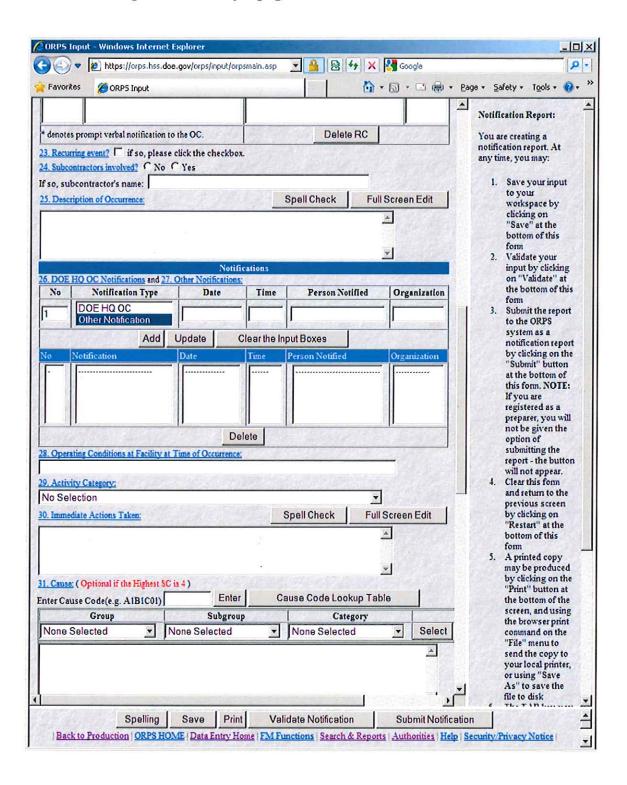
## Occurrence Reporting & Processing System (ORPS)

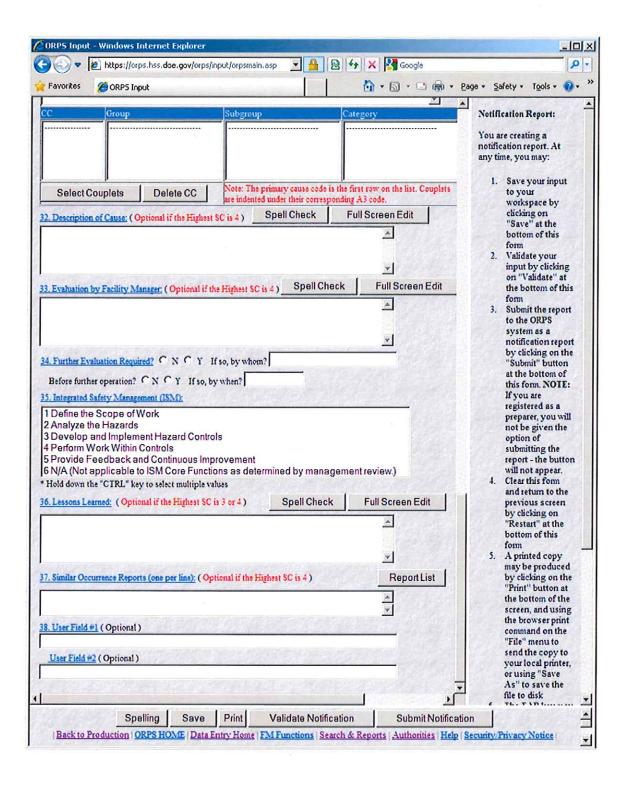
### Notification Report Data Entry - page 1

