of Technical Staff Members Authorized to Sign Staff Letters.*
- J. OP-546.1-2, *Developing Group Weekly Reports.*
- K. I-562.1, *Technical Staff Records Management and Information Retention.*
- L. DOE Order 251.1C, *Departmental Directives Program.*
- M. DOE Order 252.1A, *Technical Standards Program.*
- N. NA SD 251.1, *Policy Letters: NNSA Policies, Supplemental Directives, and Business Operating Procedures.*

11. DEFINITIONS.

- A. DOE Directives Assistant. The NPA Group Administrative Assistant who provides administrative support for directives.
- B. DOE Directives Lead Reviewer. The Technical Staff member assigned by the NPA Group Lead to coordinate and document the review of a specific DOE directive.



May 8, 2014

- C. DOE Directives Point of Contact. A designated member of the Technical Staff who assists the NPA Group Lead in managing and tracking the Technical Staff's review of new or revised DOE directives.
- D. DOE Policies, Notices, Orders, Manuals, Guides, and Directive Justification Memoranda. Documents developed by DOE defined in DOE Order 251.1C, *Departmental Directives Program*.
- E. DOE Technical Standards and Project Justification Statements. Documents developed by DOE defined in DOE Order 252.1A, *Technical Standards Program*.
- F. NNSA Supplemental Directives. Documents developed by NNSA defined in NA SD 251.1, *Policy Letters: NNSA Policies, Supplemental Directives, and Business Operating Procedures*.
- G. Office of the General Counsel (OGC) Lead Reviewer. The individual General Counsel staff member assigned by OGC to review a specific DOE directive.
- H. Review Date Deadline. The date that Technical Staff letters are due to be sent electronically to the DepRep and followed in hard copy form.
- I. Reviewer. An individual assigned to a Review Team. The Reviewer shall be assigned specific responsibilities under the Review Plan.
- J. Staff Safety Issue. A situation that the Board's Technical Staff has identified as a safety concern pertaining to a defense nuclear facility. Generally, a Staff Safety Issue arises when (1) DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards, (2) conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards, or (3) requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues.
- K. The Office of the Departmental Representative to the Defense Nuclear Facilities Safety Board (DepRep). The DOE Office that provides cross-organizational leadership in resolving Board-related technical and management issues.

12. CONTACT. Address comments or questions regarding this Instruction to the NPA Group Lead.

A handwritten signature in black ink, appearing to read "SA Stokes", is positioned above a horizontal line.

Steven A. Stokes, Technical Director

### **Exemption 5**



# INSTRUCTION

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**Subject: TECHNICAL STAFF DEVELOPMENT OF EXTERNALLY RELEASED DOCUMENTS**

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**Number: I-542.1**

**Approved: 9/21/2015**

**Review: 9/20/2018**

**Certified:**

**Responsible Office: Office of the Technical Director**

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1. PURPOSE. The Defense Nuclear Facilities Safety Board (Board) uses the information from reviews that are planned and executed per I-530.1, *Execution of Technical Staff Reviews*, and I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives*, to provide independent analysis, advice, and recommendations to the Secretary of Energy. The reviews are intended to inform the secretary, as the operator and regulator of Department of Energy (DOE) defense nuclear facilities, about providing adequate protection of public health and safety at defense nuclear facilities. Additionally, the Board must keep the President, Congress, and the public informed of its activities and findings. The Board employs various correspondence methods to fulfill the above mission requirements. The correspondence can be as formal as a Recommendation or a Technical Report, or as informal as a speech or presentation. The information in the correspondence must be timely in order to have the desired impact. Finally, the Board's influence depends on its reputation for technical competency. The purpose of this Instruction is to ensure that the Technical Staff develops correspondence that is timely, accurate, technically correct, and appropriately classified.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Instruction applies to all Technical Staff employees.
  - B. In the event of a conflict between any provision contained in this Instruction and a higher order, policy, or law, the provision in the higher order, policy, or law shall supersede and control.
  - C. Policy or requirements stated by this Instruction apply only to the Office of the Technical Director (OTD). If any provision contained in this Instruction is found to affect an office outside of OTD, the provision shall be disregarded by that office. This situation does not alter or void the applicability of the Instruction to OTD.
4. EXEMPTIONS. Exemption requests, exemption approvals, deviation notifications, and related records retention requirements are implemented by the 542.1 series of Operating Procedures.

5. POLICY. The Technical Staff shall follow established procedures to ensure the development of timely, accurate, technically correct, and appropriately classified correspondence for Board consideration.
6. REQUIREMENTS. The following requirements apply to Technical Staff documents that are intended for external release by the Board or a Technical Staff member. The 542.1 series of Operating Procedures provides additional detail for implementing these requirements.
  - A. The Technical Director shall establish and maintain the following Operating Procedures that define correspondence development.
    - i. OP-542.1-5, *Developing Board Letters*.
    - ii. OP-542.1-6, *Developing Board Recommendations*.
    - iii. OP-542.1-7, *Dispositioning Responses to Board Recommendations*.
    - iv. OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*.
    - v. OP-542.1-9, *Developing Letters to be Signed by Technical Staff Members*.
    - vi. OP-542.1-10, *Developing Technical Reports*.
    - vii. OP-542.1-11, *Technical Director Concurrence of Agency Documents Developed Outside of the Office of the Technical Director*.
  - B. The Technical Director shall annually assess the timeliness of the development of Issue Reports and other Board correspondence.
  - C. When requested, the Technical Director will review and concur on, or otherwise provide feedback on, documents that are developed by Board Members or individuals assigned to other offices within the agency.
  - D. The Deputy Technical Director shall establish and maintain the following Operating Procedure that defines correspondence development and Work Practices that provide supplemental guidance for correspondence development:
    - i. OP-542.1-1, *Developing Site Representative Weekly Reports*.
    - ii. WP-542.1-0A, *Guidance for Technical Reports and Communications*.
    - iii. WP-542.1-0B, *Guidance for Technical Staff Support for Board Member Speeches and Presentations*.

- E. The Deputy Technical Director shall ensure that Site Representative Weekly Reports are developed per OP-542.1-1.
- F. The Deputy Technical Director shall ensure that all Staff Safety Issues and Potential Safety Issues identified in Site Representative Weekly Reports, as well as any related Internal Staff Commitments, are entered into the Issue and Commitment Tracking System (IACS) in accordance with I-550.1, *Issue Tracking and Closure*.
- G. The Nuclear Facilities Design and Infrastructure (NFDI) Group Lead shall prepare a separate section within the Board's Annual Report to Congress, titled the *Status of Significant Unresolved Issues with DOE's Design and Construction Projects*.
- H. The Nuclear Weapons Programs (NWP) and Nuclear Materials Processing and Stabilization (NMPS) Group Leads shall establish and maintain OP-542.1-2, *Developing Monthly Site Reports*, which defines the development of Monthly Site Reports. The NWP and NMPS Group Leads shall ensure that the Monthly Site Reports are developed per OP-542.1-2.
- I. The Cognizant Group Lead shall ensure that subordinate Technical Staff adhere to the requirements of this Instruction for Board letters and Recommendations to be submitted for Board review and release.
  - i. The Deputy Technical Director shall assume responsibility for this requirement in the case of Board letters or Recommendations submitted by Site Representatives for Board review and release.
- J. The Cognizant Group Lead shall ensure that correspondence to support Board Recommendations is developed per OP-542.1-6, and that DOE responses are dispositioned per OP-542.1-7.
- K. The Cognizant Group Lead shall ensure that PS-5, *Policy Statement on Assessing Risk*, is used to document an assessment of risk (when sufficient data exists) when drafting Recommendations to the Secretary of Energy before submitting (Draft) Recommendations for Board review and release.
- L. The Cognizant Group Lead shall ensure that PS-1, *Criteria for Judging the Adequacy of DOE Responses and Implementation Plans for Board Recommendations*, is used to assess DOE responses and Implementation Plans for Board Recommendations before submitting correspondence related to DOE Implementation Plans for Board review and release. The Cognizant Group Lead shall also ensure that an attorney from the Office of the General Counsel (OGC) is included in the assessment.

