

Management of Change (MOC) Checklist

to comply with the NDEP CAPP

PART 1: Proposed Change including Replacements in Kind

MOC #: 0061	Initiation Date: August 19, 2014 Approval Date: Date Implemented:	Name of Initiator: Rob Schleef Phone #: (775) 945-7889
Name of Process: Inspection Process		
Name of Responsible Supervisor and Organization for whom Initiator works: SOC Nevada LLC, Deputy Director Base Operations		
Technical Basis: Reason for the change: Please provide a detailed description that supports the review of health, safety or environmental impacts: Contract Change. Change will not impact health, safety or the environment.		
Reason for Change: The DLA Strategic Materials is in the process of starting the mercury repackaging and will have a permanent crew at the mercury storage site.		
<ol style="list-style-type: none"> 1) DLA Strategic Materials will assume the SOC commodity inspection process. 2) Mercury Commodity inspection interval will be increased from monthly to quarterly <ol style="list-style-type: none"> a. A compilation of inspection reports (DLA Strategic Materials Inspection Notebook, Selected Monthly Inspections 2013 and Selected Monthly Inspections 2014) generated by SOC in 2013 and 2014 demonstrate two germane concepts: <ol style="list-style-type: none"> i. The mercury vapor concentrations are low ($< 100 \text{ ng/m}^3$; for comparison, the DLA Strategic Materials/HWAD mercury vapor exposure limit for workers is $25,000 \text{ ng/m}^3$) and remain that way from month to month and year to year. ii. The mercury vapor concentrations variations within a building are bounded by the variations between buildings. b. Item 1.a.i supports the increase of the inspection interval from monthly to quarterly. 3) Inspection points within the warehouses will be reduced from 40 measurements to 20 measurements <ol style="list-style-type: none"> a. Item 1.a.ii supports the decrease in the number of inspection points within each building. <ol style="list-style-type: none"> i. Currently – two measurements per aisle (19 aisles per building = 38 measurements) at floor level and two measurements per aisle in the breathing zone (38 more measurements) ii. Proposed – one measurement every other aisle (19 aisles per building = 10 measurements) at floor level and one measurement every other aisle in the breathing zone (10 more measurements) iii. DLA Strategic Materials will use JERMOE J505 Mercury Vapor Analyzer rather than the Lumex Analyzer currently used by SOC 		
Is the proposed change a replacement in kind?		Yes / No / <input checked="" type="checkbox"/>

If yes, skip the rest of this form, obtain required signatures and implement the replacement.	
What are the proposed design changes, and how are they documented?	Yes / No / <input checked="" type="checkbox"/>
Was the design or concept taken into consideration?	Yes / No / <input checked="" type="checkbox"/>
Were Engineering Studies Used? If yes, then list.	Yes / No / <input checked="" type="checkbox"/>
Were Plot Plans used? If yes, then list.	Yes / No / <input checked="" type="checkbox"/>
Were P&IDs used? If yes, then list.	Yes / No / <input checked="" type="checkbox"/>
Were any calculations used? If yes, then attach a copy.	Yes / No / <input checked="" type="checkbox"/>
PART 2: Evaluation Criteria	
Would the proposed change impact safety or human health (including but not limited to increases in pressure, higher exposure to harmful chemicals, increased possibility of a release of hazardous chemicals, interrupt or change alarms or instrumentation, interfere with safety or emergency equipment, change operating process parameters, etc.)? If yes, consult SOC Safety Office Manager and initiate a PHA and PSI.	Yes / <input checked="" type="checkbox"/>
Would the proposed change impact the environment, including but not limited to increased possibility of spills to the environment or increased discharges (air emissions, water emissions, increased energy consumption, etc.)? If yes, consult the SOC Environmental Services Manager.	Yes / <input checked="" type="checkbox"/>
Does the proposed change potentially impact other HWAD organizations? If yes, consult the SOC Safety Officer. If no, consult SOC Environmental Services Manager and skip Part 3. <input checked="" type="checkbox"/> <small>all actions to be done by the SR Nevada L.P. SO</small>	<input checked="" type="checkbox"/> / No
Is the proposed change major, complex (involving multiple systems), or significant? Consultation with all affected SOC managers is required.	Yes / <input checked="" type="checkbox"/>
Does the change affect staffing of the CAPP implementation or Emergency Response? If yes, complete Parts 3, 4 and 5.	Yes / <input checked="" type="checkbox"/>
PART 3: Organizations Consulted	
Was the following organization consulted: SOC Controller?	<input checked="" type="checkbox"/> / No / NA
Was the following organization consulted: SOC Human Resources?	Yes / <input checked="" type="checkbox"/> / NA
Was the following organization consulted: SOC Contract Administration or Purchasing?	<input checked="" type="checkbox"/> / No / NA
Was the following organization consulted: SOC Fire & Emergency Services?	<input checked="" type="checkbox"/> / No / NA