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12. Secretarial Office: EM - Environmental Management ▼ system as a	
13. System Building Equipment: notification of by clicking of	
14. Authorized "Submit" bu	itton
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not be given	
18. Discovered Date/Time: (mm/dd/yyyy) (hhmm) option of submitting the	he
9. Categorized Date Time: (mm/dd vvvv) (hhmm) report - the b	button
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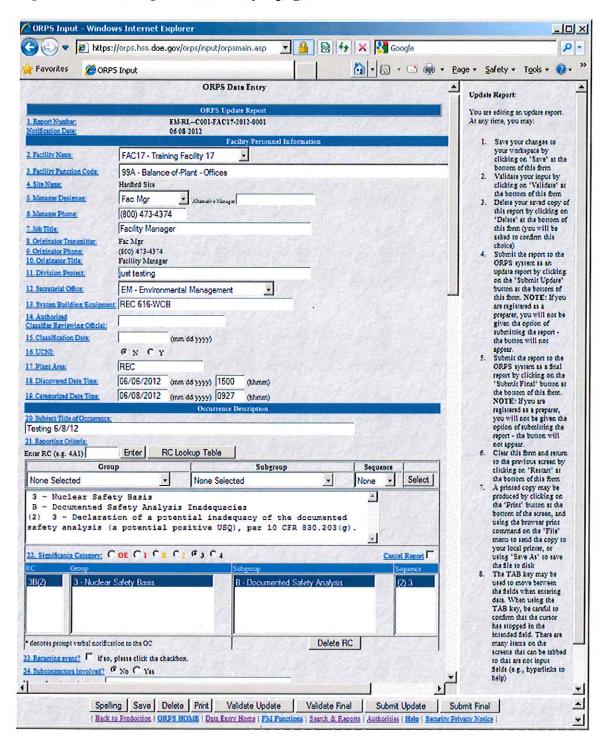
#### Notification Report Data Entry - page 2



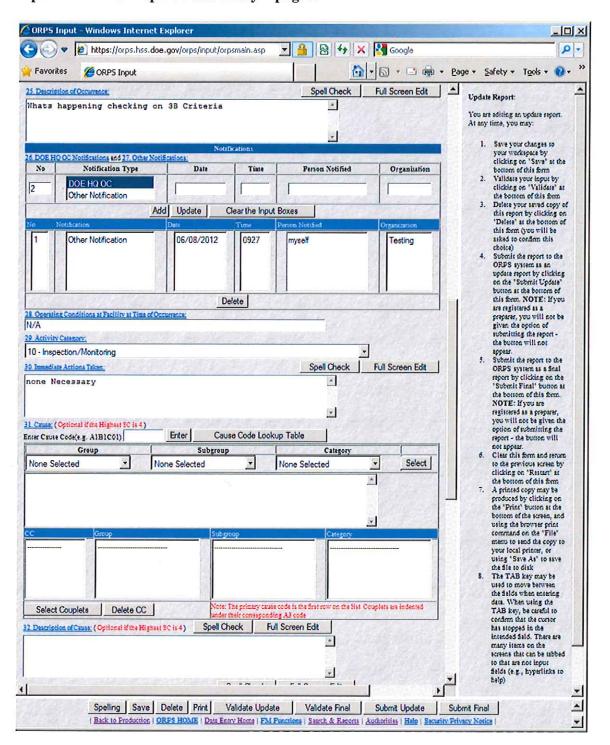
#### Notification Report Data Entry - page 3



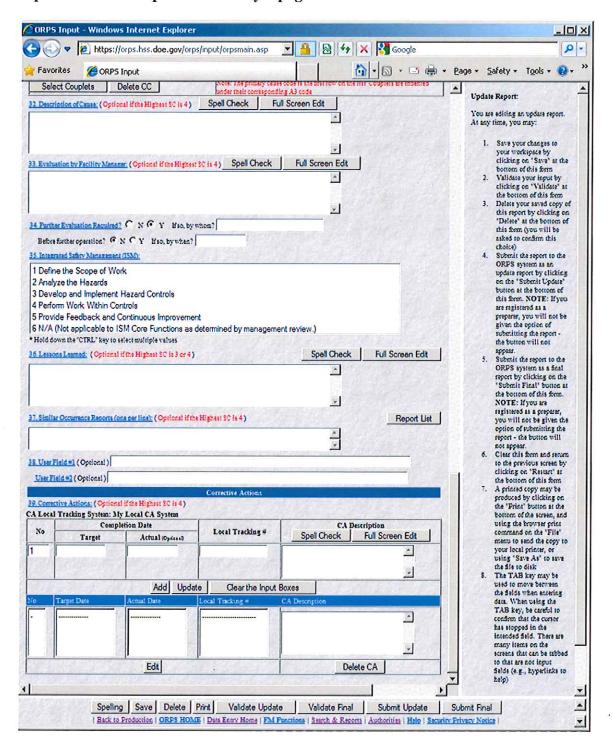
#### Update or Final Report Data Entry - page 1