- M. The Cognizant Group Lead shall ensure that Board Safety Issues identified in Board letters or Recommendations are entered into IACTS in accordance with I-550.1.
  - i. The Deputy Technical Director shall assume responsibility for this requirement in the case of Board letters or Recommendations submitted by Site Representatives.
- N. The Cognizant Group Lead shall review all Technical Staff Non-Concurrence Records submitted under OP-542.1-8 to ensure that the facts are accurately presented and to determine if the Author's disposition of the non-concurrence is adequate.
- O. The Cognizant Group Lead shall ensure that miscellaneous letters from members of the Technical Staff are developed per OP-542.1-9.
- P. The Cognizant Group Lead shall ensure that Technical Reports developed by subordinates are developed per OP-542.1-10.
- Q. The Author shall draft and manage the development of correspondence for Board review and release so that it is timely, accurate, technically correct, and appropriately classified. The Author is also responsible for ensuring that all Technical Staff concurrence requirements are met per OP-542.1-8. Issue Reports and supporting correspondence shall be developed and forwarded to the Board's Executive Secretary within approximately 30 days after the need for a Board letter is identified per I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria*.
- R. The Author shall follow the requirements contained in AD 301-1, *DNFSB Procedures for Handling Classified Information*, for creating classified information if a new document will contain classified or sensitive information, or if the topic or materials used to develop the document create a possibility that classified or sensitive information might be inadvertently introduced into the document.
- S. The Author should follow the guidance of *Ten Principles for Writing High-Quality Reports* when drafting correspondence intended for external release.
- T. If a calculation supports Board correspondence, the Author shall consult with the Cognizant Group Lead to determine if the use of OP-530.1-5, *Documenting and Reviewing Engineering Calculations*, is required. If so, the Author shall ensure that the required calculation is completed using OP-530.1-5 and that the calculation identification number is recorded in the Record Note section of the Technical Staff Concurrence/Record Note Page.

- U. The Author shall ensure that correspondence intended for external release is submitted for review by the Technical Editor before it is sent to the Board.
- V. The Author shall ensure that correspondence is marked “DRAFT–NOT REVIEWED FOR PUBLIC RELEASE” in the document header until the Chairman is prepared to sign the document.
- W. The Author shall ensure documents intended for external release are submitted to the Headquarters Security Officer for classification review per OP-311.1-1, *Protecting DNFSB Sensitive and Classified Information*.
  - i. If the classification review determines that correspondence is classified or sensitive, the Author shall ensure that the documents are appropriately marked, and controlled per AD 301-1.
  - ii. Additionally, if the document was not previously controlled, the Author shall consult with the Headquarters Security Officer to identify required follow-up actions to secure the information.

7. RESPONSIBILITIES.

A. Technical Director.

- i. Establish and maintain the following Operating Procedures that define correspondence development:
  - (1) OP-542.1-5, *Developing Board Letters*.
  - (2) OP-542.1-6, *Developing Board Recommendations*.
  - (3) OP-542.1-7, *Dispositioning Responses to Board Recommendations*.
  - (4) OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents*.
  - (5) OP-542.1-9, *Developing Letters to be Signed by Technical Staff Members*.
  - (6) OP-542.1-10, *Developing Technical Reports*.
  - (7) OP-542.1-11, *Technical Director Concurrence of Agency Documents Developed Outside of the Office of the Technical Director*.



- ii. Annually assess the timeliness of Issue Reports and other Board correspondence.
- iii. When requested, review and concur on, or otherwise provide feedback on, documents that are developed by Board Members or individuals assigned to other offices within the agency

B. Deputy Technical Director.

- i. Establish and maintain the following Operating Procedure that defines correspondence development:
  - (1) OP-542.1-1, *Developing Site Representative Weekly Reports.*
- ii. Establish and maintain the following Work Practices that provide supplemental guidance for correspondence development:
  - (1) WP-542.1-0A, *Guidance for Technical Reports and Communications.*
  - (2) WP-542.1-0B, *Guidance for Technical Staff Support for Board Member Speeches and Presentations.*
- iii. Ensure that Site Representative Weekly Reports are developed per OP-542.1-1.
- iv. Ensure that all Staff Safety Issues and Potential Safety Issues identified in Site Representative Weekly Reports, as well as any related Internal Staff Commitments, are entered into IACTS in accordance with I-550.1.

C. Deputy Technical Director (in the case where external correspondence has been developed by Site Representatives)/Cognizant Group Lead.

- i. Ensure that all external correspondence prepared by subordinate Technical Staff for Board review and release adheres to the requirements of the 542 series of Operating Procedures.
- ii. Ensure that correspondence to support Board Recommendations is developed per OP-542.1-6, and that DOE responses are dispositioned per OP-542.1-7 and all applicable laws.
- iii. Ensure that PS-5 is used to document an assessment of risk when drafting Recommendations to the Secretary of Energy before submitting (Draft) Recommendations for Board review and release.

- iv. Ensure that PS-1 is used to assess DOE responses and Implementation Plans before submitting correspondence related to DOE Implementation Plans for Board review and release. Also ensure that an attorney from the OGC is included in the assessment.
- v. Ensure that Board Safety Issues identified in Board letters or Recommendations are entered into IACTS in accordance with I-550.1.
- vi. Review all Technical Staff Non-Concurrence Records submitted under OP-542.1-8 to ensure that the facts are accurately presented and to determine if the Author's disposition of the non-concurrence is adequate.
- vii. Ensure that miscellaneous letters from members of the Technical Staff are developed per OP-542.1-9.
- viii. Ensure that Technical Reports developed by subordinates are developed per OP-542.1-10.

D. NFDI Group Lead.

- i. Ensure that a separate section within the Board's Annual Report to Congress, titled *Status of Significant Unresolved Issues with DOE's Design and Construction Projects*, is submitted.

E. NWP and NMPS Group Leads.

- i. Establish and maintain OP-542.1-2, *Monthly Site Reports*, which defines the development of Monthly Site Reports.
- ii. Ensure that Monthly Site Reports are developed per OP-542.1-2.

F. Author.

- i. Draft and manage the development of correspondence for Board review and release so that it is timely, accurate, technically correct, and appropriately classified. Manage Technical Staff concurrence per OP-542.1-8.
- ii. Follow the guidance of *Ten Principles for Writing High-Quality Reports* when drafting correspondence intended for external release.
- iii. Follow the requirements contained in AD 301-1 for creating classified information if a new document will contain classified or sensitive information, or if the topic or materials used to develop the document

create a possibility that classified or sensitive information might be inadvertently introduced into the document.

- iv. If a calculation supports Board correspondence, consult with the Cognizant Group Lead to determine if the use of OP-530.1-5 is required. If so, ensure that the calculation is completed using OP-530.1-5 and that the calculation identification number is recorded in the Record Note section of the Technical Staff Concurrence/Record Note Page.
- v. Ensure correspondence is submitted for review by the Technical Editor before it is sent to the Board.
- vi. Ensure that correspondence is marked “DRAFT – NOT REVIEWED FOR PUBLIC RELEASE” in the document header until the Chairman is prepared to sign.
- vii. Ensure documents intended for external release are submitted to the Headquarters Security Officer for classification review per OP-311.1-1.
  - (1) If the classification review determines that correspondence is classified or sensitive, ensure that classified and sensitive documents are appropriately created, marked, and controlled per AD 301-1.
  - (2) If the document was not previously controlled, consult with the Headquarters Security Officer to identify required follow-up actions.

8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor and assess this program.

A. The Technical Director shall annually assess the timeliness of the development of Issue Reports and other Board correspondence. For each Technical Group, the Technical Director shall calculate an annual average processing time and compare it to previous annual averages to ensure the total correspondence development time is less than or equal to approximately 30 calendar days. The correspondence development time includes the entire process from the identification of a potential need for Board correspondence using I-514.1, until it is delivered to the Board’s Executive Secretary. Completion of this assessment will be documented using the procedures described in D-22.1, *Internal Controls Program*.

9. RECORDS. The Office of the General Manager shall ensure that all records associated with Board correspondence are archived appropriately per I-562.1, *Records Management and Information Retention*. The contents of the Green Folders include the Board correspondence, the enclosed Issue Report (if used), background information (if used), a

Records Concurrence Form, any Technical Staff Non-concurrence Records developed during execution of this Instruction, and a Technical Staff Concurrence/Record Note Page. All contents of the Green Folders will be archived.

10. REFERENCES.

- A. PS-1, *Criteria for Judging the Adequacy of DOE Responses and Implementation Plans for Board Recommendations.*
- B. PS-5, *Policy Statement on Assessing Risk.*
- C. D-22.1, *Internal Controls Program.*
- D. AD 301-1, *DNFSB Procedures for Handling Classified Information.*
- E. OP-311.1-1, *Protecting DNFSB Sensitive and Classified Information.*
- F. I-514.1, *Technical Staff Internal Work Prioritization and Reporting Decision Criteria.*
- G. I-530.1, *Execution of Technical Staff Reviews.*
- H. OP-530.1-5, *Documenting and Reviewing Engineering Calculations.*
- I. I-532.1, *Technical Staff Oversight of DOE's Development or Modification of DOE Directives.*
- J. WP-542.1-0A, *Guidance for Technical Reports and Communications.*
- K. WP-542.1-0B, *Guidance for Technical Staff Support for Board Member Speeches and Presentations.*
- L. OP-542.1-1, *Developing Site Representative Weekly Reports.*
- M. OP-542.1-2, *Developing Monthly Site Reports.*
- N. OP-542.1-5, *Developing Board Letters.*
- O. OP-542.1-6, *Developing Board Recommendations.*
- P. OP-542.1-7, *Dispositioning Responses to Board Recommendations.*
- Q. OP-542.1-8, *Internal Review and Concurrence for Technical Staff Documents.*
- R. OP-542.1-9, *Developing Letters to be Signed by Technical Staff Members.*

- S. OP-542.1-10, *Developing Technical Reports*.
- T. OP-542.1-11, *Technical Director Concurrence of Agency Documents Developed Outside of the Office of the Technical Director*.
- U. I-550.1, *Issue Tracking and Closure*.
- V. *Ten Principles for Writing High-Quality Reports, 2006*.

