

# 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

Favorites
ORPS Input

### 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)  (hh:mm)

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

Occurrence Description

**20. Subject Title of Occurrence:**

**21. Reporting Criteria:**

Enter RC (e.g. 4A1)

Group	Subgroup	Sequence	
None Selected	None Selected	None	Select

**22. Significance Category:**  OE  1  R  2  3  4

RC	Group	Subgroup	Sequence

**Notification Report:**

You are creating a notification report. At any time, you may:

1. Save your input 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. Submit the report to the ORPS system as a notification report by clicking on the "Submit" 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.
4. Clear this form and return to the previous screen by clicking on "Restart" at the bottom of this form
5. A printed copy may be produced by clicking on the "Print" button at the bottom of the screen, and using the browser print command on the "File" menu to send the copy to your local printer, or using "Save As" to save the

[Back to Production](#) | [ORPS HOME](#) | [Data Entry Home](#) | [EM Functions](#) | [Search & Reports](#) | [Authorities](#) | [Help](#) | [Security/Privacy Notice](#)

## Notification Report Data Entry – page 2

ORPS Input - Windows Internet Explorer

https://orps.hss.doe.gov/orps/input/orpsmain.asp

ORPS Input

\* 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	<span>Select</span>

Spelling Save Print Validate Notification Submit Notification

[Back to Production](#) [ORPS HOME](#) [Data Entry Home](#) [FM Functions](#) [Search & Reports](#) [Authorities](#) [Help](#) [Security/Privacy Notice](#)

**Notification Report:**

You are creating a notification report. At any time, you may:

1. Save your input 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. Submit the report to the ORPS system as a notification report by clicking on the "Submit" 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.
4. Clear this form and return to the previous screen by clicking on "Restart" at the bottom of this form
5. A printed copy may be produced by clicking on the "Print" button at the bottom of the screen, and using the browser print command on the "File" menu to send the copy to your local printer, or using "Save As" to save the file to disk

# Notification Report Data Entry – page 3

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

Favorites
ORPS Input

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

[Back to Production](#) | [ORPS HOME](#) | [Data Entry Home](#) | [FM Functions](#) | [Search & Reports](#) | [Authorities](#) | [Help](#) | [Security/Privacy Notice](#)

**Notification Report:**

You are creating a notification report. At any time, you may:

1. Save your input 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. Submit the report to the ORPS system as a notification report by clicking on the "Submit" 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.
4. Clear this form and return to the previous screen by clicking on "Restart" at the bottom of this form
5. A printed copy may be produced by clicking on the "Print" button at the bottom of the screen, and using the browser print command on the "File" menu to send the copy to your local printer, or using "Save As" to save the file to disk

# Update or Final Report Data Entry – page 1

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

Favorites
Page Safety Tools

**ORPS Data Entry**

**ORPS Update Report**

1. Report Number: EM-RI-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 Position: 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. Secretarial Office: EM - Environmental Management  
13. System Building Equipment: REC 616-WCB  
14. Authorized Classifier Reviewing Official:   
15. Classification Date:  (mm dd yyyy)  
16. UCNI:  N  C  Y  
17. Plant Area: REC  
18. Discovered Date Time: 06/06/2012 (mm dd yyyy) 1500 (hh:mm)  
19. Categorized Date Time: 06/08/2012 (mm dd yyyy) 0927 (hh:mm)

**Occurrence Description**

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

Group	Subgroup	Sequence	Select
None Selected	None Selected	None	<input type="button" value="Select"/>
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  C1  C2  C3  C4

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

\* denotes prompt verbal notification to the OC

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

**Update Report:**

You are editing an update report. At any time, you may:

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.
6. Clear this form and return to the previous screen by clicking on 'Restart' at the bottom of this form.
7. A printed copy may be produced by clicking on the 'Print' button at the bottom of the screen, and using the browser print command on the 'File' menu to send the copy to your local printer, or using 'Save As' to save the file to disk.
8. The TAB key may be used to move between the fields when entering data. When using the TAB key, be careful to confirm that the cursor has stopped in the intended field. There are many items on the screens that can be tabbed to that are not input fields (e.g., hyperlinks to help).

