



OFFICE OF RIVER PROTECTION

P.O. Box 450, MSIN H6-60
Richland, Washington 99352

APR 12 2016

16-ECD-0014

Mr. G. Thomas Tebb, Acting Program Manager
Nuclear Waste Program
Washington State
Department of Ecology
3100 Port of Benton Blvd.
Richland, Washington 99354

Mr. Tebb:

RESPONSE TO DANGEROUS WASTE COMPLIANCE INSPECTION ON SEPTEMBER 22, 2015, OF THE 222-S DANGEROUS AND MIXED WASTE STORAGE AREAS, RESOURCE CONSERVATION AND RECOVERY ACT SITE ID: WA7890008967, NUCLEAR WASTE PROGRAM COMPLIANCE INDEX NO. 15.546

Reference: Ecology letter from N. Ware to K.W. Smith, ORP, and M. Lindholm, WRPS, "Dangerous Waste Compliance Inspection on September 22, 2015 of the 222-S Dangerous and Mixed Waste Storage Areas, Resource Conservation and Recovery Act (RCRA) Site ID: WA7890008967, Nuclear Waste Program (NWP) Compliance Index No. 15.546," 16-NWP-043, dated February 29, 2016.

This letter responds to your Inspection Report (Reference) regarding a compliance inspection of the 222-S Laboratory performed on September 22, 2015. The U.S. Department of Energy (DOE), Office of River Protection (ORP) and the Washington River Protection Solutions LLC (WRPS) have reviewed the item of non-compliance with the Dangerous Waste Regulations cited by the Washington State Department of Ecology (Ecology).

The documented inspection observation and ORP/WRPS response:

WAC 173-303-320(2)(d) as incorporated by WAC 173-303-400(3)(a). The owner or operator must keep an inspection log or summary, including at least the date and time of the inspection, the printed name, and the handwritten signature of the inspector, a notation of the observations made, an account of spills or discharges in accordance with WAC 173-303-145, and the date and nature of any repairs or remedial actions taken. The log or summary must be kept at the facility for at least five years from the date of inspection.

Ecology Action Requested: Immediately upon receipt of this inspection report, DOE ORP and WRPS must include the printed name, the handwritten signature, a notation of the observations made, and the date and nature of any repairs or remedial actions taken on inspection records. DOE ORP and WRPS must complete three weeks of weekly inspections. Within 30 days of completing the inspections, DOE ORP and WRPS must submit the weekly inspection records to Ecology.

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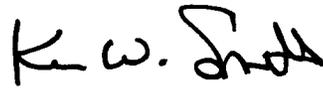
Response: ORP and WRPS acknowledge that a number of procedures and inspection checklists do not specifically address all of the information required by WAC 173-303-320(2)(d). WRPS is currently reviewing and updating procedures for inspection logs company-wide to ensure that all required information is included. Procedures are being updated according to standard WRPS processes and should be updated by June 30, 2016.

Attached are copies of the inspection sheets for the last three weeks, dated February 29, March 7, and March 14, 2016.

If you have any questions, please contact Bryan R. Trimmerger, Environmental Compliance Division, (509) 376-2674, or Jessica A. Joyner, Washington River Protection Solutions LLC, (509) 376-7533.



Mark A. Lindholm
President and Project Manager
Washington River Protection Solutions LLC



Kevin W. Smith, Manager
Office of River Protection

ECD:BRT

Attachment

cc w/attach:

D.J. Alexander, Ecology
J.B. Price, Ecology
D.G. Singleton, Ecology
N.W. Ware, Ecology
C.E. Clark, RL
E.D. MacAlister, RL
M.R. Greene, WRPS
W.F. Johnson, WRPS
J.A. Joyner, WRPS
A.L. Prignano, WRPS
E.J. Van Mason, WRPS
J.A. Voogd, WRPS
Administrative Record (S-2-5)
Environmental Portal, LMSI
WRPS Correspondence

**Attachment
16-ECD-0014
(12 Pages)**

**Inspection Sheets for the Last Three Weeks,
Dated February 29, March 7, and March 14, 2016**

222-S Laboratory Inspection of the 222-S Laboratory Waste Management Areas

Appendix B. 222-S Container Management Unit Inspection Sheet. (1 of 2 sheets)

