



**QUALITY PLAN  
SYSTEM LEVEL PROCEDURE**  
ISO 9001:2008 SOC NEVADA LLC

DOCUMENT NO.

QP.EMS.HG.0009

TITLE

**COMPLIANCE AUDIT PROGRAM FOR MERCURY  
STORAGE AND TRANSFER PROGRAM  
TO COMPLY WITH THE NDEP CAPP**

REV. 6

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**APPROVAL SIGNATURES**

PREPARED/REVIEWED BY: 	RENEE RODRIGUEZ, DCA BASE OPERATIONS	DATE 3/12/15
PREPARED/REVIEWED BY: 	BURTON PACKARD, ASSISTANT MANAGER ENVIRONMENTAL	DATE 3/12/15
REVIEWED & APPROVED BY: 	HUGH QUALLS, DIRECTOR BASE OPERATIONS	DATE 3/12/15
REVIEWED & APPROVED BY: 	TOM ERICKSON, MANAGER ENVIRONMENTAL SERVICES	DATE 3/12/15
REVIEWED & APPROVED BY:	JASON BOYNTON, DEFENSE LOGISTICS AGENCY PROGRAM MANAGER	DATE
REVIEWED & APPROVED BY: 	GARY AMUNSON, DLA HAWTHORNE SITE SUPERVISOR	DATE 3/12/15
REVIEWED & APPROVED BY: 	CHUCK KING, HWAD GOVERNMENT ENVIRONMENTAL	DATE 3/12/15
<input type="checkbox"/> INITIAL RELEASE	<input type="checkbox"/> REVIEW, NO REVISION REQUIRED	<input type="checkbox"/> REVIEW - REVISION REQUIRED (SEE HISTORY BELOW)

**REVISION HISTORY**

REV	CHANGE DESCRIPTION	AUTHOR	DATE
6	Change description Crosswalk Between NDEP CAPP Review Comments (dated 2014-12-09, 2015-01-30 and 2015-02-26) and Mercury Storage and Transfer Program Document Contents March 10, 2015	Burton Packard and Renee Rodriguez	03/2015
5	Reformatted document to comply with the QMS standard 9001. Changed wording document throughout to state Mercury Storage and Transfer Program. Added DLA personnel responsibilities of the CAPP Training Program procedure. Added administrative changes to the signature block. All Tier 1 documents are available on the G-drive: G:\Intranet\Environmental\environmental_programs\air\CAPP from Intranet	Robert Mathias, SOC FES/ Renee Little BOP's Secretary	09/2014
4	Added Approval Signatures to this document. Added the following to the Approval Signatures, "By reviewing and approving this procedure, the approver understands and will comply with the state procedure. Your signature is proof that training has been provided. The approver also understands that he/she may withhold their signature if he/she has questions about the content and may contact SOC Environmental Services to resolve questions." MOC	Yvonne Downs, SOC Env / Rob Mathias, SOC FES/ Cheri Bryant, SOC Security/ Melissa Waggoner, SOC QA/ Jason Cardenas SOC HR/ Nancy Rutherford, SOC HR/Wayne Larson, SOC Safety/Julie Moss, SOC Maintenance/Mark	06/21/11

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	#0051 Meeting held 05-25-11 Added Safety Office Mgr to signature lines and updated personnel titles. Updated personnel titles. Commander would like HWAD Representative to sign documents. Deleted CEA and Commander signature.	Jackson, SOC Eng/ Leanne Cornell, SOC HR/Suzy Berry, SOC QA/Via email – Teresa McNally, SOC Traffic/Herman Millsap, DLA/ Tom Erickson, PMSG Dir	
3	Name change from DZHC to SOC. Added Performance Management Support Group Director to signature line. Changed Base Operations Director throughout the document to Installation Site Support Services Director. Added Performance Management Support Group Director to list of individuals to receive report findings. Added "For Information or Updates to the site..." at the bottom of the procedure. Added Human Resources Manager and Business Management Director to the signature line in the audit report. Deleted "Operating Contractor" & "Responsible Official" from the signature line in the audit report. Added Business Management Director to the signature line.	Yvonne Downs, Env Svcs	01/19/11
2	Initial Upload	Yvonne Downs, EMS Rep & Mgr of Env Svcs/ Rob Mathias, FES Chief Dave Musselman, F&U Mgr/ Dale McNally, Equip Maint Super/ Hugh Qualls, BOD Dir/ Teresa McNally, A&T Storage Planner/ John George, Log Dep Dir/ Ron Going, M&L Dir Herman Millsap, DLA Rep/Sandra Carroll, Tetra Tech ORNL Team	04/20/10
1	Employee Participation	All employees who are affected by Mercury Process. For a list of participants please see the sign-in sheet for the training that was provided.	03/17/10