[Back to Production](#) | [ORPS HOME](#) | [Data Entry Home](#) | [EM Functions](#) | [Search & Reports](#) | [Authorities](#) | [Help](#) | [Security/Privacy Notice](#)

## Update or Final Report Data Entry – page 2

ORPS Input - Windows Internet Explorer

https://orps.hss.doe.gov/orps/input/orpsmain.asp

ORPS Input

25 Description of Occurrence: Spell Check Full Screen Edit

Whats happening checking on 3B Criteria

Notifications

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	Select
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

Update Report:  
You are editing an update report. At any time, you may:

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.
6. Clear this form and return to the previous screen by clicking on 'Restart' at the bottom of this form
7. A printed copy may be produced by clicking on the 'Print' button at the bottom of the screen, and using the browser print command on the 'File' menu to send the copy to your local printer, or using 'Save As' to save the file to disk
8. The TAB key may be used to move between the fields when entering data. When using the TAB key, be careful to confirm that the cursor has stopped in the intended field. There are many items on the screens that can be tabbed to that are not input fields (e.g., hyperlinks to help)

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

[Back to Production](#) [ORPS HOME](#) [Data Entry Home](#) [FM Functions](#) [Search & Reports](#) [Authorities](#) [Help](#) [Security/Privacy Notice](#)

# Update or Final Report Data Entry – page 3

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

Select Couplets Delete CC

NOTE: The primary cause code is the dropdown on the first couplets are indicated 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 whom? \_\_\_\_\_

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): \_\_\_\_\_

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 (yy/mm/dd)		Spell Check	Full Screen Edit
1					
<span>Add</span> <span>Update</span> <span>Clear the Input Boxes</span>					
No	Target Date	Actual Date	Local Tracking #	CA Description	
-					
<span>Edit</span> <span>Delete CA</span>					

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

[Back to Production](#) | [ORPS HOME](#) | [Data Entry Home](#) | [EM Functions](#) | [Search & Reports](#) | [Authorities](#) | [Help](#) | [Security/Privacy Notice](#)

**Update Report:**

You are editing an update report. At any time, you may:

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.
6. Clear this form and return to the previous screen by clicking on 'Restart' at the bottom of this form
7. A printed copy may be produced by clicking on the 'Print' button at the bottom of the screen, and using the browser print command on the 'File' menu to send the copy to your local printer, or using 'Save As' to save the file to disk
8. The TAB key may be used to move between the fields when entering data. When using the TAB key, be careful to confirm that the cursor has stopped in the intended field. There are many items on the screens that can be tabbed to that are not input fields (e.g., hyperlinks to help)

**Occurrence Reporting and Processing System  
(ORPS) Data Fields**

Field Name	Instructions
<b>Facility/Personnel Information</b>	
<b>Occurrence Report Number</b>	<p>The occurrence report number is automatically generated by the system. It consists of the following:</p> <ul style="list-style-type: none"> <li>• DOE Field Office</li> <li>• Area Office (if applicable)</li> <li>• DOE contractor</li> <li>• Facility</li> <li>• Calendar Year the occurrence was first reported</li> <li>• Sequential number of the occurrence by facility</li> </ul> <p>Items are separated from each other by a dash.</p> <p>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 not be modified.</p>
<b>Facility Name</b>	<p>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.</p>
<b>Facility Function Code</b>	<p>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.</p> <p>Facility Functions are listed below:</p> <ul style="list-style-type: none"> <li>01 - Plutonium Processing and Handling</li> <li>02 - SNM Storage</li> <li>03 - Explosive</li> <li>04 - Uranium Enrichment</li> <li>05 - Uranium Conversion/Processing and Handling</li> <li>06 - Irradiated Fissile Material Storage</li> <li>07 - Reprocessing</li> <li>08 - Nuclear Waste Operations/Disposal</li> <li>09 - Tritium Activities</li> <li>10 - Fusion Activities</li> <li>11 - Environmental Restoration Operations</li> <li>12 - Category "A" Reactors</li> <li>13 - Category "B" Reactors</li> <li>14 - Solar Activities</li> <li>15 - Fossil and Petroleum Reserves</li> </ul>