11. DEFINITIONS.

- A. Board Safety Issue. A safety deficiency that is identified while conducting oversight activities and that the Board has communicated to DOE. A Board Safety Issue will normally be presented to DOE in externally released correspondence and/or communicated to DOE in public hearings conducted by the Board.
- B. Cognizant Group Lead. The specific Group Lead responsible for the Technical Staff mission function that covers the activity that is being reviewed. Mission function alignment for Group Leads is defined in the Board's Annual Performance Plan and detailed in supporting Oversight Plans.
- C. Folder. The hardcopy package used to convey draft documents, background information, and the Technical Staff Concurrence/Record Note Page during the internal review and concurrence process. The folder assemblage depends on the type of correspondence and is described below for each case:
  - i. External Correspondence (Green Folder). The hardcopy package containing a draft external document on which Board action is needed. From bottom to top, the left side of the folder normally consists of the signed original Technical Staff Concurrence/Record Note Page, followed by a yellow copy of the Records Concurrence Form. From bottom to top, the right side of the folder normally consists of background material associated with the draft document, a divider labeled "Background," the documents to be enclosed with the letter (Issue Report, Recommendation, Technical Report, Annual Report, etc.) if any, the draft Board letter printed on white paper, and an executive cover sheet. The folder contains an Orange Folder for the Board's Executive Secretary and for each Board Member, with comments or feedback provided by the Board Member, as well as a document tracking the changes executed to resolve the Board's comments.
  - ii. Internal Correspondence (other color folder). The hardcopy package for a draft Information Paper. It includes the following: (1) on the left side, a

copy of the Technical Staff Concurrence/Record Note Page and any emailed concurrence responses (e.g., from the Site Representatives) and (2) on the right side, the latest version of the draft Information Paper followed by comments provided by the Information Paper contributors.

- D. Issue and Commitment Tracking System (IACS). An electronic system that the Technical Staff uses to support the management of Board Safety Issues, Staff Safety Issues, and Potential Safety Issues, and related DOE and Internal Staff Commitments.
  - E. Issue Report. Documentation developed by the Technical Staff to present a Staff Safety Issue. If the Board chooses to present the Staff Safety Issue to DOE in either a Recommendation or a Board letter, the issue is reclassified as a Board Safety Issue. Many Board letters to DOE will have an Issue Report enclosed to provide background information regarding the identified Board Safety Issue. See I-542.1, *Technical Staff Development of Externally Released Documents*.
  - F. Potential Safety Issue. A situation in which observed actions, designs, or conditions may not meet applicable requirements, or a situation in which the requirements themselves may be inadequate. In both cases, further information, review, and evaluation are required to understand the implications of the situation. Upon completion of the review and evaluation, a Potential Safety Issue may be reclassified as a Staff Safety Issue or as not a safety issue.
  - G. Recommendation. A document created and transmitted by the Board pursuant to 42 U.S.C. § 2286a(b)(5) to the Secretary of Energy. A Recommendation triggers the statutory procedures found at 42 U.S.C. § 2286d.
  - H. Staff Safety Issue. A situation that the Board's Technical Staff has identified as a safety concern pertaining to a defense nuclear facility. Generally, a Staff Safety Issue arises when (1) DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards; (2) conditions at defense nuclear facilities, or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities), differ from requirements in applicable regulations, DOE directives, or national consensus standards; or (3) requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues.
12. CONTACT. Address questions concerning this Instruction to the Deputy Technical Director.

A handwritten signature in black ink, appearing to read "SA Stokes", positioned above a horizontal line.

Steven A. Stokes, Technical Director



# INSTRUCTION

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**Subject: TECHNICAL STAFF INTERNAL COMMUNICATIONS**

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**Number: I-546.1**

**Approved: 01/06/2014**

**Review: 01/05/2017**

**Certified:**

**Responsible Office: Office of the Technical Director**

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1. PURPOSE. The Technical Staff develops information, Potential Safety Issues, or Staff Safety Issues that must be communicated to the Board or Technical Staff per I-530.1, *Execution of Technical Staff Reviews*. Information may also be developed by means other than execution of I-530.1. The purpose of this Instruction is to provide requirements and controls for Information Papers, Group Weekly Reports, and Board briefing materials produced by the Technical Staff. This Instruction ensures that these documents are clear, concise, timely, and communicate information, Potential Safety Issues, or Staff Safety Issues to the Board and Technical Staff.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Instruction applies to all Technical Staff employees assigned to manage, lead, or participate in an effort to develop Information Papers, Group Weekly Reports, and Board briefing materials.
  - B. In the event of a conflict between any provision contained herein and a provision of a higher order or policy, the provision in the higher order or policy shall supersede and control. Moreover, any policy stated by this Instruction shall remain within the scope of the legal authority for the Instruction. Accordingly, if any provision contained herein is found to affect any office outside of the Office of the Technical Director, such provision shall be deemed null and void and without impact on the Instruction's remaining provisions.
4. EXEMPTIONS. Exemption requests, exemption approvals, deviation notifications, and related records retention requirements are implemented by the 546.1 series of Operating Procedures.
5. POLICY. The Technical Staff produces documents that are clear, concise, and timely. These documents communicate information, Potential Safety Issues, or Staff Safety Issues to the Board and Technical Staff. While developing documents that are intended for internal use, members of the Technical Staff are conscious of the fact that the documents may be released to the public.



6. **REQUIREMENTS.** The requirements of this Instruction are detailed in the supplemental 546.1 series of Operating Procedures. The following requirements apply to all Information Papers, Group Weekly Reports, and Board briefing materials.
  - A. The Technical Director shall establish and maintain the following Operating Procedures for the Technical Staff that define internal document development:
    - i. OP-546.1-1, *Developing Information Papers*,
    - ii. OP-546.1-2, *Developing Group Weekly Reports*, and
    - iii. OP-546.1-3, *Communicating with the Board*.
  - B. The Technical Director shall ensure that the Information Paper development process is evaluated quarterly and that feedback is developed to improve the execution of this Instruction.
  - C. The Cognizant Group Leads shall ensure that an electronic version of the Group Weekly Report for their group is distributed to the Board and the Board's staff by using the All DNFSB Users email group and posted in SharePoint® on or before Thursday each week.
  - D. The Cognizant Group Lead shall ensure Information Papers, Group Weekly Reports, and Board briefing materials developed by subordinates adhere to the requirements of the 546.1 series of Operating Procedures.
    - i. The Deputy Technical Director shall assume responsibility for this requirement for Site Representative Information Papers or Board briefing materials.
  - E. After their distribution, the Cognizant Group Lead shall submit Group Weekly Reports to the Headquarters Security Officer for classification review per AD 301-1, *DNFSB Procedures for Handling Classified Information*.
    - i. If the classification review determines that correspondence is classified or sensitive, the Cognizant Group Lead shall ensure that the documents are appropriately marked and controlled per AD 301-1.
    - ii. Additionally, if the document was not previously controlled, the Cognizant Group Lead shall consult with the Headquarters Security Officer to identify required follow-up actions to secure the information.
  - F. The Cognizant Group Lead shall ensure that all commitments, Staff Safety Issues, and Potential Safety Issues that are identified in an Information Paper, Group

Weekly Report, or Board briefing materials are entered into the Issue and Commitment Tracking System (IACTS) per I-550.1, *Issue Tracking and Closure*.

- i. The Deputy Technical Director shall assume responsibility for this requirement for Site Representative Information Papers or Board briefing materials.
- G. The Cognizant Group Lead shall determine the necessity of using OP-530.1-5, *Documenting and Reviewing Engineering Calculations*, to document and review engineering calculations that support information papers.
  - i. The Deputy Technical Director shall assume responsibility for this requirement in the case of a Site Representative's Information Paper or Board briefing materials.
- H. The Author shall ensure that Information Papers are developed, approved, and issued promptly. Information papers that are developed to document the following events shall be issued within approximately 30 days after completion of the activity.
  - i. A site visit associated with a Review.
  - ii. A significant meeting that supports completion of Review objectives or that identifies Safety Issues.
  - iii. Evaluation of Review findings in cases where the Review does not include a site visit or other Review meeting.
  - iv. Board oversight visit to a site.
- I. The Author is also responsible for ensuring that all Technical Staff concurrence requirements are met.
- J. The Author shall apply the guidance from *Ten Principles for Writing High-Quality Reports* when drafting documents.
- K. The Author shall ensure that Information Papers are reviewed by the Technical Editor before their approval.
- L. The Author shall ensure that all documents are marked "DRAFT – NOT REVIEWED FOR PUBLIC RELEASE" in the document header.
- M. Although Information Papers and Board briefing materials may be developed using classified information, Authors shall not intentionally include classified or sensitive information in inputs for Group Weekly Reports.