#### Update or Final Report Data Entry - page 2



#### Update or Final Report Data Entry - page 3



# Occurrence Reporting and Processing System (ORPS) Data Fields

Field Name	Instructions
Facility/Personnel Information	
Occurrence Report Number	The occurrence report number is automatically generated by the system. It consists of the following:  • DOE Field Office  • Area Office (if applicable)  • DOE contractor  • Facility  • Calendar Year the occurrence was first reported  • Sequential number of the occurrence by facility  Items are separated from each other by a dash.  A temporary number is assigned when a Notification Report is first created. When the Notification Report is successfully transmitted, a permanent number will be automatically generated by the ORPS system, and may
Facility Name	not be modified.  Select the Facility Name from the drop-down menu.  Note, only facilities that you have authority with will show up in this drop-down menu.
Facility Function Code	Select the Facility Function code from the drop-down menu that best describes the activity/function performed at the facility selected. Only one selection is allowed.  Facility Functions are listed below: 01 - Plutonium Processing and Handling 02 - SNM Storage 03 - Explosive 04 - Uranium Enrichment 05 - Uranium Conversion/Processing and Handling 06 - Irradiated Fissile Material Storage 07 - Reprocessing 08 - Nuclear Waste Operations/Disposal 09 - Tritium Activities 10 - Fusion Activities 11 - Environmental Restoration Operations 12 - Category "A" Reactors 13 - Category "B" Reactors 14 - Solar Activities 15 - Fossil and Petroleum Reserves

	Instructions
	16 - Accelerators
	17 - Laboratory (For search only)
	17A - Laboratory - Analytical
	17B - Laboratory - Research & Development
	99 - Balance-of-Plant (For search only)
	99A - Balance-of-Plant - Offices
	99B - Balance-of-Plant - Machine shops
	99C - Balance-of-Plant - Site/outside utilities
	99D - Balance-of-Plant - Safeguards/security
	99E - Balance-of-Plant - Storage (except SNM)
	99F - Balance-of-Plant - Laundries
	99G - Balance of Plant - Infrastructure (Other Functions
CO. N.	not specifically listed in this Category)
Site Name	This field is automatically generated by the system, and
	indicates the logged users' site. This field may not be
N. C.	modified.
Manager/Designee	Enter the name, title, and phone number of the
	responsible facility manager or designee who approved
	this report, either by personally transmitting the
	electronic report or by signing the hard copy report. By
	selecting a facility manager name from the drop-down
	menu, the title and phone number fields will be filled in
	automatically, but may be overridden if necessary. Only
	Facility Managers that are registered ORPS users will
	appear in the drop down menu. If the appropriate facility
×	manager's name does not appear in the list, you may
	alternatively enter a name in the input box next to the
	drop-down menu. You will also have to fill in the phone
	number and title as well. A selection made from the
	drop-down menu will override any information entered
	in the input box. This field is required for all reports
Manager Phone	This field is required for all reports.
Manager Fnone	Enter a telephone number, including area code, for this
	person. Telephone number format is AAAPPPNNNN, where AAA is the area code, PPP is the prefix, and
	NNNN is the number. Any amount of punctuation may
	be included in any way desired, as long as 10 numeric
9	digits are included and the field does not exceed 15
	characters in total length. Phone numbers are displayed
	as (AAA) PPP-NNNN.
*	Example: (208) 555-1212> 208/555-1212
	This field is required for all reports.
Job Title	Enter the specific job title of the Manager/Designee.
Originator/Transmitter	This field is automatically generated by the system, and