<b>Field Name</b>	<b>Instructions</b>
	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 not specifically listed in this Category)
<b>Site Name</b>	This field is automatically generated by the system, and indicates the logged users' site. This field may not be modified.
<b>Manager/Designee</b>	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.
<b>Manager Phone</b>	Enter a telephone number, including area code, for this person. Telephone number format is AAAPPNNNN, 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 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.
<b>Job Title</b>	Enter the specific job title of the Manager/Designee.
<b>Originator/Transmitter</b>	This field is automatically generated by the system, and



Field Name	Instructions
	displays the user ID of the logged in user.
<b>Originator Phone</b>	This field is automatically generated by the system, and displays the telephone number of the logged in user.
<b>Originator/Title</b>	This field is automatically generated by the system, and displays the title of the logged in user.
<b>Division/Project</b>	Identify the project or the contractor organization responsible for the facility at which the occurrence took place. This field is required for all reports.
<b>Secretarial Office</b>	Select the DOE Secretarial Office to which this facility is 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 required for all reports.
<b>System/Building/Equipment</b>	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.
<b>Authorized Classifier/Reviewing Official</b>	Name of the person reviewing new entries
<b>Classification Date</b>	Date format is MM/DD/YYYY. Example: June 3, 1996 --> 06/03/1996

Field Name	Instructions
	<p>The time format is military time: hhmm, with midnight represented as 0000 on the second day.</p> <p>Examples:  6:30 AM - 0630  6:30 PM - 1830</p> <p>These fields are required for all reports.</p>
<b>UCNI</b>	<p>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.</p>
<b>Plant Area</b>	<p>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.</p>
<b>Discovered Date/Time</b>	<p>Enter the date and time when the facility <b>staff</b> discovered the event or condition being reported. Date format is MM/DD/YYYY.</p> <p>Example: June 3, 1996 --&gt; 06/03/1996</p> <p>The time format is military time: hhmm, with midnight represented as 0000 on the second day.</p> <p>Examples:  6:30 AM - 0630  6:30 PM - 1830</p> <p>These fields are required for all reports.</p>
<b>Categorized Date/Time</b>	<p>Enter the date and time when the Facility Manager determined that the event or condition constituted a Reportable Occurrence and determined its category (Significance Category 1-4, or OE). Date format is MM/DD/YYYY.</p> <p>Example: June 3, 1996 --&gt; 06/03/1996</p> <p>The time format is military time: hhmm, with midnight represented as 0000 on the second day.</p> <p>Examples:  6:30 AM - 0630  6:30 PM - 1830</p> <p>These fields are required for all reports.</p>
<b>Subject/Title of Occurrence</b>	<p>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.</p>
<b>Reporting Criteria</b>	<p>Select one or more Reporting Criterion/Criteria as</p>

Field Name	Instructions
	<p>discussed in Section 6 of DOE Manual 231.1-2. All of the specific reporting criteria applicable for an occurrence should be identified.</p> <p>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.</p>
<b>Significance Category</b>	<p>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:</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Category 4: Occurrences in this category are those that are not Operational Emergencies and that have <i>some</i></p>

Field Name	Instructions
	<i>impact</i> on safe facility operations, worker or public safety and health, public/business interests.
<b>Recurring Event</b>	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.
<b>Subcontractor Involved</b>	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.
<b>Description of Occurrence</b>	<p>The following instructions should be followed when entering the description of the occurrence:</p> <ol style="list-style-type: none"> <li>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).</li> <li>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.</li> <li>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.</li> <li>d. Avoid jargon and uncommon or site/facility-specific abbreviations and acronyms. If used, acronyms should be initially spelled out.</li> <li>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.</li> <li>f. Quantify the level of contamination, dose,</li> </ol>

Field Name	Instructions
	<p>release, and damage (e.g., estimate the acres of wild land burned) when possible, instead of merely stating a reportable limit was exceeded.</p> <p>g. Use active rather than passive voice whenever possible. For example, write, “<i>the electrician</i> severed the conduit” rather than “the conduit was severed.”</p> <p>The type of information to be provided in the description includes, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>• The method of discovery;</li> <li>• Any component failures and the failure mode;</li> <li>• Any personnel errors involved, including the type and result of the error;</li> <li>• Any procedural problem encountered;</li> <li>• The response of any automatic or manual safety systems and the signals which initiated and terminated their operation;</li> <li>• The duration of any failures;</li> <li>• Operator actions that affected the course of events; and</li> <li>• The loss of any safety equipment.</li> </ul> <p>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.</p> <p>For recurring events, include all pertinent information to describe how the event was determined to be recurring.</p> <p>This field is required for all reports.</p>
<b>Notifications</b>	
<b>DOE HQ OC Notifications</b>	<p>Enter the date and time when the DOE HQ Operations Center was notified and the name and organization of the person notified. Date format is MM/DD/YYYY. Example: June 3, 1996 --&gt; 06/03/1996</p> <p>The time format is military time: hhmm, with midnight represented as 0000 on the second day. Examples:</p>