TSD HS-0082 A/B, HS-0083 A/B	90-Day HS0065 B, 222 ED CranePAD	PCB <input type="checkbox"/> N/A	HS0082 A/B, HS0065 B, HS0083 A/B, HS0065 B Add 2/22/16	
Staging/Storage <input checked="" type="checkbox"/> N/A	TSD	90 Day	PCB	Staging / Storage
1. Are proper signs posted and easily noticeable? (HS-0082 and HS-0083: No Smoking, and Danger Unauthorized Personnel Keep Out. Rm 2B and Rm 4E TSD's: Danger-Unauthorized Personnel Keep Out. 90-Day Accumulation Area clearly marked. PCB area marked with M _L Mark. Staging/Storage clearly identified as a radioactive area, i.e., RMA, RA) (HS0083A is non-Radioactive area)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the entry to the TSD locked or authorized personnel present when open?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			NA
3. Is there 30-inch aisle spacing between shipping containers, measured between the two closest points? Rows not to exceed two containers wide.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. Are incompatible wastes and materials separated from one another by means of a dike, berm, wall or other device?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is there any liquid present in the secondary containment areas or near any of the containers? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Do any of the containers show signs of damage due to rust, chemical corrosion, or physical damage such as dents or bent lids? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are containers properly and clearly marked as to applicable storage and labeling requirements including the following if required: <ul style="list-style-type: none"> EPA Hazardous Waste Label (Shipping containers) Hazardous waste label with the accumulation date Hazard label(s) indicating major risk Labeled with PCB mark (PCB only) Container has date PCB removed from service. (PCB only) Container identification number (CIN) listed 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Are all containers closed and secured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Are any Hazardous or Mixed waste containers greater than 60 days? If yes, list container numbers and dates in comment section.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

222-S Laboratory Inspection of the 222-S Laboratory Waste Management Areas

Appendix B. 222-S Container Management Unit Inspection Sheet. (2 of 2 sheets)

TSD H50082 A/B, H50083 A/B	90-Day H5-0065 B, 222SD CRANEPAD	PCB <input type="checkbox"/> N/A H5-0082 A/B, H50083-A/B H50065 B		
Staging/Storage <input checked="" type="checkbox"/> N/A	TSD	90 Day	PCB	Staging / Storage
10. Is the Removed from Service Date greater than 6 months? If yes, list container numbers and dates in comment section.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NA
11. Is there adequate secondary containment? (PCB only). 6 inch high secondary containment is required for all non-radioactive containers.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Is the inventory list up to date with the correct container ID#, size and description?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are the maximum storage capacity limits being exceeded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Does the TSD unit show signs of deterioration (i.e., structural)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Are the low-level waste shipping containers marked with the date of commencement of staging?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16. Are the low-level and mixed waste shipping containers marked with the date of commencement of storage?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. Have the low-level waste or mixed waste shipping containers been in storage greater than 6 months but less than 12 months? If yes, note LOCATION, CONTAINER NUMBER in comments section, then notify the HMC manager.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18. Have the low-level waste or mixed waste shipping containers been in storage greater than 12 months? If yes, note LOCATION, CONTAINER NUMBER in deficiencies section, then notify the HMC manager.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments: No hazardous waste present 222SD crane pad PCB drum 009267B greater than 6 months				
Deficiencies:				
Corrective Actions:				
Date:	2/29/16	Inspector Name (print): Robert Meselle		Inspector Signature: Robert Meselle
Time:	12:45	Grant McCalmont		Grant McCalmont
Date:	3/7/16	HMC Manager (print):		HMC Manager Signature:
Time:	1:20	Jacob Johnson		Jacob Johnson

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Appendix B. 222-S Container Management Unit Inspection Sheet. (1 of 2 sheets)