- N. The Author shall ensure that Information Papers or Board briefing materials that intentionally contain classified or sensitive material are appropriately created, marked, and controlled per AD 301-1.
- O. After their approval, the Author shall ensure all Information Papers and Board briefing materials are submitted to the Headquarters Security Officer for classification review as discussed in OP-311.1-1.
  - i. If the classification review determines that correspondence is classified or sensitive, the Author shall ensure that the documents are appropriately marked and controlled per AD 301-1.
  - ii. Additionally, if the document was not previously controlled, the Author shall consult with the Headquarters Security Officer to identify required follow-up actions to secure the information.

7. RESPONSIBILITIES.

A. Technical Director.

- i. Establish and maintain the following Operating Procedures for the Technical Staff that define internal document development:
  - (1) OP-546.1-1, *Developing Information Papers*,
  - (2) OP-546.1-2, *Developing Group Weekly Reports*, and
  - (3) OP-546.1-3, *Communicating with the Board*.
- ii. Ensure that the Information Paper development process is evaluated quarterly.

B. Deputy Technical Director.

- i. Ensure that Information Papers developed by Site Representatives adhere to the requirements of OP-546.1-1.
- ii. Ensure that all commitments, Staff Safety Issues, and Potential Safety Issues that are identified in a Site Representative's Information Paper or Board briefing materials are entered into IACTS per I-550.1.

- iii. Determine the necessity of using OP-530.1-5, to document and review engineering calculations that support information papers when a Site Representative is the Author.
- iv. When required, ensure that materials developed by Site Representatives are archived per I-562.1, *Technical Staff Records Management and Information Retention*.

C. Cognizant Group Leads.

- i. Ensure that Information Papers developed by subordinates adhere to the requirements of OP-546.1-1.
- ii. ensure that an electronic version of the Group Weekly Report for their group is distributed to the Board and the Board's staff by using the All DNFSB Users email group and posted in SharePoint® on or before Thursday each week.
- iii. Ensure that Group Weekly Reports developed by subordinates adhere to the requirements of OP-546.1-2.
- iv. After their distribution, submit Group Weekly Reports to the Headquarters Security Officer for classification review as discussed in AD 301-1.
  - (1) Ensure that any Group Weekly Report determined to be classified or sensitive is correctly marked and appropriately controlled as discussed in AD 301-1.
  - (2) Consult with the Headquarters Security Officer to identify required follow-up actions if it is determined that a previously unmarked or uncontrolled Group Weekly Report is classified or sensitive.
- v. Ensure that all commitments, Staff Safety Issues, and Potential Safety Issues that are identified in an Information Paper, Group Weekly Report, or Board briefing materials are entered into IACTS per I-550.1.
- vi. Ensure that materials developed by subordinates to support briefings to the Board adhere to the requirements of OP-546.1-3.
- vii. Determine the necessity of using OP-530.1-5, to document and review engineering calculations that support Information Papers developed by subordinates.

- viii. When required, ensure that materials developed by subordinates are archived per I-562.1.

**D. Authors.**

- i. Ensure that Information Papers are developed, approved, and issued promptly. Information papers that are developed to document the following events shall be issued within approximately 30 days after completion of the activity.
  - (1) A site visit associated with a Review.
  - (2) A significant meeting that supports completion of Review objectives or that identifies Safety Issues.
  - (3) Evaluation of Review findings in cases where the Review does not include a site visit or other Review meeting.
  - (4) Board oversight visit to a site.
- ii. Ensure that all Technical Staff concurrence requirements are met.
- iii. Apply the guidance from *Ten Principles for Writing High-Quality Reports* when drafting documents.
- iv. Ensure that Information Papers are reviewed by the Technical Editor before their approval.
- v. Ensure that all documents are marked “DRAFT – NOT REVIEWED FOR PUBLIC RELEASE” in the document header.
- vi. Do not intentionally include classified or sensitive information in inputs for Group Weekly Reports.
- vii. Ensure that Information Papers or briefing materials that contain classified or sensitive material are appropriately marked and controlled per AD 301-1.
- viii. After their approval, ensure that all Information Papers and Board briefing materials are submitted to the Headquarters Security Officer for classification review as discussed in AD 301-1.
  - (1) Ensure that any Information Paper determined to be classified or sensitive is correctly marked and appropriately controlled as discussed in AD 301-1.

- (2) Consult with the Headquarters Security Officer to identify required follow-up actions if it is determined that a previously unmarked or uncontrolled Information Paper is classified or sensitive.
- 8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor and assess this program.
  - A. The Technical Director shall ensure that the Information Paper development process is evaluated at least quarterly. The Technical Director's evaluation shall include a calculation of the average document processing time for each group, and provide comparisons to previous averages. Completion of this evaluation shall be documented per D-22.1, *Internal Control Program*.
- 9. RECORDS.
  - A. The Cognizant Group Lead (or Deputy Technical Director for Records developed by Site Representatives) shall ensure that the following records are archived per I-562.1:
    - i. Approved Information Papers with associated Technical Staff Concurrence/Record Note Pages,
    - ii. Distributed Group Weekly Reports, and
    - iii. Miscellaneous materials to support Board briefings.
- 10. REFERENCES.
  - A. D-22.1, *Internal Control Program*.
  - B. AD 301-1, *DNFSB Procedures for Handling Classified Information*.
  - C. I-530.1, *Execution of Technical Staff Reviews*.
  - D. OP-530.1-5, *Documenting and Reviewing Engineering Calculations*.
  - E. OP-546.1-1, *Developing Information Papers*.
  - F. OP-546.1-2, *Developing Group Weekly Reports*.
  - G. OP-546.1-3, *Communicating with the Board*.
  - H. I-550.1, *Issue Tracking and Closure*.

I. I-562.1, *Technical Staff Records Management and Information Retention*.

J. *Ten Principles for Writing High-Quality Reports, 2006*.

11. DEFINITIONS.

- A. Board Safety Issue. A safety deficiency that is identified while conducting oversight activities and that the Board has communicated to DOE. A Board Safety Issue will normally be presented to DOE in externally released correspondence and/or communicated to DOE in public hearings conducted by the Board. Generally, a Board Safety Issue arises when one or more of the following circumstances are identified:
- i. DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards.
  - ii. Conditions at defense nuclear facilities or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards.
  - iii. Requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate.
- B. Cognizant Group Lead. The specific Group Lead responsible for the Technical Staff mission function that covers the activity that is being reviewed. Mission function alignment for Group Leads is defined in the Board's Annual Performance Plan and detailed in supporting Oversight Plans.
- C. Group Weekly Report. Weekly documentation in which contributions from individual members of the Technical Staff are recorded by the Cognizant Group Lead. The report provides a brief summary of Staff Safety Issues, Potential Safety Issues, results of technical Reviews, recent activities related to open Board Safety Issues, evaluations of DOE actions, or correspondence associated with open Board Safety Issues. This type of report can also document information of general interest to the Board or the Technical Staff. See I-546.1, *Technical Staff Internal Communications*.
- D. Information Paper. Internal documentation developed by the Technical Staff to present a Staff Safety Issue, Potential Safety Issue, results of a technical Review, recent activities related to open Board Safety Issue, evaluations of DOE actions, or correspondence associated with an open Board Safety Issue. This type of report can also document information of general interest to the Board or the Technical Staff. See I-546.1, *Technical Staff Internal Communications*.

January 6, 2014

- E. Issue and Commitment Tracking System (IACTS). An electronic system which the Technical Staff uses to support the management of Board Safety Issues, Staff Safety Issues, and Potential Safety Issues, and related DOE and Internal Staff Commitments.
  - F. Potential Safety Issue. A situation in which observed actions, designs, or conditions may not meet applicable requirements, or a situation in which the requirements themselves may be inadequate. In both cases, further information, review, and evaluation are required to understand the implications of the situation. Upon completion of the review and evaluation, a Potential Safety Issue may be reclassified as a Staff Safety Issue or as not a Safety Issue.
  - G. Staff Safety Issue. A situation that the Board's Technical Staff has identified as a safety concern pertaining to a defense nuclear facility. The Board may choose to present Staff Safety Issues to DOE as Board Safety Issues. Generally, a Staff Safety Issue arises when one or more of the following circumstances are identified:
    - i. DOE or its contractors are taking actions that differ from requirements in applicable regulations, DOE directives, or national consensus standards.
    - ii. Conditions at defense nuclear facilities or in design documents for planned defense nuclear facilities (or major modifications to existing defense nuclear facilities) differ from requirements in applicable regulations, DOE directives, or national consensus standards.
    - iii. Requirements in applicable regulations, DOE directives, or national consensus standards are found to be inadequate.
12. CONTACT. Address questions concerning this Instruction to the Deputy Technical Director.



