

Occurrence Reporting & Processing System (ORPS)

Notification Report Data Entry – page 1

ORPS Input - Windows Internet Explorer
 https://orps.hss.doe.gov/orps/input/orpsmain.asp

ORPS Data Entry

DRAFT ORPS Notification Report

1. Report Number: EM-RL-C001-FAC01-2013-TEMP

Facility/Personnel Information

2. Facility Name: FAC01 - Training Facility 1

3. Facility Function Code: No Selection

4. Site Name: Hanford Site

5. Manager Designee: No Selection Alternative Manager

6. Manager Phone:

7. Job Title:

8. Originator Transmitter: Fac Mgr

9. Originator Phone: (800) 473-4374

10. Originator Title: Facility Manager

11. Division Project:

12. Secretarial Office: EM - Environmental Management

13. System Building/Equipment:

14. Authorized Classifier Reviewing Official:

15. Classification Date: (mm/dd/yyyy)

16. UCNI: N Y

17. Plant Area:

18. Discovered Date Time: (mm/dd/yyyy) (hhmm)

19. Categorized Date Time: (mm/dd/yyyy) (hhmm)

Occurrence Description

20. Subject/Title of Occurrence:

21. Reporting Criteria:

Enter RC (e.g. 4A1) Enter RC Lookup Table

Group	Subgroup	Sequence	
None Selected	None Selected	None	Select

22. Significance Category: OE 1 R 2 3 4

RC	Group	Subgroup	Sequence

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Spelling Save Print Validate Notification Submit Notification

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Notification Report Data Entry – page 2

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* denotes prompt verbal notification to the OC. Delete RC

23. Recurring event? if so, please click the checkbox.
 24. Subcontractors involved? No Yes
 If so, subcontractor's name:

25. Description of Occurrence: Spell Check Full Screen Edit

Notifications

26. DOE HQ OC Notifications and 27. Other Notifications:

No	Notification Type	Date	Time	Person Notified	Organization
1	DOE HQ OC Other Notification				

Add Update Clear the Input Boxes

No	Notification	Date	Time	Person Notified	Organization

Delete

28. Operating Conditions at Facility at Time of Occurrence:

29. Activity Category:

30. Immediate Actions Taken: Spell Check Full Screen Edit

31. Cause: (Optional if the Highest SC is 4)

Enter Cause Code(e.g. A1B1C01) Enter Cause Code Lookup Table

Group	Subgroup	Category
None Selected	None Selected	None Selected

Select

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Notification Report Data Entry – page 3

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CC	Group	Subgroup	Category

Select Couplets Delete CC

Note: The primary cause code is the first row on the list. Couplets are indented under their corresponding A3 code.

32. Description of Cause: (Optional if the Highest SC is 4) Spell Check Full Screen Edit

33. Evaluation by Facility Manager: (Optional if the Highest SC is 4) Spell Check Full Screen Edit

34. Further Evaluation Required? N Y If so, by whom?

Before further operation? N Y If so, by when?

35. Integrated Safety Management (ISM):

1 Define the Scope of Work
 2 Analyze the Hazards
 3 Develop and Implement Hazard Controls
 4 Perform Work Within Controls
 5 Provide Feedback and Continuous Improvement
 6 N/A (Not applicable to ISM Core Functions as determined by management review.)

* Hold down the "CTRL" key to select multiple values

36. Lessons Learned: (Optional if the Highest SC is 3 or 4) Spell Check Full Screen Edit

37. Similar Occurrence Reports (one per line): (Optional if the Highest SC is 4) Report List

38. User Field #1 (Optional)

User Field #2 (Optional)

Spelling Save Print Validate Notification Submit Notification

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Update or Final Report Data Entry – page 1

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ORPS Data Entry

ORPS Update Report

1. Report Number: EM-RL--C001-FAC17-2012-0001
 Notification Date: 06/08/2012

Facility/Personnel Information

2. Facility Name: FAC17 - Training Facility 17
 3. Facility Function Code: 99A - Balance-of-Plant - Offices
 4. Site Name: Hanford Site
 5. Manager Designation: Fac Mgr
 6. Manager Phone: (800) 473-4374
 7. Job Title: Facility Manager
 8. Originator/Transmitter: Fac Mgr
 9. Originator Phone: (800) 473-4374
 10. Originator Title: Facility Manager
 11. Division/Project: just testing
 12. Secretariat Office: EM - Environmental Management
 13. System/Building/Equipment: REC 616-WCB
 14. Authorized Classifier/Reviewing Official:
 15. Classification Date: (mm dd yyyy)
 16. UGNI: N Y
 17. Plant Area: REC
 18. Discovered Date/Time: 06/06/2012 (mm dd yyyy) 1500 (hhmm)
 19. Categorized Date/Time: 06/08/2012 (mm dd yyyy) 0927 (hhmm)