Field Name	Instructions
	<p>6:30 AM - 0630 6:30 PM - 1830</p> <p>These fields are required for all reports that are categorized as Operational Emergencies and Significance Category 1 occurrences. The field is also required for Significance Category 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.</p>
<p><b>Other Notifications</b></p>	<p>Enter the date(s) and time(s) of notification of state and local officials or other agencies and the name(s) and organization(s) of the individual(s) notified. Additional information can be provided in the Immediate Actions Taken field. Date format is MM/DD/YYYY. Example: June 3, 1996 --&gt; 06/03/1996</p> <p>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</p>
<p><b>Operating Conditions</b></p>	<p>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.</p>
<p><b>Activity Category</b></p>	<p>Select the activity that best describes the ongoing activity at the time of the occurrence. This field is required for all reports.</p> <p>01 - Construction 02 - Maintenance 03 - Normal Operations (other than Activities specifically listed in this Category) 04 - Start-up 05 - Shutdown 06 - Facility/System/Equipment Testing 07 - Training 08 - Transportation (For search only) 08A - Transportation Onsite 08B - Transportation Offsite 09 - Emergency Response 10 - Inspection/Monitoring</p>

Field Name	Instructions
	11 - Facility Decontamination/Decommissioning 12 - Research
<b>Immediate Actions Taken</b>	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.
<b>Causes</b>	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.
<b>Description of Cause</b>	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.
<b>Evaluation by Facility Manager</b>	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.
<b>Further Evaluation Required</b>	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
	<p>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".</p> <p>If further evaluation is required before further operation, enter the name of the person who will perform further evaluation on this occurrence and the date when the further evaluation will be completed. Date format is MM/DD/YYYY. Example: June 3, 1996 --&gt; 06/03/1996 These fields are required for all reports where "Further Evaluation Required" is "Yes" and "Before Further Operation" is "Yes".</p>
<p><b>Integrated Safety Management (ISM)</b></p>	<p>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).</p> <p>Available ISM codes are:</p> <ol style="list-style-type: none"> <li>1 – Define Scope of Work - Missions are translated into work, expectations are set, tasks are identified and prioritized, and resources are allocated.</li> <li>2 – Analyze the Hazards - Hazards are associated with the work identified, analyzed, and categorized.</li> <li>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.</li> <li>4 – Perform Work Within Controls - Readiness is confirmed and work is performed safely.</li> <li>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.</li> <li>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.,</li> </ol>



<b>Field Name</b>	<b>Instructions</b>
	<p>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.</p> <p>This field is required for all Final reports, including Short Form Reports.</p>
<b>Lessons Learned</b>	<p>Describe what lessons can be learned from this occurrence, in order to help prevent similar events from happening.</p> <p>This field is required for Final reports and optional for Short Form Reports.</p>
<b>Similar Occurrence Reports</b>	<p>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.</p> <p>This field is required for Final reports and optional for Short Form Reports.</p>
<b>User Defined Fields (two of them)</b>	<p>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.</p>
<b>Corrective Actions</b>	<p>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</p>

<b>Field Name</b>	<b>Instructions</b>
	<p>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.</p> <p>Corrective Actions are required for Final reports and optional for Short Form Reports.</p>
<b>Facility Representative Comments</b>	<p>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.</p> <p>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.</p>
<b>Program Manager Comments</b>	<p>The Program Manager 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, and can describe any other actions that DOE has 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 should use this space to indicate why.</p> <p>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 Program Manager.</p>

## ORPS Data Entry

### ORPS Occurrence Input

Facility:	No Selection	<a href="#">New</a> <a href="#">help</a>
Report:	(ALG) NA-HWSO-NST-NTS-2012-0007 - USQD - DAF Fire Suppressal	<a href="#">Edit</a> <a href="#">help</a>