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Steven A. Stokes, Technical Director



## **EXEMPTION 5**



# INSTRUCTION

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**Subject: TECHNICAL STAFF RECORDS MANAGEMENT AND INFORMATION RETENTION**

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<b>Number: I-562.1</b>	<b>Approved: 11/22/2016</b>	<b>Review: 11/21/2019</b>	<b>Certified:</b>
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**Responsible Office: Office of the Technical Director**

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1. PURPOSE. The technical staff of the Defense Nuclear Facilities Safety Board (Board) creates and maintains Records<sup>1</sup> to document the Board's organization, functions, programs, policies, decisions, procedures, and essential transactions. Also, the technical staff requires access to documents and products created or received during the conduct of oversight activities. The purpose of this Instruction is to identify the requirements and controls necessary for the technical staff to support the Agency Records Management Program as defined in AD 19-1, *Records Management Program*, and to retain Non-Record Materials for later use.
2. CANCELLATION. None.
3. APPLICABILITY.
  - A. This Instruction applies to all members of the technical staff.
  - B. Policy or requirements stated by this Instruction apply only to the Office of the Technical Director (OTD).
4. EXEMPTIONS. None.
5. POLICY. The technical staff creates Records and develops or receives other Non-Record Material while performing their work as defined in the 500 series of the Board's Directives, Instructions, and Operating Procedures. Records are retained to demonstrate that the Board operates in accordance with 42 U.S.C. § 2286 *et seq.*, *Enabling Statute of the Defense Nuclear Facilities Safety Board*, other regulations, and guidance. Records created by the technical staff are turned over to the Records Officer in the Office of the General Manager (OGM), who manages the Records Management Program for the Board and is responsible for maintaining Records. When necessary, the technical staff stores and maintains other Non-Record Material to support ongoing oversight activities. Each member of the technical staff supports the Board's responsibility to ensure that documents are properly stored and maintained.
6. REQUIREMENTS. The following requirements apply to the retention of Records and certain Non-Record Materials developed or received by the technical staff.

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<sup>1</sup> Defined terms (see Section 11) are capitalized.

- A. The Technical Director shall establish and maintain the following Directives that define how the technical staff manages Records and Non-Record Materials.
  - i. N-562.1, *Office of the Technical Director File Plan*.
  - ii. OP-562.1-1, *Storing and Maintaining Technical Staff Documents and Information*.
- B. The Technical Director shall ensure that each document in the 500 series of Directives, Instructions, and Operating Procedures includes a section that identifies Records created and stored during execution of the procedures or requirements contained in the document.
- C. Members of the technical staff shall use the Records Schedules from AD 19-1, the “Records” section of the applicable 500 series of Directives, Instructions, and Operating Procedures, and N-562.1, to identify and store Records. Members of the technical staff shall maintain other information necessary for technical staff work as Non-Record Material in accordance with OP-562.1-1 and N-562.1.
- D. When requested, members of the technical staff shall support the Board’s Records Officer in locating Records to support requests for information in accordance with agency Directives.
- E. Members of the technical staff shall notify the Office of the General Counsel (OGC) if they receive information that is related to allegations of unsafe or illegal activities at defense nuclear facilities, “whistle-blower” activities, or similar correspondence, and coordinate with OGC to ensure that the information is appropriately maintained for investigations conducted by the Board.
- F. In the event of receiving a pre-litigation hold or similar legal request that affects the management of technical staff documents and products, members of the technical staff shall follow directions provided by OGC and the Board’s Records Officer with respect to the identification, retention, and transmittal of relevant Records.

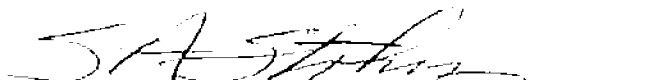
7. RESPONSIBILITIES.

- A. Responsibilities are assigned in Section 6.
- B. Other responsibilities for the Chairman, the General Manager, the Deputy General Manager, the Technical Director, the General Counsel, and the Records Officer are described in AD 19-1, *Records Management Program*.

8. CONTROLS AND MEASURES. The following controls and measures shall be used to monitor and assess this program.
  - A. Per AD 19-1, the Technical Director shall assess the effectiveness of the Technical Staff's use of this Instruction periodically in coordination with the Board's Records Officer. Completion of this assessment will be documented per D-22.1.
9. RECORDS. Each document in the 500 series of Directives, Instructions, Operating Procedures, Work Practices, and Notices shall specify Records to be maintained as part of technical staff activities in support of the Board's oversight functions. No additional Records are required to support the execution of requirements under this Instruction.
10. REFERENCES.
  - A. 42 U.S.C. § 2286, *et seq.*, *Enabling Statute of the Defense Nuclear Facilities Safety Board*.
  - B. 44 U.S.C. § 3303, *Definition of Records*.
  - C. D-22.1, *Internal Control Program*.
  - D. AD 19-1, *Records Management Program*.
  - E. N-562.1, *Office of the Technical Director File Plan*.
  - F. OP-562.1-1, *Technical Staff Records Management and Information Retention*
11. DEFINITIONS. AD 19-1 contains a complete set of definitions supporting the Board's record management practices.
  - A. File Plan. A set of policies and procedures to organize and identify Records. Applying a File Plan to Records Management principles and filing practices serves to organize and maintain Records, retrieve Records rapidly, ensure record completeness, and ease record disposition. See AD 19-1, *Records Management Program*.
  - B. Non-Record Materials. U.S. Government-owned informational material excluded from the legal definition of Records. See AD 19-1, *Records Management Program*.
  - C. Record. Includes all recorded information, regardless of form or characteristics, made or received by a Federal agency under Federal law or in connection with the transaction of public business and preserved or appropriate for preservation by that agency or its legitimate successor as evidence of the organization, functions,

policies, decisions, procedures, operations, or other activities of the United States Government or because of the informational value of data in them; and does not include library and museum material made or acquired and preserved solely for reference or exhibition purposes or duplicate copies of Records preserved only for convenience.

- D. Records Management. The planning, controlling, directing, organizing, training, promoting, and other managerial activities involved with respect to Records creation, Records maintenance and use, and Records disposition in order to achieve adequate and proper documentation of the policies and transactions of the Federal Government and effective and economical management of agency operations.
  - E. Records Officer. The designated Board official in OGM who is responsible for the Board's Records Management program. The Records Officer is authorized to transfer Records into the custody of the National Archives and Records Administration (NARA). See AD 19-1, *Records Management Program*.
  - F. Record Schedules. A "Records Schedule" identifies Records as either temporary or permanent. All Records schedules must be approved by NARA. A Records Schedule provides mandatory instructions for the disposition of the Records (including the transfer of permanent Records and disposal of temporary Records) when they are no longer needed by the agency. As part of the ongoing records life cycle, disposition should occur in the normal course of agency business. All Federal records must be scheduled (44 U.S.C. § 3303) either by an agency schedule or a General Records Schedule (GRS). The Board's Record Schedules are found in AD 19-1 *Records Program Management*.
12. CONTACT. Address questions concerning this Instruction to the Deputy Technical Director.



Steven A. Stokes, Technical Director

## Exemption 5



# NOTICE

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**Subject: EXECUTIVE RESOURCES BOARD**

**Number: N-126.1**

**Approved: 10/1/2015**

**Review: 03/31/2016**

**Certified:**

**Responsible Office: Office of the General Manager**

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1. **PURPOSE.** This Notice changes D-126.1, *Executive Resources Board*, pending update of the existing Directive.
2. **CANCELLATION.** N-126.1, *Executive Resources Board*, dated March 4, 2015, is hereby cancelled and replaced by this Notice.
3. **APPLICABILITY.** This Notice applies to all Board employees.
4. **EXEMPTIONS.** No change.
5. **POLICY.** This section is amended to read:

It is the policy of the Board to ensure that its SES merit staffing process and other ERB functions are conducted in accordance with applicable Federal laws and regulations and in such a manner as to ensure institutional continuity in the Board's executive personnel management.

- A. The Board will have one (1) ERB. The ERB will be composed of three (3) individuals appointed annually by the Chairman. The Chairman may select members of the ERB from any or all of the following groups: Career SES who are employees of the Board; Career SES and SES equivalents who work for other Federal agencies; and, Board Members. The Chairman will designate the individual who will serve as the ERB Chair.

The Director of Human Resources or his or her designee will serve as the Secretary to the ERB and will provide administrative support to carry out the responsibilities of the ERB.