Occurrence Description

20. Subject Title of Occurrence: Testing 6/8/12
 21. Reporting Criteria: Enter RC (e.g. 4A1) Enter RC Lookup Table

Group	Subgroup	Sequence
None Selected	None Selected	None
3 - Nuclear Safety Basis B - Documented Safety Analysis Inadequacies (2) 3 - Declaration of a potential inadequacy of the documented safety analysis (a potential positive USQ), per 10 CFR 830.203(g).		

22. Significance Category: OE 1 R 2 3 4 [Cancel Report](#)

RC	Group	Subgroup	Sequence
3B(2)	3 - Nuclear Safety Basis	B - Documented Safety Analysis	(2) 3

* denotes prompt verbal notification to the OC. [Delete RC](#)

23. Recurring event? if so, please click the checkbox.
 24. Subcontractors involved? No Yes

Spelling Save Delete Print Validate Update Validate Final Submit Update Submit Final

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Update Report:

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1. Save your changes to your workspace by clicking on "Save" at the bottom of this form
2. Validate your input by clicking on "Validate" at the bottom of this form
3. Delete your saved copy of this report by clicking on "Delete" at the bottom of this form (you will be asked to confirm this choice)
4. Submit the report to the ORPS system as an update report by clicking on the "Submit Update" button at the bottom of this form. **NOTE:** If you are registered as a preparer, you will not be given the option of submitting the report - the button will not appear.
5. Submit the report to the ORPS system as a final report by clicking on the "Submit Final" button at the bottom of this form. **NOTE:** If you are registered as a preparer, you will not be given the option of submitting the report - the button will not appear.
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ORPS Input

25. Description of Occurrence: Spell Check Full Screen Edit

Whats happening checking on 3B Criteria

26. DOE HQ OC Notifications and 27. Other Notifications:

No	Notification Type	Date	Time	Person Notified	Organization
2	DOE HQ OC Other Notification				

Add Update Clear the Input Boxes

No	Notification	Date	Time	Person Notified	Organization
1	Other Notification	06/08/2012	0927	myself	Testing

Delete

28. Operating Conditions at Facility at Time of Occurrence:
N/A

29. Activity Category:
10 - Inspection/Monitoring

30. Immediate Actions Taken: Spell Check Full Screen Edit

none Necessary

31. Cause: (Optional if the Highest SC is 4)

Enter Cause Code (e.g. A1B1C01) Enter Cause Code Lookup Table

Group	Subgroup	Category
None Selected	None Selected	None Selected

Select

CC	Group	Subgroup	Category
-----	-----	-----	-----

Select Couplets Delete CC

Note: The primary cause code is the first row on the list. Couplets are indented under their corresponding A3 code

32. Description of Cause: (Optional if the Highest SC is 4) Spell Check Full Screen Edit

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ORPS Input

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Note: The primary cause code is the first row of the list. Couplets are indented under their corresponding A3 code.

32. Description of Cause (Optional if the Highest SC is 4) Spell Check Full Screen Edit

33. Evaluation by Facility Manager (Optional if the Highest SC is 4) Spell Check Full Screen Edit

34. Further Evaluation Required? N Y If so, by whom?
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36. Lessons Learned (Optional if the Highest SC is 3 or 4) Spell Check Full Screen Edit

37. Similar Occurrence Reports (one per line) (Optional if the Highest SC is 4) Report List

38. User Field #1 (Optional)
 User Field #2 (Optional)

Corrective Actions

39. Corrective Actions (Optional if the Highest SC is 4)

CA Local Tracking System: My Local CA System

No	Completion Date		Local Tracking #	CA Description
	Target	Actual (Optional)		
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Update Clear the Input Boxes

No	Target Date	Actual Date	Local Tracking #	CA Description
-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Edit Delete CA

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