Field Name	Instructions
	displays the user ID of the logged in user.
Originator Phone	This field is automatically generated by the system, and
	displays the telephone number of the logged in user.
Originator/Title	This field is automatically generated by the system, and
	displays the title of the logged in user.
Division/Project	Identify the project or the contractor organization
	responsible for the facility at which the occurrence took
·	place. This field is appointed for all appoints
Secretarial Office	This field is required for all reports.
Secretarial Office	Select the DOE Secretarial Office to which this facility is operationally responsible from the drop-down menu.
	operationally responsible from the drop-down menu.
	EE - Energy Efficiency and Renewable Energy
	EI - Energy Information Administration
	EM - Environmental Management
	FE - Fossil Energy
	HS – Health, Safety and Security
	ME – Management, Budget and Evaluation
	NA – National Nuclear Security Administration
	NE - Nuclear Energy, Science and Technology
	NP - New Production Reactor (no new reports)
	RW - Civilian Radioactive Waste Management
	SC - Science
	SO - Security
	UE - Uranium Enrichment (no new reports)
	Only one Secretarial Office may be selected. If the
	facility is operationally responsible to more than one
	Secretarial Office, enter the Secretarial Office that is
	most directly involved in the specific work activity
	during which the occurrence took place. This field is
Creations / Davids - / Francisco	required for all reports.
System/Building/Equipment	Identify all systems, equipment, or structural items
	involved in the occurrence, as applicable. In addition, in
	the case of component failures or defective parts or
	materials, provide such information as the manufacturer, model number, and size. The most significant item(s)
	should be listed here. Additional information can be
	provided in the Description of Occurrence.
Authorized	Name of the person reviewing new entries
Classifier/Reviewing	The state of the s
Official	*
Classification Date	Date format is MM/DD/YYYY.
	Example: June 3, 1996> 06/03/1996

Field Name	Instructions
	The time format is military time: hhmm, with midnight
	represented as 0000 on the second day.
	Examples:
	6:30 AM - 0630
	6:30 PM - 1830
	These fields are required for all reports.
UCNI	When required and when appropriate UCNI guidance is available, a reviewing official needs to make a final determination that the report contains (enter "Y" for Yes) or does not contain (enter "N" for No) UCNI. Where appropriate guidance is not available, a reviewing official should make a preliminary review determination that the report may contain UCNI (enter "Y" for Yes) or
	does not contain UCNI (enter "N" for No). Reports with
	UCNI = Y can not be transmitted to the database.
Plant Area	Indicate the name of the site-specific plant area (e.g., F-
	Area, M-Area) where the occurrence took place. This
	field is required for all reports.
Discovered Date/Time	Enter the date and time when the facility staff discovered
	the event or condition being reported. Date format is
	MM/DD/YYYY.
	Example: June 3, 1996> 06/03/1996
	The time format is military time: hhmm, with midnight
	represented as 0000 on the second day.
	Examples: 6:30 AM - 0630
	6:30 PM - 1830
Categorized Date/Time	These fields are required for all reports.
Categorized Date/Time	Enter the date and time when the Facility Manager determined that the event or condition constituted a
	Reportable Occurrence and determined its category
	(Significance Category 1-4, or OE). Date format is
	MM/DD/YYYY.
	Example: June 3, 1996> 06/03/1996
	The time format is military time: hhmm, with midnight
	represented as 0000 on the second day.
	Examples:
	6:30 AM - 0630
	6:30 PM - 1830
	These fields are required for all reports.
Subject/Title of Occurrence	Enter a brief title or description (140 characters or less)
	that best details the nature, cause, and result of the
	occurrence. This field is required for all reports.
Reporting Criteria	Select one or more Reporting Criterion/Criteria as