**REFERENCE DOCUMENTS**

DOCUMENT NUMBER	DOCUMENT TITLE

**DOCUMENTS REFERENCED IN THIS PROCEDURE ARE APPLICABLE TO THE EXTENT SPECIFIED HEREIN.**

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**1. PURPOSE**

The purpose of the Hawthorne Army Depot (HWAD) Mercury Compliance Audit Program is to establish a requirement for completing an internal compliance audit every three years to determine if adequate procedures and practices are in place and implemented that address the Nevada Division of Environmental Protection (NDEP) Chemical Accident Prevention Program (CAPP). These audits will be conducted by a lead auditor and audit team with at least one person who is knowledgeable in the processes and activities being audited.

This standard procedure directs the user on how to conduct and document compliance audits under the CAPP. SOC Nevada LLC (SOC) has three certified compliance audit protocols, each with its own standard procedures. These protocols are the International Organization for Standardization (ISO) 9001 used for Quality Management; ISO 14001 used for Environmental Management; and Occupational Health & Safety Assessment Series (OHSAS) 18001 used for Safety Management.

For ISO 14001, under which this procedure is written, all elements of the ISO 14001 Standard are audited every three years.

The NDEP regulations require:

**Nevada Administrative Code (NAC) 459.95427 Evaluation and documentation of compliance. ([Nevada Revised Statutes] NRS 459.3818, 459.3833)**

1. The owner or operator of a facility with a process that is subject to CAPP shall:
  - (a) Certify at least once every three (3) years that an evaluation has been performed of whether adequate procedures and practices as required pursuant to NAC 459.95412 to 459.95442, inclusive, have been developed and implemented;
  - (b) Create a report of the findings of the evaluation made pursuant to paragraph (a);
  - (c) Promptly determine and document an appropriate response to any deficiency that is discovered during the evaluation;
  - (d) Document that any deficiency discovered during the evaluation has been corrected; and
  - (e) Retain the two most recent reports.
2. The evaluation must be conducted by at least one person who is knowledgeable in the process.

**2. ACRONYMS**

- o ACO – Administrative Contracting Officer
- o CAPP – Chemical Accident Prevention Program
- o EMS – Environmental Management System
- o FES – Fire & Emergency Services
- o Hg CO<sub>2</sub> O&M – Mercury or Carbon Dioxide Operating and Maintenance Procedures
- o HWAD – Hawthorne Army Depot
- o IOP – Internal Operating Procedures
- o ISO – International Organization for Standardization
- o MOC – Management of Change
- o NAC – Nevada Administrative Code
- o NDEP – Nevada Division of Environmental Protection
- o NRS – Nevada Revised Statutes
- o OHSAS – Occupational Health & Safety Assessment Series

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## 2. ACRONYMS (CONTINUED)

- PHA – Process Hazard Analysis
- PSI – Process Safety Information
- PSSR – Pre-Startup Safety Review
- QP – Quality Procedure
- SP – Standard Procedure
- SOC – SOC Nevada LLC
- SOP – Standard Operating Procedure, including Quality Procedures (QP), IOP, SP, Quality Management Plans, permits and letters of instruction SOPs and safe work practices

## 3. CONDUCTING THE AUDIT

Each of these audit standards (ISO 9001, ISO 14001 and OHSAS 18001) will be followed as the governing standard as applicable. The organization conducting the audit will be responsible for assuring that the document control procedures for their audit protocols are current.