TSD <i>222S Rm # 2B, 4E</i>	90-Day <i>222S Rm # 2D</i>	PCB <input type="checkbox"/> N/A <i>222S Rm # 2B, 4E</i> <i>2D, 2E, 3A RACKS</i>		
Staging/Storage <input type="checkbox"/> N/A	TSD	90 Day	PCB	Staging / Storage
1. Are proper signs posted and easily noticeable? (HS-0082 and HS-0083: No Smoking, and Danger Unauthorized Personnel Keep Out. Rm 2B and Rm 4E TSD's: Danger-Unauthorized Personnel Keep Out. 90-Day Accumulation Area clearly marked. PCB area marked with M _L Mark. Staging/Storage clearly identified as a radioactive area, i.e., RMA, RA) (HS0083A is non-Radioactive area)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the entry to the TSD locked or authorized personnel present when open?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is there 30-inch aisle spacing between shipping containers, measured between the two closest points? Rows not to exceed two containers wide.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. Are incompatible wastes and materials separated from one another by means of a dike, berm, wall or other device?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is there any liquid present in the secondary containment areas or near any of the containers? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Do any of the containers show signs of damage due to rust, chemical corrosion, or physical damage such as dents or bent lids? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are containers properly and clearly marked as to applicable storage and labeling requirements including the following if required: <ul style="list-style-type: none"> EPA Hazardous Waste Label (Shipping containers) Hazardous waste label with the accumulation date Hazard label(s) indicating major risk Labeled with PCB mark (PCB only) Container has date PCB removed from service. (PCB only) Container identification number (CIN) listed 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Are all containers closed and secured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Are any Hazardous or Mixed waste containers greater than 60 days? If yes, list container numbers and dates in comment section.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

NA

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Appendix B. 222-S Container Management Unit Inspection Sheet. (2 of 2 sheets)

TSD 222S Rm# 2B, 4E	90-Day 222S Rm# 2D	PCB <input type="checkbox"/> N/A 222S Rm# 2B, 4E, 2D, 2E, 8AA RACKS		
Staging/Storage N/A	TSD	90 Day	PCB	Staging / Storage
10. Is the Removed from Service Date greater than 6 months? If yes, list container numbers and dates in comment section.			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	MA
11. Is there adequate secondary containment? (PCB only). 6 inch high secondary containment is required for all non-radioactive containers.			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Is the inventory list up to date with the correct container ID#, size and description?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are the maximum storage capacity limits being exceeded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Does the TSD unit show signs of deterioration (i.e., structural)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Are the low-level waste shipping containers marked with the date of commencement of staging?				
16. Are the low-level and mixed waste shipping containers marked with the date of commencement of storage?				
17. Have the low-level waste or mixed waste shipping containers been in storage greater than 6 months but less than 12 months? If yes, note LOCATION, CONTAINER NUMBER in comments section, then notify the HMC manager.				
18. Have the low-level waste or mixed waste shipping containers been in storage greater than 12 months? If yes, note LOCATION, CONTAINER NUMBER in deficiencies section, then notify the HMC manager.				
Comments:				
Deficiencies:				
Corrective Actions:				
Todd A. McCulloch				
Date:	2/29/16	Inspector Name (print): Grant McCalloch	Inspector Signature: <i>Grant McCalloch</i>	
Time:	1300	Todd A. McCulloch		
Date:	3/7/16	HMC Manager (print):		
Time:	1720	Jacob Johnson	HMC Manager Signature: <i>Jacob Johnson</i>	

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Appendix B. 222-S Container Management Unit Inspection Sheet. (1 of 2 sheets)

TSD HS-0082-A/B, HS-0083-A/B	90-Day HS0065-B, 222SD-Crane PAD		PCB ✓ N/A	
Staging/Storage ✓ N/A	TSD	90 Day	PCB	Staging / Storage
1. Are proper signs posted and easily noticeable? (HS-0082 and HS-0083: No Smoking, and Danger Unauthorized Personnel Keep Out. Rm 2B and Rm 4E TSD's: Danger-Unauthorized Personnel Keep Out. 90-Day Accumulation Area clearly marked. PCB area marked with M ₁ Mark. Staging/Storage clearly identified as a radioactive area, i.e., RMA, RA) (HS0083A is non-Radioactive area)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the entry to the TSD locked or authorized personnel present when open?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		N/A	
3. Is there 30-inch aisle spacing between shipping containers, measured between the two closest points? Rows not to exceed two containers wide.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		N/A
4. Are incompatible wastes and materials separated from one another by means of a dike, berm, wall or other device?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is there any liquid present in the secondary containment areas or near any of the containers? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Do any of the containers show signs of damage due to rust, chemical corrosion, or physical damage such as dents or bent lids? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are containers properly and clearly marked as to applicable storage and labeling requirements including the following if required: <ul style="list-style-type: none"> EPA Hazardous Waste Label (Shipping containers) Hazardous waste label with the accumulation date Hazard label(s) indicating major risk Labeled with PCB mark (PCB only) Container has date PCB removed from service. (PCB only) Container identification number (CIN) listed 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Are all containers closed and secured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Are any Hazardous or Mixed waste containers greater than 60 days? If yes, list container numbers and dates in comment section.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