Field Name	Instructions
	discussed in Section 6 of DOE Manual 231.1-2. All of the specific reporting criteria applicable for an occurrence should be identified.  NOTE: The Significance Category field will contain the highest significance category associated with the selected criteria. For example, if criteria with significance categories 4, 3, and 1 were selected, then the significance category would be 1.
Significance Category	This field is automatically assigned by the system and is dependent on the Reporting Criterion/Criteria.  Significance Categories include OE (emergency), 1, R, 2, 3, and 4, with OE being the most significant and 4 the least significant. The Significance Categories are defined as follows:
	Category OE: Operational Emergency Occurrences are the most serious occurrences and require an increased alert status for onsite personnel and, in specified cases, for offsite authorities.
	Category 1: Occurrences in this category are those that are not Operational Emergencies and that have a <i>significant impact</i> on safe facility operations, worker or public safety and health, regulatory compliance, or public/business interests
	Category R: Occurrences in this category are those identified as <i>recurring</i> , as determined from the periodic performance analysis of occurrences across a site.
	Category 2: Occurrences in this category are those that are not Operational Emergencies and that have a <i>moderate impact</i> on safe facility operations, worker or public safety and health, regulatory compliance, or public business interests.
	Category 3: Occurrences in this category are those that are not Operational Emergencies and that have a <i>minor impact</i> on safe facility operations, worker or public safety and health, regulatory compliance, or public/business interests.
	Category 4: Occurrences in this category are those that are not Operational Emergencies and that have <i>some</i>

Field Name	Instructions
	<i>impact</i> on safe facility operations, worker or public safety and health, public/business interests.
Recurring Event	If this is a recurring event, check this box. Otherwise leave it blank. When this box is checked, the significance category will be set to "R" automatically regardless of what significance category is derived from the selected reportable criteria.
Subcontractor Involved	If a subcontractor is involved in this occurrence, choose <i>Yes</i> . Otherwise choose <i>No</i> . If <i>Yes</i> is selected, enter the name of the subcontractor(s). This field is required for all reports.
Description of Occurrence	The following instructions should be followed when entering the description of the occurrence:
	a. The first paragraph of the Occurrence Description should relay the essential nature of the event (i.e., a summary of the occurrence in newspaper style).
	b. All information should be clear and succinct. Avoid redundant and unnecessary text, and lengthy "log book" accounts, unless a discussion of the event in chronological order is considered essential to understanding the event.
	c. Complex and more significant occurrences should warrant a greater level of detail. Significance Category 4 occurrences would likely need only a short paragraph under Occurrence Description. However, all reports should present enough information so that the general reader understands why the event needs to be reported and what the effect is.
	d. Avoid jargon and uncommon or site/facility- specific abbreviations and acronyms. If used, acronyms should be initially spelled out.
	e. Unless necessary to record and explain the event (e.g., suspect/counterfeit items or material), use general descriptions of equipment, procedures, etc., rather than presenting lengthy detailed titles and the numbers and letters assigned to those items.
	f. Quantify the level of contamination, dose,

Field Name	Instructions
	release, and damage (e.g., estimate the acres of wild land burned) when possible, instead of merely stating a reportable limit was exceeded.
	g. Use active rather than passive voice whenever possible. For example, write, "the electrician severed the conduit" rather than "the conduit was severed."
	The type of information to be provided in the description includes, but is not limited to, the following:
	<ul> <li>The method of discovery;</li> </ul>
	<ul> <li>Any component failures and the failure mode;</li> </ul>
	<ul> <li>Any personnel errors involved, including the type and result of the error;</li> </ul>
	<ul> <li>Any procedural problem encountered;</li> </ul>
	<ul> <li>The response of any automatic or manual safety systems and the signals which initiated and terminated their operation;</li> </ul>
	The duration of any failures;
	<ul> <li>Operator actions that affected the course of events; and</li> </ul>
	The loss of any safety equipment.
	When appropriate for clarification, photos, sketches, and drawings should be maintained with the occurrence report record. In addition, sites are encouraged but not required to make photos, sketches, and drawings available via a Web page, with the Web page address included as a hyperlink in the ORPS report.
	For recurring events, include all pertinent information to describe how the event was determined to be recurring.
NT 1101 11	This field is required for all reports.
Notifications  DOE HO OC Notification	December 11 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2
DOE HQ OC Notifications	Enter the date and time when the DOE HQ Operations Center was notified and the name and organization of the person notified. Date format is MM/DD/YYYY. Example: June 3, 1996> 06/03/1996 The time format is military time: hhmm, with midnight represented as 0000 on the second day. Examples:

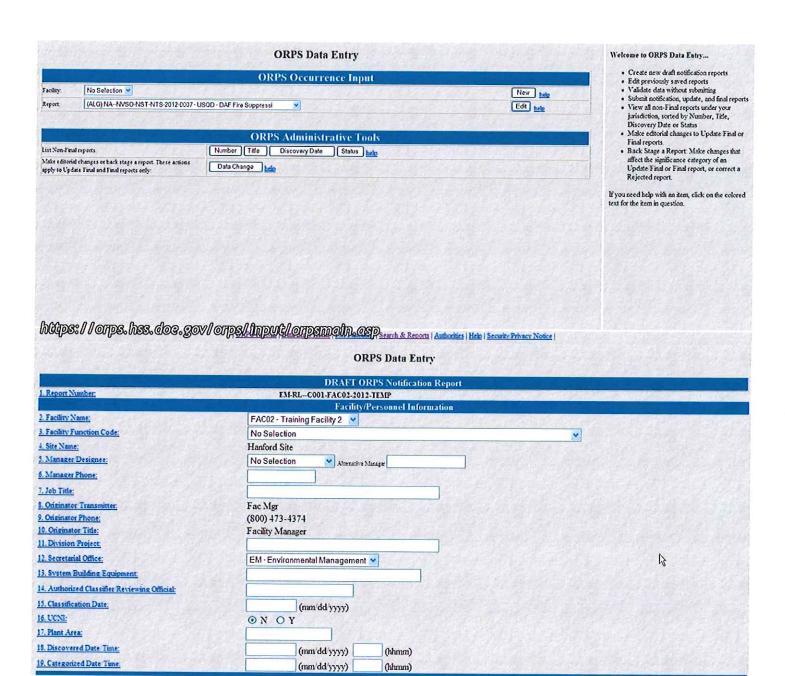
Field Name	Instructions
	6:30 AM - 0630 6:30 PM - 1830 These fields are required for all reports that are categorized as Operational Emergencies and Significance Category 1 occurrences. The field is also required for Significance Category 2 occurrences as directed by the Field Office. In addition, the field is required for specific Significance Category 2, 3, and 4 occurrences identified with an asterisk next to the reporting criterion.
Other Notifications	Enter the dates(s) and time(s) of notification of state and local officials or other agencies and the name(s) and organization(s) of the individual(s) notified. Additional information can be provided in the Immediate Actions Taken field. Date format is MM/DD/YYYY.  Example: June 3, 1996> 06/03/1996  The time format is military time: hhmm, with midnight represented as 0000 on the second day.  Examples: 6:30 AM - 0630 6:30 PM - 1830
Operating Conditions	Describe the operational status of the facility or equipment at the time of the occurrence including, for example, pertinent temperatures, pressures, or other parameters necessary for evaluation of the occurrence and its consequences. If said information is not applicable, enter "Does not apply". This field is required for all reports.
Activity Category	Select the activity that best describes the ongoing activity at the time of the occurrence. This field is required for all reports.  01 - Construction 02 - Maintenance 03 - Normal Operations (other than Activities specifically listed in this Category) 04 - Start-up 05 - Shutdown 06 - Facility/System/Equipment Testing 07 - Training 08 - Transportation (For search only) 08A - Transportation Onsite 08B - Transportation Offsite 09 - Emergency Response 10 - Inspection/Monitoring