- B. In the event any member of the ERB is unable to serve on the ERB due to a conflict of interest or circumstances beyond his or her control, the ERB Chair will direct the ERB Secretary to establish a Qualifications Review Panel (QRP).

For merit staffing purposes, *in addition* to the members who may be selected to serve on the ERB, the QRP may include panel members who are not members of

of the SES or who are not Federal employees, without regard to grade level. However, such panel members should be recognized as subject matter experts or human resources specialists.

- C. The Chairman reserves the right to delegate, in writing, additional responsibilities to the ERB, as needed. These responsibilities may include activities relating to executive personnel planning, utilization of executive resources, executive training and development, executive performance, executive pay, and evaluation of executive programs.

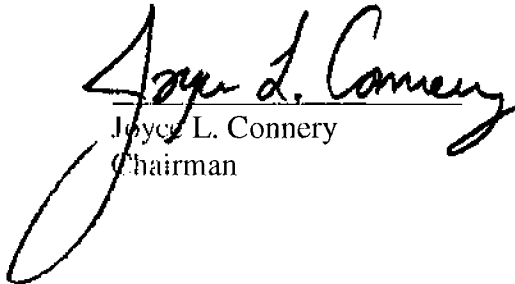
6. **REQUIREMENTS.** No change.

7. **RESPONSIBILITIES.** Responsibilities are amended as follows:

- A. The Chairman is the appointing authority for the Board's senior executives and retains final approval over all matters related to the Board's SES. The Chairman's responsibilities include:
  - i. Appointing members to the ERB. Each year, effective October 1, the Chairman will issue a memorandum establishing the membership of the ERB and designating which member will serve as the ERB Chair. ERB membership should be diverse and include, to the extent possible, representation by both women and minorities;
  - ii. Establishing the terms of ERB members;
  - iii. Increasing/decreasing or modifying the activities over which the ERB has purview; and
  - iv. Approving final updates or changes to the ERB procedures.
- D. **Executive Resources Board.** The ERB is responsible for:
  - i. Conducting the merit staffing process for career appointments in the SES, including reviewing the executive qualifications of candidates for career appointment and making written recommendations to the selecting official;
  - ii. The annual review and revision, as appropriate, of Executive Development Plans for current executives;
  - iii. Reviewing and evaluating applications and making final selections for eligible Board employees to participate in executive training programs; and



- iv. Providing advice and guidance on SES matters when the Chairman requests an advisory opinion or when it is required by other Board policies.
8. **REFERENCES.** No change.
9. **DEFINITIONS.** The definition of Qualifications Review Panel in Section 11. is amended to read:
- D. A panel established at the request of the ERB Chair when a member(s) of the current ERB must be replaced by an alternate panel member due to a conflict of interest or circumstances beyond their control.
10. **CONTACT.** Address questions concerning this Notice to the Office of the General Manager.



Joyce L. Connery  
Chairman



DEFENSE NUCLEAR FACILITIES SAFETY BOARD Washington, D.C. 20004

# NOTICE

**Subject: PERFORMANCE MANAGEMENT SYSTEM FOR EXCEPTED SERVICE EMPLOYEES**

**Number: N-131.1**

**Approved: 3/27/2015**

**Review: 9/27/2015**

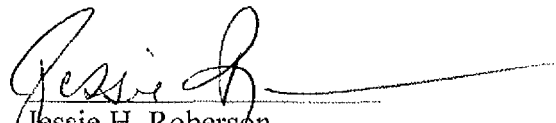
**Certified:**

**Responsible Office: Office of the General Manager**

1. **PURPOSE.** This Notice changes AD 131.1, *Performance Management System for Excepted Service Employees*, pending development of a new Directive.
2. **CANCELLATION.** None.
3. **APPLICABILITY.** This Notice applies to all technical staff Excepted Service employees.
4. **SCOPE.** No change.
5. **REFERENCES.** No change.
6. **DEFINITIONS.** No change.
7. **POLICY.** The Performance Appraisal Schedule dates are changed from beginning July 1 and ending June 30, to beginning October 1 and ending September 30. Chapter I section 2, is revised as follows:

**PERFORMANCE APPRAISAL SCHEDULE:** The normal performance appraisal period begins on **October 1** and ends on **September 30** of the following calendar year. Generally, all excepted service employees who have worked under a performance plan for **90** calendar days or more will receive a rating of record by July 30 of each year for the rating period completed on June 30. The Director of Human Resources must approve requests to deviate from the normal appraisal period in advance.

8. **RESPONSIBILITIES.** No change.
9. **CONTACT.** Address questions concerning this Notice of the Office of the General Manager.

  
Jessie H. Roberson  
Vice Chairman



# NOTICE

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**Subject: DNFSB PROCEDURES FOR HANDLING CLASSIFIED INFORMATION**

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**Number: N-301.1-3**

**Approved: 5/20/2016**

**Review: 5/19/2017**

**Certified:**

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**Responsible Office: Office of the General Manager**

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1. **PURPOSE.** This Notice changes Administrative Directive (AD) 301-1, *DNFSB Procedures for Handling Classified Information*, pending development of a new Directive and Operating Procedures, to implement provisions of Executive Order 13526 (Executive Order) and 32 C.F.R. 2001.41. Specifically, the purpose of this Notice is to modify the approved locations for viewing or discussing classified material and to modify the procedures for accessing classified material.

Section 4.1(g) of the Executive Order states: "Consistent with law, executive orders, directives, and regulations, each agency head or senior agency official, or with respect to the Intelligence Community, the Director of National Intelligence, shall establish controls to ensure that classified information is used, processed, stored, reproduced, transmitted, and destroyed under conditions that provide adequate protection and prevent access by unauthorized persons."

Per 32 C.F.R. 2001.41:

"Authorized persons who have access to classified information are responsible for:

- (a) Protecting it from persons without authorized access to that information, to include securing it in approved equipment or facilities whenever it is not under the direct control of an authorized person;
- (b) Meeting safeguarding requirements prescribed by the agency head; and
- (c) Ensuring that classified information is not communicated over unsecured voice or data circuits, in public conveyances or places, or in any other manner that permits interception by unauthorized persons."

2. **CANCELLATION.** This Notice replaces N-301.1-2 issued March 14, 2016.
3. **EXPIRATION.** This Notice expires on May 19, 2017.
4. **APPLICABILITY.** This Notice applies to all Board employees, consultants and contractors.

5. **REFERENCES.** The following is added to Exhibit 1 in the AD:

Executive Order 13526, *Classified National Security Information*  
32 C.F.R. Part 2001, *Classified National Security Information*  
DOE Master Security Plan, Chapter 5, *Classified Matter Protection and Control*  
DOE Order 471.6, *Information Security*

6. **POLICY.** The below supersedes applicable portions of Sections 6, 7, and 8 of the AD:

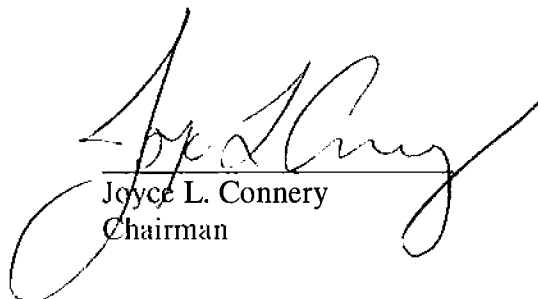
- A. The only location approved for viewing classified material at DNFSB Headquarters is the classified storage room (room 433) and the classified conference rooms (rooms 430 and 358) (collectively, the "Classified Areas"). Classified material normally must be viewed in the classified storage room. Classified conference rooms may be used to view classified material only with the written approval of an Office Director. The Office Director must record this written approval by completing the log outside the classified conference room. All individuals allowed to enter the classified conference room must also complete the log upon entry and exit.
- B. Classified material may not be discussed anywhere at DNFSB Headquarters until required upgrades have been made to the Classified Areas. Similarly, the encrypted phones in the Classified Areas may not be used for classified conversations until required upgrades are made. The DNFSB will arrange for classified conference space at an alternative location to discuss and make calls regarding classified material. The encrypted fax in the classified storage room may still be used for transmitting classified documents.
- C. All individuals who access security containers (safes) within the classified storage room are responsible for protecting all classified material that they have removed from the security containers at all times, and for locking all classified material in the appropriate security containers whenever the material is not in use or is not under the direct supervision of authorized persons. All individuals are reminded that access to classified material is based on an individual's security clearance plus a need to know. Those accessing classified material must ensure that unauthorized persons do not gain access to classified material.
- D. Appropriately cleared DNFSB employees are authorized to carry classified container combinations between floors in 625 Indiana Avenue, NW, as long as they are carried in a key-locked classified courier bag. Otherwise, appropriately cleared DNFSB employees may carry classified materials outside of DNFSB space ONLY IF they are trained pursuant to Department of Energy requirements OR if required to best protect the materials in case of an emergency within DNFSB space.
- E. Below are the procedures to access the classified storage room. All individuals with the need to access classified material within the classified storage room and the Security Management Specialist (or his/her designee) must perform the steps below:

- (1) The requesting individual must send a request to access the classified storage room to the Security Management Specialist via email to the **Exemption 6** mailbox.