222-S Laboratory Inspection of the 222-S Laboratory Waste Management Areas

Appendix B. 222-S Container Management Unit Inspection Sheet. (2 of 2 sheets)

TSD H50082 - A/B, H50083 - A/B	90-Day H50065 - B, 222SD-Crane PAD	PCB <input checked="" type="checkbox"/> N/A		
Staging/Storage <input checked="" type="checkbox"/> N/A	TSD	90 Day	PCB	Staging / Storage
10. Is the Removed from Service Date greater than 6 months? If yes, list container numbers and dates in comment section.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Is there adequate secondary containment? (PCB only). 6 inch high secondary containment is required for all non-radioactive containers.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NA
12. Is the inventory list up to date with the correct container ID#, size and description?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are the maximum storage capacity limits being exceeded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Does the TSD unit show signs of deterioration (i.e., structural)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Are the low-level waste shipping containers marked with the date of commencement of staging?			NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Are the low-level and mixed waste shipping containers marked with the date of commencement of storage?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17. Have the low-level waste or mixed waste shipping containers been in storage greater than 6 months but less than 12 months? If yes, note LOCATION, CONTAINER NUMBER in comments section, then notify the HMC manager.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18. Have the low-level waste or mixed waste shipping containers been in storage greater than 12 months? If yes, note LOCATION, CONTAINER NUMBER in deficiencies section, then notify the HMC manager.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: No hazardous waste present 222SD Crane Pad				
Deficiencies:				
Corrective Actions:				
Date:	3/7/16	Inspector Name (print): Robert Nejois	Inspector Signature: Robert Nejois	
Time:	0920	Grant M'Calman	Grant M'Calman	
Date:	3-10-2016	HMC Manager (print):	HMC Manager Signature:	
Time:	1220	Jacob Johnson	Jacob Johnson	

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Appendix B. 222-S Container Management Unit Inspection Sheet. (1 of 2 sheets)

TSD ^{Rm} 222S # 4E, 2B	90-Day 222S Rm-2D	PCB N/A		
Staging/Storage N/A	TSD	90 Day	PCB	Staging / Storage
1. Are proper signs posted and easily noticeable? (HS-0082 and HS-0083: No Smoking, and Danger Unauthorized Personnel Keep Out. Rm 2B and Rm 4E TSD's: Danger-Unauthorized Personnel Keep Out. 90-Day Accumulation Area clearly marked. PCB area marked with M _L Mark. Staging/Storage clearly identified as a radioactive area. i.e., RMA, RA) (HS0083A is non-Radioactive area)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the entry to the TSD locked or authorized personnel present when open?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is there 30-inch aisle spacing between shipping containers, measured between the two closest points? Rows not to exceed two containers wide.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NA	NA
4. Are incompatible wastes and materials separated from one another by means of a dike, berm, wall or other device?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is there any liquid present in the secondary containment areas or near any of the containers? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Do any of the containers show signs of damage due to rust, chemical corrosion, or physical damage such as dents or bent lids? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are containers properly and clearly marked as to applicable storage and labeling requirements including the following if required: <ul style="list-style-type: none"> • EPA Hazardous Waste Label (Shipping containers) • Hazardous waste label with the accumulation date • Hazard label(s) indicating major risk • Labeled with PCB mark (PCB only) • Container has date PCB removed from service. (PCB only) • Container identification number (CIN) listed 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Are all containers closed and secured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Are any Hazardous or Mixed waste containers greater than 60 days? If yes, list container numbers and dates in comment section.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

222-S Laboratory Inspection of the 222-S Laboratory Waste Management Areas

Appendix B. 222-S Container Management Unit Inspection Sheet. (2 of 2 sheets)