Field Name	Instructions
	11 - Facility Decontamination/Decommissioning 12 - Research
Immediate Actions Taken	Describe the immediate or remedial actions taken to return the facility, system, or equipment item to service; to correct or alleviate the anomalous condition; and to record the results of those actions. These may include temporary measures to keep the facility in a safe standby condition or to permit continued operation of the facility without compromising safety until a more thorough investigation or permanent solution can be affected. This field is required for all reports.
Causes	Select the codes from the Causal Analysis Tree that best represent the causes of the occurrence. If you select A3 (Human Factors) as the Cause Code, select any associated causes (couplets) from the couplet selection list or choose a better couplet for the associated occurrence. This field is required for Final reports and optional for Short Form Reports.
Description of Cause	Discuss the causes of the occurrence to include all causes and the corrective actions identified, including causal analysis contributing to a recurring event. Do not repeat a description of the occurrence, but discuss the results of the causal analysis. The root cause analysis methodology used should be identified. A detailed description of the corrective actions is required to demonstrate that the identified actions will adequately address the cause(s) of the problem. This field is required for all Final reports, except Short Form Reports.
Evaluation by Facility Manager	With the information available, the Facility Manager should provide his or her evaluation of the occurrence and its effect or possible effect on the plant, system, program, etc. The Facility Manager may later supplement this evaluation with additional entries in Update reports or in the Update/Final report. This field is required for all Notification reports where "Further Evaluation Required" is "Yes" and "Before Further Operation" is "Yes". It is also required for all Update and Final reports, but it is optional for Short Form reports.
Further Evaluation Required	If this occurrence will require further evaluation, choose "Yes". Otherwise choose "No". For Cancelled and Update/Final Reports, "Further Evaluation Required" should be "No". This field is required for Notification, Update, and Final reports and optional for Short Form Reports.

Field Name	Instructions
	If further evaluation is required, specify if this occurrence will require further evaluation before further operation. For Cancelled and Update/Final Reports, "Before Further Operation?" should be "No". This field is required for all reports where "Further Evaluation Required" is "Yes".
	If further evaluation is required before further operation, enter the name of the person who will perform further evaluation on this occurrence and the date when the further evaluation will be completed. Date format is MM/DD/YYYY.  Example: June 3, 1996> 06/03/1996  These fields are required for all reports where "Further Evaluation Programs III is "IVac" and IID form Further
	Evaluation Required" is "Yes" and "Before Further Operation" is "Yes".
Integrated Safety Management (ISM)	Enter one or more ISM codes from the following list to identify an observed weakness(es) in the facility's implementation of the ISM program (e.g., failure to properly define the work scope, or failure to perform an adequate activity level hazards analysis).  Available ISM codes are:  1 – Define Scope of Work - Missions are translated into work, expectations are set, tasks are identified and prioritized, and resources are allocated.  2 – Analyze the Hazards - Hazards are associated with the work identified, analyzed, and categorized.  3 – Develop and Implement Hazard Controls - Applicable standards and requirements are identified and agreed-upon, controls to prevent/mitigate hazards are identified, the safety envelope is established, and controls are implemented.  4 – Perform Work Within Controls - Readiness is confirmed and work is performed safely.  5 – Provide Feedback and Continuous Improvement - Feedback information on the adequacy of controls is gathered, opportunities for improving the definition and planning of work are identified and implemented, line and independent oversight is conducted, and, if necessary, regulatory enforcement actions occur.  6 – N/A (Not applicable to ISM Core Functions as determined by management review) - Items that do not fall into the realm of ISM Core Functions; e.g.,