The subject line must include the request type, the name of the authorized individual making the request and the date the access is required (e.g., Vault Access - John Doe – 5/10/16). The request must include supervisory approval. A separate request to access the classified storage room (with supervisory approval) must be sent for each day that access is needed. If two or more individuals need to access the same information, that fact must be included in the request.

- (2) The Security Management Specialist must verify the individual's clearance. The Security Management Specialist must provide the combinations required to open the classified storage room, as well as the specific security container needed. The Security Management Specialist must ensure that the individual's PIV badge can be used to access the classified storage room.
- (3) The individual must open the door to the classified storage room, provided it has not already been opened by an individual currently in the room. To open the door to the classified storage room:
  - i. Record the opening on the room's SF-702, *Security Container Check Sheet*, located on the outside of the classified storage room door.
  - ii. Deactivate the premises alarm system using the PIV badge and the access code.
  - iii. Dial the door combination, swipe the PIV badge and open the door.
- (4) The individual must open the security container, provided it has not already been opened by an individual currently in the room. To open a security container:
  - i. Dial the security container combination and open the lock.
  - ii. Record the opening on the security container's SF-702.
- (5) When the individual accessing the security container will no longer maintain line-of-sight control, the individual must close the security container. To close and secure a security container:
  - i. Visually check the work area, the immediate area of the security container and top of the security container for any classified material that may have been left unattended, and store it in the appropriate storage location.
  - ii. Close all safe drawers, and lock the combination lock by turning the dial one full turn to the left (counterclockwise), and then one full turn to the right (clockwise).
  - iii. Verify that all the container drawers are locked by attempting to turn the handle and simultaneously attempting to pull the drawer open. Then check each auxiliary drawer by activating its thumb release and attempting to pull the drawer open.
  - iv. Record the closing and checking actions on the security container's SF-702.
  - v. At the end of the work day, complete the SF-701, *Activity Security Checklist*, if instructed to do so by the Security Management Specialist (see subsection (8) below). The SF-701 is to be posted inside the area being protected.
- (6) The last individual to leave the room must secure the classified storage room. To secure the classified storage room:
  - i. Exit the room and close the door securely; ensure the locking mechanism has snapped into place and engaged the strike plate on the door jamb.
  - ii. Lock the combination lock by turning the dial one full turn to the left (counterclockwise), and then one full turn to the right (clockwise).
  - iii. Check that the door is fully secured.

- iv. Activate the premises alarm using the PIV badge and the access code.
    - v. Record each closing and checking action on the room's SF-702.
  - (7) In case of a security system malfunction (e.g., door will not close or lock, or the alarm system will not set up), the individual must not leave classified material unattended. The individual must contact the Security Management Specialist or an appropriate management official to determine a course of action, including an alternative way to secure the classified material.
  - (8) An SF-701 must be used for end-of-day security checks of the classified storage room. This form must be maintained inside the classified storage room. This form must be filled out by the Security Management Specialist unless the Security Management Specialist is unavailable or has left for the day. The Security Management Specialist must inform the individual accessing the classified storage room if the individual needs to fill out the form that day. The form must be retained for 90 days following the date of the last entry unless involved in a security incident, in which case the form relevant to the inquiry is retained as an attachment to the incident report.
7. **CONTACT.** Address questions concerning this Notice to the Office of the General Manager.



Joyce L. Connery  
Chairman



# WORK PRACTICE

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**Subject: GUIDANCE FOR DIVISION OF ACQUISITION AND FINANCE (DAF) STAFF  
ON DE-OBLIGATING EXCESS FUNDS**

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**Number: WP-211.1-1**

**Approved: 4/10/2015**

**Review: 4/10/2018**

**Certified:**

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**Responsible Office: Division of Acquisition and Finance (DAF)  
Office of the General Manager**

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1. PURPOSE/DISCUSSION. The DAF Staff is responsible for de-obligating excess funds once the period of performance has expired and all work has been completed/received for the following types of obligating documents: Purchase Orders under the Simplified Acquisition Threshold, Inter-Agency Agreements, Relocation Orders, Training Orders, Travel Orders, Purchase Card Orders, and Contracts. This Work Practice provides guidance related to the process, responsibilities and timeliness goals for de-obligating excess funds.
2. CANCELLATION. None
3. APPLICABILITY.
  - A. This Work Practice applies to all Division of Acquisition and Finance employees.
  - B. In the event of a conflict between any provision contained in this Work Practice and a higher order, policy or law, the provision in the higher order, policy or law shall supersede and control.
  - C. Policy or requirements stated by this Work Practice apply only to the Office of the General Manager (OGM). If any provision contained in this Work Practice is found to affect an office outside the OGM the provision shall be disregarded by that office. This situation does not alter or void the applicability of the Work Practice to the OGM.
4. REFERENCES.
  - A. Federal Acquisition Regulation (FAR) 4.804-1, Closeout by the office administering the contract.
  - B. Federal Acquisition Regulation (FAR) 4.804-5, Procedures for closing out contract files
5. RELEVANT REQUIREMENTS. None.

6. METHODS AND PRACTICES.

A. General Discussion. Funds shall be de-obligated from Purchase Orders (POs), Inter-Agency Agreements (IAAs), Relocation Orders, Training Orders, Travel Orders, Purchase Card Orders, and Contracts as follows:

(1) POs under Simplified Acquisition Threshold (SAT)/IAA

- a. Excess funding for POs executed under SAT and IAAs in which one time delivery of supplies/services is required shall be de-obligated by the Department of Acquisition and Finance (DAF) via an email to GSA once the final invoice is received, approved and paid. The requisitioner's signature on an invoice is verification that all supplies/services have been received and remaining funds can be de-obligated.
- b. Excess funding for POs executed under SAT and IAAs which are billed monthly or quarterly shall be de-obligated by DAF via an email to GSA once the period of performance has expired and all invoices are received, approved and paid. Once the period of performance has ended and all invoices have been received, approved and paid, and the status of services provided has been verified with the requisitioner, the remaining funds will be de-obligated.

(2) Relocation Orders- Funding shall be de-obligated once all applicable relocation costs (real estate expenses, enroute traveling expenses, house hunting and temporary quarter's expenses, transportation and/or storage of household goods, and taxes, etc.) have been vouchered or invoiced, approved and paid. Due to the employees' ability to request an extension on several allowable relocation costs, and that reimbursable taxes can cross fiscal years, the ability to de-obligate relocation funds may take several years. However, all relocation funding not applicable to real estate expenses, temporary quarter's expenses, storage of household goods and taxes will be de-obligated once the invoiced for those items have been received, approved and paid. Once invoices for the remaining relocation expenses are submitted, approved, and paid, and confirmation with GSA that all tax related transaction are completed, all remaining funds will be de-obligated and the Relocation Act Number will be closed in the system

(3) Training Orders (SF-182) - De-obligation of remaining funds shall occur once invoices for training have been submitted, approved and paid.

(4) Travel Orders – Funding will be de-obligated when the traveler has been reimbursed for all allowable expenses and the applicable common carrier (air, train, etc.) costs have been invoiced and paid. DAF maintains a spreadsheet for tracking all common carrier charges on the Centrally Billed Account



(CBA), including potential refunds. The Travel Management Coordinator (TMC) works with DAF to reconcile the CBA statements with the travel spreadsheet and requests refunds for unused tickets due to a change or cancellation in the original travel plans.

- (5) Purchase Card Orders - Credit card purchases are paid daily by GSA and reconciliation of purchases and payment occur monthly. If an item is returned, not received or a service is not performed, the card statement should reflect such action. The purchase card holder is responsible for making sure applicable credits appear on subsequent statements. Manual de-obligations are not required
- (6) Contracts - The de-obligation of remaining funds for firm fixed price and labor-hour contracts should occur once the contract is closed out in accordance with FAR 4.804-5 "Procedures for closing out contract files". Such procedures shall begin within 45 days of the contract period of performance ending and receipt by the CO of evidence of physical completion. If a balance in excess of \$100K remains on a labor-hour contract, upon the initial review process, all funding except for a reserve amount of 15% of the contract total amount will be de-obligated immediately. The remaining balance resulting from the 15% reserve will be de-obligated at time of close-out. The complete closeout process should normally occur within six months of the process beginning. The CO shall make every effort to close out all contracts and de-obligate remaining funds as expeditiously as possible. Once the closeout documents are completed, DAF will email a copy of the close-out modification to GSA which will authorize them to close the document and de-obligate any remaining funds.