ISO 14001 is specific for environmental audits. The ISO 14001 Internal Audit Procedure will be followed in conjunction with this procedure. Verification of compliance will be performed by the SOC and DLA Strategic Materials to ensure adequate procedures and practices have been developed and implemented on the following CAPP Elements at least once every three years:

- Process Safety Information
- Process Hazard Analysis
- Standard Operating Procedures (including safe work practices such as Hot Work Permits)
- Training
- Mechanical Integrity
- Management of Change
- Pre-Startup Safety Review
- Compliance Audit
- Incident Investigation
- Employee Participation
- Contractor Program
- Emergency Response Plan including Emergency Actions

## 4. AUDIT TEAM

An audit team will be formed to conduct the verification of compliance audit. The team will consist of the following:

**Team Leader:** The team leader will be the ISO 14001 Environmental Management System (EMS) Coordinator / Representative and will select the audit team. The team leader is responsible for scheduling the verification of compliance audit, including ensuring the audit is conducted, completed and certified at least every three (3) years; documenting the names of person(s) who are members of the team and their overall responsibility for the development, implementation and integration of the verification of the Compliance Audit Program Requirements, and guiding the team through the audit checklists. The team leader must provide the most current version of the NDEP CAPP Element Audit Checklists for the auditors. To obtain these checklists go to the NDEP website at: <http://ndep.nv.gov/bapc/capp/capguid.html> and print all NDEP CAPP Element Audit Checklists. Per the HWAD,

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#### 4. AUDIT TEAM (CONTINUED)

ISO 14001 EMS Program environmental requirements, including CAPP, are tracked to ensure regulatory requirements are identified and updated as necessary. The team leader will provide the list of applicable requirements to the other team members. The team shall be comprised of a minimum of two (2) people with at least one person who is knowledgeable in the processes and activities being audited.

**Team Recorder:** Designated by the team leader to document how the audit was performed (e.g., who, what, and when) and to compile and summarize the deficiencies and recommendations identified by the team members on the Audit Report.

**Audit Team Members:** Employees with expertise in process and maintenance operations (who collectively have experience and knowledge in all program elements and audit protocols) or subcontractors (who are trained and certified auditors or who have experience and knowledge of CAPP requirements) will conduct the audit using the NDEP CAPP Element Audit Checklist as guidance for review and acceptance criteria. The audit team may be comprised of staff from DLA Strategic Materials, Operations, Management, Maintenance, Safety, Quality Assurance, and FES. When conducting the audit, team members must follow the checklist(s) to ensure that all aspects pertaining to that element are covered thoroughly, and must record their findings on the checklists to document accurately their audit findings.

#### 5. AUDIT PROCESS

##### Audit Startup Meeting

The audit team must hold a startup meeting with facility staff prior to formally conducting the audit. At this meeting it will be determined how and when the various program elements will be audited (i.e., which team members will be auditing which program element, what facility documents will be needed, what facility personnel will need to be available, how best to allocate and schedule Team and facility resources to allow for completing the audit in a timely manner with the least disruption to facility operations, etc.).

##### Audit Report Documentation

The team member assigned to audit a specific program element must complete the pertinent section of the audit checklist as follows:

Under the column headed "Met Y/N" enter a Y (for yes) or N (for no) to indicate whether the subsection (topic) under review satisfies the applicable requirements in the procedures pertinent to the element under review.

When a No is entered per the previous step, the reason for this determination must be written in the "Notes / Comments" section at the end of the issue section.

Once all subsections (topics) have been completed for a program element section of the audit checklist, the assigned team member must initial and date the bottom of the last page of the checklist section, submit the completed checklist section to the team recorder, and notify the team leader that the audit of this program element has been completed.



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**5. AUDIT PROCESS (CONTINUED)**

After the team recorder has received all the CAPP audit checklist elements, he/she must complete the Verification of Compliance Audit Report as follows:

Enter the Facility Name / Location in the space provided.

Enter the dates that the audit started and ended in the spaces provided, with the ending date being the latest date listed on any of the program element sections.

Enter the date the report was completed in the space provided.

List all personnel interviewed and critical documents reviewed.