Was the following organization consulted: SOC Safety Office?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Health Office?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Environmental Services?	<input type="checkbox"/> / No / NA
Was the following organization consulted: SOC Quality Assurance?	<input type="checkbox"/> / No / NA
Was the following organization consulted: SOC Munitions & Logistics Services?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Receiving, Issue, and Storage?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Accountability & Traffic?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Maintenance Planning and Housing?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Golf Course and Grounds?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Engineering Services?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Facilities & Utilities?	Yes / <input type="checkbox"/> / NA
Was the following organization consulted: SOC Equipment Maintenance?	Yes / <input type="checkbox"/> / NA
PART 4: Documentation of Changes	
Standard Operating Procedures (SOPs)	
Were procedures reviewed? If no, state basis for decision and skip balance of section.	<input type="checkbox"/> / No / NA
Do any procedures need to be modified or created? If yes, then list and provide date(s) the necessary change(s) was/were completed. Change SOC Quality Assurance to PSA's. Some times to other procedures.	<input type="checkbox"/> / No / NA
Safe Working Practices (SWPs) / Job Safety Analysis (JSAs)	
Were SWPs / JSAs reviewed? If no, state basis for decision and skip balance of section.	Yes / No / <input type="checkbox"/>
Were there any changes to or were new SWPs/JSAs required? If yes, list and provide dates completed.	Yes / No / <input type="checkbox"/>
Process Safety Information (PSI)	
Was the current PSI reviewed? If no, state basis for decision and skip balance of section. Because the HWAD Standing Operating Procedures are going to change the PSI section needs to be rewritten	<input type="checkbox"/> / No / NA

Did the current PSI require changes? If yes, describe changes needed and provide date completed. <input type="checkbox"/> / Yes / No / NA	<input type="checkbox"/> / No / NA
Was a new PSI created? If yes, list and provide date completed.	Yes / <input type="checkbox"/> / NA
Process Hazard Analysis (PHA)	
Was the current PHA reviewed? If no, state basis for decision and skip balance of section. <input type="checkbox"/> / Yes / No / NA	Yes / <input type="checkbox"/> / NA
Did the current PHA require changes? If yes, describe changes needed and provide date completed.	Yes / No / NA
Was a new PHA required? If yes, list and provide date completed.	Yes / No / NA
Temporary or Emergency Changes	
Is a temporary or emergency change to CAPP procedures required? If yes, then describe temporary/emergency change, including length of time temporary change would be in effect and how it would be implemented (e.g., redlined procedure). If no or NA, then skip balance of this section.	Yes / <input type="checkbox"/> / NA
Supervisor: Should other manager's be consulted? If yes, then list and obtain approvals.	Yes / No
Temporary/Emergency change approval signature(s)	Date:
Approved time limit ¹ :	
Have affected employees been provided training on or informed of the temporary / emergency change? If yes, then attach list of persons trained/informed and date.	Yes / No
Training	
Were current training modules reviewed for the need for changes?	<input type="checkbox"/> / No / NA
Do any modules need to be modified or new modules created? If yes, then list or attach a list and provide date module change(s) was / were completed. If no or NA, then skip the rest of this	<input type="checkbox"/> / No / NA

¹ If additional time is needed, the initiator must obtain their manager's approval to extend the temporary authorization or must initiate the MOC process as a permanent change. Otherwise, the temporary change automatically expires on the date set by the approver.

<p>section. SOC Quality Assurance will need the mercury inspection module removed from the table training. SOC Training Module 122 mercury overview and 133 Commodity inspection</p>	
<p>Were process operators, maintenance, or contract employees informed of any changes prior to the change taking affect?</p>	<input checked="" type="checkbox"/> / No / NA
<p>How will training be documented? Describe.</p> <p>Training will be conducted by SOC for DLA employees. Training will be documented with records retained by SOC and DLA</p>	
<p>When refresher/new training is completed, Attach documentation (syllabus, names and completion dates).</p>	<input checked="" type="checkbox"/> / No / NA

Part 5: Staffing Level Changes

<p>Will staffing levels for implementation of CAPP or Emergency Response change? If no or NA, skip rest of this section.</p>	Yes / <input checked="" type="checkbox"/> / NA
<p>Are there CAPP implementation or Emergency Response impacts to the staffing level changes? If yes, describe and provide information on any program changes needed to accommodate the staffing changes, such as reassignment of job duties; review of Emergency Response Plans and Procedures; changes in chemicals, technology, equipment, operating procedures; or the buildings, structures or equipment used in the Mercury Storage Program?</p>	Yes / No / NA

INITIAL CHANGE APPROVAL SIGNATURES

Name & Organization with signature	
Prepared/Reviewed By: SOC Deputy Base Operations <i>[Signature]</i> for Rob Schlect	Date: 10/16/14
Concurred By: SOC Fire & Emergency Services Chief <i>[Signature]</i> for Rob McPhie	Date: 10/14/14
Concurred By: SOC Environmental Services Manager <i>[Signature]</i>	Date: 10/16/14
Concurred By: SOC Quality Assurance Manager <i>[Signature]</i> for Leanne Cornell	Date: 10/14/14
Concurred By: HWAD Environmental Representative <i>[Signature]</i>	Date: 10/16/14
Approved By: DLA Strategic Materials Mercury Project Manager <i>[Signature]</i>	Date: 10/14/14

MOC VERIFICATION SIGNATURE**DOCUMENT CHANGE HISTORY**

- **Review Period-** This document will be reviewed at least annually to ensure its suitability.

Revision Date	Nature of Revision	Document Review Participants
10/9/14	Change MOC number from 0046 to 0061.	Hugh Qualls, Rob Mathias, Tom Erickson, Leanne Cornell, Jason Boynton, and Chuck King
8/19/14	DLA will assume the SOC commodity inspection process.	Hugh Qualls, Rob Mathias, Tom Erickson, Leanne Cornell, Jason Boynton and Chuck Harder.
01/19/11	Name change from DZHC to SOC.	Yvonne Downs, Env Svcs
08/24/10	Formatting so there is more room for written data.	Yvonne Downs, Env Svcs