TSD 222S Rm # 4E, 2B	90-Day 222S Rm # 2D	PCB N/A		
Staging/Storage N/A	TSD	90 Day	PCB	Staging / Storage
10. Is the Removed from Service Date greater than 6 months? If yes, list container numbers and dates in comment section.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	NA
11. Is there adequate secondary containment? (PCB only). 6 inch high secondary containment is required for all non-radioactive containers.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Is the inventory list up to date with the correct container ID#, size and description?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Are the maximum storage capacity limits being exceeded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Does the TSD unit show signs of deterioration (i.e., structural)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Are the low-level waste shipping containers marked with the date of commencement of staging?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
16. Are the low-level and mixed waste shipping containers marked with the date of commencement of storage?			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
17. Have the low-level waste or mixed waste shipping containers been in storage greater than 6 months but less than 12 months? If yes, note LOCATION, CONTAINER NUMBER in comments section, then notify the HMC manager.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
18. Have the low-level waste or mixed waste shipping containers been in storage greater than 12 months? If yes, note LOCATION, CONTAINER NUMBER in deficiencies section, then notify the HMC manager.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
Comments: NONE				
Deficiencies: NONE				
Corrective Actions: NONE				
Date:	3-7-16	Inspector Name (print):		Inspector Signature:
Time:	15:30	Anthony Purita		<i>Anthony Purita</i>
Date:	3-10-16	HMC Manager (print):		HMC Manager Signature:
Time:	1220	Jacob Johnson		<i>Jacob Johnson</i>

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Appendix B. 222-S Container Management Unit Inspection Sheet. (1 of 2 sheets)

TSD <u>HS-0082-A/B,</u> <u>HS-0083-A/B</u>	90-Day <u>HS0065B</u> <u>222 SD - CRANEPAD</u>	PCB <input checked="" type="checkbox"/> N/A		
Staging/Storage <u>N/A</u>	TSD	90 Day	PCB	Staging / Storage
1. Are proper signs posted and easily noticeable? (HS-0082 and HS-0083: No Smoking, and Danger Unauthorized Personnel Keep Out. Rm 2B and Rm 4E TSD's: Danger-Unauthorized Personnel Keep Out. 90-Day Accumulation Area clearly marked. PCB area marked with M _L Mark. Staging/Storage clearly identified as a radioactive area, i.e., RMA. RA) (HS0083A is non-Radioactive area)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the entry to the TSD locked or authorized personnel present when open?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is there 30-inch aisle spacing between shipping containers, measured between the two closest points? Rows not to exceed two containers wide.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		<u>NA</u>
4. Are incompatible wastes and materials separated from one another by means of a dike, berm, wall or other device?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is there any liquid present in the secondary containment areas or near any of the containers? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Do any of the containers show signs of damage due to rust, chemical corrosion, or physical damage such as dents or bent lids? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are containers properly and clearly marked as to applicable storage and labeling requirements including the following if required: <ul style="list-style-type: none"> EPA Hazardous Waste Label (Shipping containers) Hazardous waste label with the accumulation date Hazard label(s) indicating major risk Labeled with PCB mark (PCB only) Container has date PCB removed from service. (PCB only) Container identification number (CIN) listed 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Are all containers closed and secured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Are any Hazardous or Mixed waste containers greater than 60 days? If yes, list container numbers and dates in comment section.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		

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Appendix B. 222-S Container Management Unit Inspection Sheet. (2 of 2 sheets)

TSD HS0082-A/B, HS0083-A/B	90-Day HS-0065-B 222SD-CRANE PAD	PCB NA		
Staging/Storage N/A	TSD	90 Day	PCB	Staging / Storage
10. Is the Removed from Service Date greater than 6 months? If yes, list container numbers and dates in comment section.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Is there adequate secondary containment? (PCB only). 6 inch high secondary containment is required for all non-radioactive containers.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Is the inventory list up to date with the correct container ID#, size and description?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are the maximum storage capacity limits being exceeded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			NA
14. Does the TSD unit show signs of deterioration (i.e., structural)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Are the low-level waste shipping containers marked with the date of commencement of staging?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Are the low-level and mixed waste shipping containers marked with the date of commencement of storage?			NA	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17. Have the low-level waste or mixed waste shipping containers been in storage greater than 6 months but less than 12 months? If yes, note LOCATION, CONTAINER NUMBER in comments section, then notify the HMC manager.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18. Have the low-level waste or mixed waste shipping containers been in storage greater than 12 months? If yes, note LOCATION, CONTAINER NUMBER in deficiencies section, then notify the HMC manager.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: NO HAZARDOUS WASTE PRESENT ON 222SD CRANE PAD.				
Deficiencies:				
Corrective Actions:				
Date:	3-17-16	Inspector Name (print):	Inspector Signature:	
Time:	1330	Todd A. McCulloch		
Date:	3-15-16	HMC Manager (print):	HMC Manager Signature:	
Time:	0945	Jacob Johnson		