In the table titled Audit Performance enter, by line:

The name of each individual Audit Team Member in the column headed Team Member Name and Facility.

For each listed team member, place a check in each column under the Program Elements Reviewed heading to indicate the corresponding elements that were audited by this individual (either alone or as part of a group).

Based on review of the completed audit in the table titled Deficiencies Identified enter, by line:

The section of the CAPP Element Audit Checklist in which the deficiency was identified under the column headed Program Element.

A description of the deficiency itself in the column headed Issue / Concern. After the first 20 deficiencies are listed, it will become necessary to complete the first column under the heading Item # to continue the numbering sequence.

\*\*\*NOTE: After all the above actions have been completed, the Verification of Compliance Audit Report is forwarded to the team leader, along with the completed audit checklist(s).

**Audit Closeout Meetings**

Upon receipt of the Verification of Compliance Audit Report and the audit checklist(s), the team leader must hold a closeout meeting with all team members to discuss the results of the audit. The team leader and team members will collaborate to develop recommendations to address the identified deficiencies. Recommendations will be entered on the audit checklist. Once a consensus has been reached on the final audit findings, all team members must enter their signature and the date in the spaces provided in the section titled Audit Team Approvals on the last page of the Verification of Compliance Audit Report.

After all team members have signed-off on the report findings, the Verification of Compliance Audit Report, with the Audit Checklist attached, the team leader or the SOC Environmental Services Manager and DLA Strategic Materials Safety Manager presents the results to the following managers on the approval signature list below:

- o SOC Manager of Maintenance & Utilities

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**5. AUDIT PROCESS (CONTINUED)**

- o SOC Environmental Services
- o SOC Quality Assurance Manager
- o SOC Equipment Maintenance Supervisor
- o SOC Director of Base Operations
- o SOC Safety, Health
- o SOC Fire & Emergency Services
- o SOC Engineering Services Manager
- o SOC Electrical Shop Supervisor
- o Administrative Contracting Officer (ACO) Environmental Services
- o HWAD Civilian Executive Officer
- o DLA Strategic Materials Mercury Project Manager

Upon acceptance of the Verification of Compliance Audit Report, the resulting recommended actions (at least one for each identified deficiency) must be listed, logged and tracked as described in the following section (Corrective Action Documentation). The planned actions will be summarized on the last page of the Verification of Compliance Audit Report.

**Corrective Action Documentation**

Corrective actions must be listed, logged and tracked by the SOC Manager of Environmental Services and DLA Strategic Materials Safety Manager or designee, with these planned actions summarized on the last page of the Verification of Compliance Audit Report. A corrective action plan will be developed where warranted and all items identified will be tracked through closure, as an addendum to the audit report. The findings of the audit report and planned corrective actions will be shared with employees per the Employee Participation Program through safety meetings or other communications.

**Applicability to MOC Program**

Deficiencies identified in the audit will be evaluated for applicability to the MOC Program Element. If a MOC is required, the SOC Manager of Environmental Services, DLA Strategic Materials Safety Manager or designee will enter the information from the MOC(s) in the table titled Resolving Deficiencies Identified by the Audit, by line as follows:

- o Enter the MOC number in the first column, headed MOC # Assigned for Corrective Action(s)
- o List all Item numbers of the deficiencies that pertain to this MOC in the column headed Deficiency Item Number Covered
- o Enter the name and job description of the party to which the MOC was assigned for implementation in the column headed Assigned to (Name / Title)
- o Upon completion of the items for corrective action, the person assigned will communicate to the SOC Manager of Environmental Services, DLA Strategic Materials Safety Manager or designee and will provide the completion date. The SOC Manager of Environmental Services, DLA Strategic Materials Safety Manager or designee will enter the completion date into the Addendum.

Once this table has been created with corrective actions, the Verification of Compliance Audit Report has been completed and can be certified and filed, along with the current CAPP Element Audit Checklist. This filing step

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**5. AUDIT PROCESS (CONTINUED)**

closes out the audit process. The SOC Manager of Environmental Services, DLA Strategic Materials Safety Manager or designee, however, will continue to track the closure of corrective actions to ensure that completion is timely.