- B. Review. The DAF staff will review the monthly "Aging Report" and then discuss with the Director, within 5 work days of receipt, the status of open ACT Numbers in which funds appears to be ready to be de-obligated. The General Manager will also be briefed quarterly (June, Sept, December, March) by the Director within 10 work days of the receipt of the Aging Report.

7. **DEFINITIONS.**

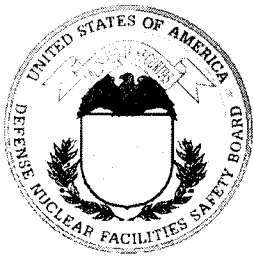
- A. Act Number. Reference document number which tracks individual obligations.
- B. Contract. Mutually binding legal relationship obligating the seller to furnish the supplies or services and the buyer to pay for them by obligating the Government to an expenditure of appropriated funds and that, except as otherwise authorized, are in writing. The amount obligated is usually above \$150K.
- C. De-Obligating Funds. Reducing the obligations on a contract as a result of canceling a requirement, reducing cost, or correcting obligating amount.
- D. Obligating Document. Vehicle used to obligate funds for the purchase of supplies or services (IAA, PO, Contract etc.).

- E. Inter-Agency Agreement (IAA). Agreement in which an agency needing supplies or services (the requesting agency) obtains them from another government agency (the servicing agency).
  - F. Invoice. Contractor's bill or written request for payment under the purchase order/contract for supplies delivered or services performed.
  - G. Purchase Card Orders. Purchases made for services or supplies using employees' purchase card.
  - H. Purchase Orders under Simplified Acquisition Threshold (SAT). An offer by the Government to buy supplies or services upon specified terms and conditions under the simplified acquisition threshold which is currently \$150K.
  - I. Relocation Order. Travel Authorization (TA) which obligates funds for the purpose of reimbursement of authorized official relocation expenses.
  - J. Training Order. Approved SF-182 (Authorization, Agreement and Certification of Training) which obligates funds for the purpose of authorized official government training.
  - K. Travel Order. Travel Authorization (TA) which obligates funds for the purpose of authorized official business travel in accordance with the Federal Travel Regulation.
8. CONTACT. Address questions concerning this Work Practice to the Division of Acquisition and Finance, Office of the General Manager.



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**Mark T. Welch**  
**General Manager**



# WORK PRACTICE

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**Subject: Providing Information for the Board's Daily Gold Folder**

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**Number: WP-601**

**Approved: 4/1/2015**

**Review: 4/1/2018**

**Certified:**

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**Responsible Office: Office of the General Counsel**

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1. PURPOSE. To ensure the Board remains aware of matters within its jurisdiction and/or impacting its mission, the Office of the General Counsel (OGC) is responsible for reviewing sources of information each work day to identify matters that may be of interest to the Board. This information is provided each business day not later than 8:05 a.m. in the Gold Folder materials that are circulated to the Board and Office Directors.
2. CANCELLATION. OGC Draft Procedures to Perform Searches of News, Sources, and Congressional Activity, dated 06/2014.
3. APPLICABILITY. This Work Practice applies to the OGC assistant or responsible OGC employee tasked with performing searches of news, other information, and congressional activity.
4. EXEMPTIONS. None.
5. REQUIREMENTS. All information obtained must be provided via email to the Board's Executive Assistants for inclusion in the Gold Folder no later than 3:45 p.m. each work day.
6. PROCEDURES. The processes presented below in Sections 6.A through 6.C are independent of each other.
  - A. Google Alerts for News Searches.
    - i. Set up and create a Google alert with key search terms using <https://www.google.com/alerts>. (See guidance in Appendix A and C).
    - ii. Review each email alert that is sent for news and information of interest to the Board based on current DFNSB projects, Board Site Representatives' "Weekly Reports", Board recommendations and other correspondence, and any other current or past issues identified by Board members, Office Directors, or OGC attorneys.

Note: Any source that mentions or references the Defense Nuclear Facilities Safety Board and/or Board Members is an item of interest to the Board.
    - iii. Save the identified news of interest in Portable Document Format (PDF).

- iv. Send an email to the Executive Assistants in the Office of the Chairman with the PDFs attached in the email. (See guidance in Appendix B).  
Copy (cc:) the Deputy General Counsel on each email.

B. Website Sources. Review the following websites for press releases and reports of interest to the Board:

- i. Department of Energy, Office of the Inspector General-  
<http://energy.gov/ig/office-inspector-general>
- ii. National Nuclear Security Administration-  
[www.nnsa.energy.gov](http://www.nnsa.energy.gov)
- iii. Government Accountability Office-  
[www.gao.gov](http://www.gao.gov)
- iv. Project on Government Oversight-  
[www.pogo.org](http://www.pogo.org)

C. Congressional Hearings. Review the following websites to support and provide follow-up for the attorney responsible for tracking Congressional Activities of interest to the Board. Search for hearing dates, press releases, legislative announcements, and other general information. Follow up with the lead attorney and post scheduled hearing dates on the OGC calendar.

- i. <http://www.capitolhearings.org/>
- ii. <http://www.appropriations.senate.gov/>
- iii. <http://appropriations.house.gov/>
- iv. <http://appropriations.house.gov/about/members/energywater.htm>
- v. <http://www.appropriations.senate.gov/subcommittee/energy-and-water-development>

7. RESPONSIBILITIES.

A. Deputy General Counsel:

- i. Directs compliance as required for this Work Practice.
- ii. Makes final determinations on news, web sources, and hearings that cannot be determined by the assistant or an attorney.
- iii. Responsible for ensuring the individual carrying out this procedure possesses the necessary proficiency.

B. Attorney (Congressional Activities):

- i. Ensures all congressional hearing schedules are communicated to the assistant for posting on the OGC calendar.

C. Assistant/Responsible OGC Employee:

- i. Carries out the procedural action identified in sections 6A through 6C daily.
  - ii. Submits the identified information for the Gold Folder by 3:45 p.m.
  - iii. Copies the Deputy General Counsel on each Gold Folder email.
  - iv. Coordinates with the lead attorney responsible for Congressional Activities to ensure the correct hearing dates are posted to the OGC calendar.
8. CONTROLS AND MEASURES. Work Practice 12-1, *Providing Information for the Board's Daily Gold Folder* shall undergo a Certification Review for accuracy and continued relevance at least every three (3) years respectively.
9. RECORDS. Documentation regarding the final Gold Folder search sent electronically will be maintained by the Office of the General Counsel. As established by the National Archives and Record Administration, final Gold Folder documents are a temporary record and are destroyed at the end of the calendar year.
10. REFERENCES. *Draft Procedures to Perform Searches of News, Sources, and Congressional Activity*, dated 06/2014.
11. CONTACT. Address questions concerning this Work Practice to the Deputy General Counsel.



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Acting General Counsel

## APPENDIX A KEY SEARCH TERMS

Key search terms are determined based on current Board projects. They are also determined from the defense nuclear facilities sites weekly reports emailed from the DNFSB Site Representatives and technical Group Leads every Friday.

### A. Standard Terms of Interest:

- Babcock & Wilcox Company
- Battelle
- Bechtel
- Busche, Donna
- Centrus Energy Corporation
- Consolidated Nuclear Security, LLC on “CNS”
- CH2M HILL/CHPRC
- Creedon, Madelyn
- Defense nuclear facilities
- Department of Energy *and* DOE
- DNFSB *and* defense nuclear facilities safety board
- Each defense nuclear facility site name
- Energy and Water Development Appropriations Act
- Environmental Management
- Hanford Tank Farms *and* Hanford Storage Tanks
- Environment, Health, Safety and Security
- Highly-enriched uranium
- Klotz, Frank G.
- Lockheed Martin
- Moniz, Ernest
- MOX *and* Mixed Oxide
- National Defense Authorization Act *and* NDAA
- National Nuclear Security Administration *and* NNSA
- Plateau Remediation Company
- Roberson, Jessie Hill
- Salt Waste Processing Facility
- Santos, Daniel J.
- Sullivan, Sean
- Secretary of Energy
- Special nuclear material
- United States Enrichment Corporation or USEC
- Tamosaitis, Walter
- Uranium Processing Facility
- Washington Closure Hanford
- Washington River Protection

- Waste Isolation Pilot Plant *and* WIPP
- Waste Treatment and Immobilization Plant *and* WTP
- Other key terms based on current Board projects and weekly reports.

**APPENDIX B**  
**GOLD FOLDER SUBMISSION EMAIL**

Identified news sources are to be saved in PDF format. Send an email to the Executive Assistants in the Office of the Chairman with the PDFs attached to the email.

**The subject line of the email should be:**

“MM/DD/YY Gold Folder Document(s)”

**The message in the email should state:**

Salutation of choice,

Please include the enclosed as part of the Gold Folder for MM/DD/YY.

Thank you.

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Your first and last name  
OGC/Ext #.