Field Name	Instructions
	Natural Phenomena, Wild Fires, Counterfeit/Suspect Parts, Notifications of non-compliance (Federal, State, Local), Legacy Issues that could not have been anticipated, End of Life equipment failures where maintenance is not an issue, etc.  This field is required for all Final reports, including Short Form Reports.
Lessons Learned	Describe what lessons can be learned from this occurrence, in order to help prevent similar events from happening.  This field is required for Final reports and optional for Short Form Reports.
Similar Occurrence Reports	Indicate by their report numbers any similar occurrence(s) of which you are aware for this facility or other facilities, including similar occurrences contributing to a recurring event. A discussion describing the analysis of similar occurrence reports should be included in Field 30 or Field 31, as appropriate. Also, identify any known commercial reactor Licensee Event Reports (LER) or other related documents that describe similar occurrences. The purpose of this item is to identify, if recognized, occurrences that might suggest a generic problem. It also serves to identify generic problems that may result in single or common lessons learned.  This field is required for Final reports and optional for Short Form Reports.
User Defined Fields (two of them)	These optional fields can be used to store facility-specific information (e.g., a cross-reference to performance indicator data or a site-specific number or name). They cannot exceed 124 characters in length for each field.
Corrective Actions	A facility may choose to use ORPS or its own local corrective action system to track and close out corrective actions (CA). However, in either case, enter a complete description of the CA and the target date when completion of the CA is anticipated. A complete list of corrective actions should be included in the report to ensure it can stand on its own (i.e., reviewers do not have to search for other reports, etc). For facilities using ORPS to track and closeout the corrective actions, the Actual Completion date is entered when the CA is completed and closed. For facilities that choose to use their local CA tracking systems, the Actual Completion

Date is not required. However, the reference number of the CA stored in the local corrective action tracking system needs to be entered. All CA items entered in ORPS with local CA reference numbers are considered closed.			
Corrective Actions are required for Final reports and optional for Short Form Reports.			
The Facility Representative or designee can provide his			
or her evaluation of the occurrence, including an evaluation of the initial and proposed corrective actions and any follow-up by the facility personnel, and can describe any other actions that DOE has taken since the occurrence. The Facility Representative may supplement such information with subsequent additional entries, as appropriate. After completing the input, the Facility Representative's name and date will be automatically entered by ORPS. If a Final Report is being rejected, the Facility Representative should use this space to indicate why.  This field is optional on all occurrence report types except for reports that are already Final, including Short form Reports. This field is required only on Final Reports rejected by the Facility Representative.			
The Program Manager or designee can provide his or her valuation of the occurrence, including an evaluation of the initial and proposed corrective actions and any collow-up, and can describe any other actions that DOE as taken since the occurrence. The Program Manager may include additional information, as appropriate. After completing the input, the Program Manager's name and date will be automatically entered by ORPS. If a final Report is being rejected, the Program Manager thould use this space to indicate why. This field is optional on all occurrence report types except for reports that are already Final, including Short form Reports. This field is required only on Final			



20. Subject Title of Occurrence:					
				100000	AL PURCUE
21. Reporting Criteria;					
Enter RC (e.g. 4A1) Enter RC Lookup Table					
Group		Subgroup		Sequence	
None Selected	None Selected	V		None v	Select
	A	CE AN HOUSE HAVE			
22. Significance Category: OOE O1 OR O2 O3 O4					
RC Group		Subgroup			Sequence
- Lore 9					
denotes prompt verbal notification to the OC.			[ D.L. D0		
			Delete RC		
3. Recurring event? ☐ if so, please click the checkbox. 4. Subcontractors involved? ○ No ○ Yes			B		
	2 00 00				
httips:///onps.hss.doc.gov/	'@NP\$!/ IMPUE!/@N	esmain.asp		Spell Check	Full Screen Edit
				Spell Check	rui screen Edit
	Notifi	ications			
No Notification and 27. Other Notifications;  No Notification Type	Date	T'			د سنس کا کام
DOE HQ OC	Date	Time	Person Notified		Organization
1 Other Notification					
TO MET METERS AND THE PROPERTY AND	Add Update	Clear the Input Boxes	reservations and extends		100000000000000000000000000000000000000
lo Notification	Date		n Notified	Organiz	ation
	NAME OF THE OWNER.	EA   DEI   EEC		Organiz	101
	De	lete		Service St. St.	Market Barrier
Operating Conditions at Facility at Time of Occurrence;	and the second				
Activity Category					
lo Selection	•				
Immediate Actions Taken:				Spell Check	Full Screen Edit
	<u>^</u>				
	× New Head		B		
A LA LINE IN COLUMN					
Cause: (Optional if the Highest SC is 4)  Iter Cause Code(e.g. A1B1C01)  Enter	ause Code Lookup Table				