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Appendix B. 222-S Container Management Unit Inspection Sheet. (1 of 2 sheets)

TSD Room 2B, Room 4E	90-Day Room 2D	PCB <input checked="" type="checkbox"/> N/A		
Staging/Storage <input checked="" type="checkbox"/> N/A	TSD	90 Day	PCB	Staging / Storage
1. Are proper signs posted and easily noticeable? (HS-0082 and HS-0083: No Smoking, and Danger Unauthorized Personnel Keep Out. Rm 2B and Rm 4E TSD's: Danger-Unauthorized Personnel Keep Out. 90-Day Accumulation Area clearly marked. PCB area marked with M _L Mark. Staging/Storage clearly identified as a radioactive area, i.e., RMA, RA) (HS0083A is non-Radioactive area)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is the entry to the TSD locked or authorized personnel present when open?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
3. Is there 30-inch aisle spacing between shipping containers, measured between the two closest points? Rows not to exceed two containers wide.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
4. Are incompatible wastes and materials separated from one another by means of a dike, berm, wall or other device?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5. Is there any liquid present in the secondary containment areas or near any of the containers? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6. Do any of the containers show signs of damage due to rust, chemical corrosion, or physical damage such as dents or bent lids? If yes, note location, container number, and contents. Then immediately notify the HMC Manager.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are containers properly and clearly marked as to applicable storage and labeling requirements including the following if required: <ul style="list-style-type: none"> EPA Hazardous Waste Label (Shipping containers) Hazardous waste label with the accumulation date Hazard label(s) indicating major risk Labeled with PCB mark (PCB only) Container has date PCB removed from service. (PCB only) Container identification number (CIN) listed 	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
8. Are all containers closed and secured?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
9. Are any Hazardous or Mixed waste containers greater than 60 days? If yes, list container numbers and dates in comment section.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		

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Appendix B. 222-S Container Management Unit Inspection Sheet. (2 of 2 sheets)

TSD <i>Room 2D, Room 4E</i>	90-Day <i>Room 2D</i>	PCB <input checked="" type="checkbox"/> N/A		
Staging/Storage <input type="checkbox"/> N/A	TSD	90 Day	PCB	Staging / Storage
10. Is the Removed from Service Date greater than 6 months? If yes, list container numbers and dates in comment section.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
11. Is there adequate secondary containment? (PCB only). 6 inch high secondary containment is required for all non-radioactive containers.			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
12. Is the inventory list up to date with the correct container ID#, size and description?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are the maximum storage capacity limits being exceeded?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Does the TSD unit show signs of deterioration (i.e., structural)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
15. Are the low-level waste shipping containers marked with the date of commencement of staging?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
16. Are the low-level and mixed waste shipping containers marked with the date of commencement of storage?				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
17. Have the low-level waste or mixed waste shipping containers been in storage greater than 6 months but less than 12 months? If yes, note LOCATION, CONTAINER NUMBER in comments section, then notify the HMC manager.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
18. Have the low-level waste or mixed waste shipping containers been in storage greater than 12 months? If yes, note LOCATION, CONTAINER NUMBER in deficiencies section, then notify the HMC manager.				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Comments: <i>90 Day Area Room 2D: Contain > 60 Days HMC 015728 (PCB debris)</i>				
Deficiencies: <i>None</i>				
Corrective Actions: <i>None</i>				
Date:	<i>3/14/16</i>	Inspector Name (print):	<i>LINDA CONLIN</i>	
Time:	<i>0800</i>		<i>Robert Meyers</i>	
Date:	<i>3/15/16</i>	HMC Manager (print):	<i>Jacob Johnson</i>	
Time:	<i>0945</i>		<i>Robert Meyers</i>	
			Inspector Signature: <i>Linda Conlin</i>	
			HMC Manager Signature: <i>Jacob Johnson</i>	