### ORPS Administrative Tools

List Non-Final reports:	<a href="#">Number</a> <a href="#">Title</a> <a href="#">Discovery Date</a> <a href="#">Status</a> <a href="#">help</a>
Make editorial changes or back stage a report. These actions apply to Update Final and Final reports only:	<a href="#">Data Change</a> <a href="#">help</a>

#### Welcome to ORPS Data Entry...

- Create new draft notification reports
- Edit previously saved reports
- Validate data without submitting
- Submit notification, update, and final reports
- View all non-Final reports under your jurisdiction, sorted by Number, Title, Discovery Date or Status
- Make editorial changes to Update Final or Final reports
- Back Stage a Report. Make changes that affect the significance category of an Update Final or Final report, or correct a Rejected report.

If you need help with an item, click on the colored text for the item in question.

<https://orps.hss.doe.gov/orps/input/orpsmain.asp>

## ORPS Data Entry

### DRAFT ORPS Notification Report

<b>1. Report Number:</b>	EM-RL-C001-FAC02-2012-TEMP	
<b>Facility/Personnel Information</b>		
<b>2. Facility Name:</b>	FAC02 - Training Facility 2	
<b>3. Facility Function Code:</b>	No Selection	
<b>4. Site Name:</b>	Hanford Site	
<b>5. Manager Designee:</b>	No Selection	<a href="#">Alternative Manager</a>
<b>6. Manager Phone:</b>		
<b>7. Job Title:</b>		
<b>8. Originator Transmitter:</b>	Fac Mgr	
<b>9. Originator Phone:</b>	(800) 473-4374	
<b>10. Originator Title:</b>	Facility Manager	
<b>11. Division Project:</b>		
<b>12. Secretarial Office:</b>	EM - Environmental Management	
<b>13. System Building Equipment:</b>		
<b>14. Authorized Classifier Reviewing Official:</b>		
<b>15. Classification Date:</b>		
<b>16. UCN:</b>	<input checked="" type="radio"/> N <input type="radio"/> Y	
<b>17. Plant Area:</b>		
<b>18. Discovered Date Time:</b>		
<b>19. Categorized Date Time:</b>		



Occurrence Description

20. Subject Title of Occurrence:

21. Reporting Criteria: Enter RC (e.g. 4A1) [ ] [Enter] [RC Lookup Table]

Group: None Selected | Subgroup: None Selected | Sequence: None [Select]

22. Significance Category: [OE] [1] [R] [2] [3] [4]

Table with columns: RC, Group, Subgroup, Sequence. Includes a 'Delete RC' button.

23. Recurring event? [ ] if so, please click the checkbox.

24. Subcontractors involved? [No] [Yes]

https://orps.hss.doe.gov/orps/input/orpsmain.asp

[Spell Check] [Full Screen Edit]

Notifications

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

Table with columns: No, Notification Type, Date, Time, Person Notified, Organization. Row 1: 1, DOE HQ OC, [ ], [ ], [ ], [ ].

[Add] [Update] [Clear the Input Boxes]

Table with columns: No, Notification, Date, Time, Person Notified, Organization.

[Delete]

28. Operating Conditions at Facility at Time of Occurrence:

[ ]

29. Activity Category: [No Selection]

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]

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

Enter Cause Code(e.g. A1B1C01)

Group	Subgroup	Category	
None Selected <input type="button" value="v"/>	None Selected <input type="button" value="v"/>	None Selected <input type="button" value="v"/>	<input type="button" value="Select"/>

<input type="text"/>
----------------------

CC	Group	Subgroup	Category
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

<input type="text"/>
----------------------

33. Evaluation by Facility Manager: (Optional if the Highest SC is 4)

<input type="text"/>
----------------------

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

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

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)

<input type="text"/>
----------------------

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

<input type="text"/>
----------------------

38. User Field #1 (Optional)

User Field #2 (Optional)

[Back to Production](#) | [ORPS HOME](#) | [Data Entry Home](#) | [FM Functions](#) | [Search & Reports](#) | [Authorities](#) | [Help](#) | [Security/Privacy Notice](#)