**Audit Report Certification**

The signature of the operator's certifying official on the Audit Report will affirm that the evaluation required by NAC 459.95427 was performed to determine whether adequate procedures and practices pursuant to NAC 459.95412 to 459.95442 have been developed and implemented. If deficiencies were identified during the audit, those deficiencies will be corrected in the manner outlined in the HWAD Compliance Audit procedure. By signing the report, the operator of the HWAD certifies that at least once every three (3) years the evaluation has been performed to determine if adequate procedures and practices have been developed, implemented and are being followed, as required.

**Records**

The final certified audit report and any attached documentation (to include the deficiency listing and tracking of corrective actions) are required records to be retained in support of this procedure. The last two (2) audit reports (and supporting documentation) will be retained by the SOC Environmental Services Manager.

**Program Review and Update**

This document will be reviewed and signed off at least annually and updated as necessary. The review will be documented in the signature area located near the end of this document. Additionally, the level of compliance with this Program will be assessed every three years during the Compliance Audit.

This document follows the ISO 14001 Control of Documents Standard Procedure and the Standard Operating Procedure Program.

**6. REFERENCE AND SUPPORTING DOCUMENTS**

- NDEP Provided MOC / PSSR Flowchart
- MOC Checklist.doc format
- Process Safety Information Procedure and associated documents
- Process Hazard Analysis Procedure and associated documents
- Standard Operating Procedure Program and associated Tier 2 (supporting) procedures
- Training Plan for the Mercury Storage Program
- Mechanical Integrity Procedure and associated Tier 2 (supporting) procedures
- Management of Change Standard Procedure and associated documents
- Pre-Startup Safety Review Procedure and associated documents
- Incident Investigation Standard Procedure
- Employee Participation Procedure
- Contractor Program and associated documents (for information consult Contract Administration and Purchasing)
- Emergency Operations (Response) Plan and associated documents
- ISO 9001 Quality Management System

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**6. REFERENCE AND SUPPORTING DOCUMENTS (CONTINUED)**

OHSAS 18001 Safety Management System



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**VERIFICATION OF COMPLIANCE AUDIT REPORT (recorder name: \_\_\_\_\_)**

1. Facility Name & Location:
2. Audit Start Date:  
  
Audit End Date:
3. Report Complete Date:
4. Audit Performance:

<b>MERCURY STORAGE &amp; TRANSFER: Team Member Name</b>	PSI	PHA	SOP	Training	Mechanica I Integrity	PSSR	Mercury Storage & Transfer Procedures	Hg, CO <sub>2</sub> O&M Procedures

<b>MERCURY STORAGE &amp; TRANSFER: Team Member Name</b>	MOC	Compliance Audit	Incident Investigation	Employee Participation	Contractor Program	Emergency Response Program

4. List of Documents Reviewed:



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5. Staff Interviewed:

Name	Position

6. Deficiencies Identified:

Item #	CAPP Program Element	Issues / Concerns
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

7. Recommendations:

Item #	CAPP Program Element	Issues / Concerns
1		
2		

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3		
4		
5		
6		
7		
8		
9		
1		
0		

8. Audit Team Approvals

Team Member	Date

9. Acceptance By Signature:

SOC Fire & Emergency Services, Chief	Date
SOC Facilities & Utilities Manager	
SOC Equipment Maintenance Supervisor	
SOC Equipment Maintenance Manager	
SOC Installation Support Services Director	
SOC Performance Management Support Group Director	
SOC Human Resources Manager	
SOC Business Management Director	
SOC Environmental Services Manager	
SOC Accountability & Traffic Storage Planner	
SOC Logistics Services Deputy Director	
SOC Electrical Shop Supervisor	
SOC Quality Assurance Manager	
SOC Engineering Services Manager	
DLA Strategic Materials Facility Manager	
ACO Environmental Services	
Civilian Executive Officer HWAD	
DLA Strategic Materials Safety Manager	

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10. Certification of the Audit Report

SOC General Manager	Date
DLA Strategic Materials Project Manager	
Commander HWAD	