ENVIRONMENTAL MANAGEMENT SYSTEM OPERATING PROCEDURE

Compliance Assessments

Effective Date: August 11, 2014

Christopher Taylor PLMG/SIIM(ISSS)

APPROVED:

//SIGNED//

Peer Reviewer

//SIGNED// Independent QA Reviewer

//SIGNED//

Designated Safety, Health, and Environmental Management Official 8/18/2014 Date

8/20/2014 Date

8/20/2014 Date

Recertified:

Name			
Date			

TABLE OF CONTENTS

Section	Section Title	Page
A. PURPOS	SE AND APPLICABILITY	
B. DEFINI	FIONS	Page 3 of 6
C. PROCE	DURAL STEPS	
D. RECOR	DS MANAGEMENT	Page 5 of 6
E. QUALIT	TY ASSURANCE AND QUALITY CO	ONTROL Page 5 of 6
F. REFERI	ENCES	Page 5 of 6

ATTACHMENTS: None

A. PURPOSE AND APPLICABILITY

The purpose of this Operating Procedure (OP) is to establish a uniform process for reviewing the compliance status within the Region's facilities relative to all applicable legal and other requirements developed within the stated scope of the EPA Region 7 Environmental Management System (EMS). Compliance with these requirements is of paramount importance to the Region and is one of the foundational commitments established in the sustainability policy statement.

This OP applies does not apply to periodic walkthrough inspections that are conducted in accordance with other Regional guidance documents; however, the results from these inspections will be used to assess overall program compliance.

B. DEFINITIONS

All definitions may be found in the document titled *US Environmental Protection Agency Region 7 Safety, Health, and Environmental Management System Terms and Definitions* (SHEMS 1006.9000.02) contained in the EMS Manual. For the purposes of this OP, the following terms apply:

- Compliance
- Designated Safety, Health, and Environmental Management Official (DSHEMO)
- EMS Coordinator
- EMS Document
- EMS Record
- Legal Requirement
- Management Program (MP)
- Other Requirement
- Regional Safety & Health Manager (RSHM)
- Senior Management

C. PROCEDURAL STEPS

- External Compliance Assessments. These assessments are typically conducted for the Region by personnel from Headquarters EPA's Safety, Health, and Environmental Management Division (SHEMD) using the most current version of the Agency's Safety, Health, and Environmental Management Audit Program Document: EPA Audit Policies, Authorities, and Procedures. SHEMD provides advanced notification of these assessments and typically conducts them on a three year cycle for the STC and a five year cycle for the Regional Office (which includes the Training & Logistics Center (TLC)). External compliance inspections may also be conducted by federal, state, and/or local government regulators. These inspections are formal evaluations to determine if operations and procedures are being performed in accordance with specific laws, regulations, and/or local ordinances. They may be pre-planned or conducted with limited or no advance notice.
 - a. SHEMD will typically notify the Region 7 Safety & Health Manager (RSHM) or STC Chemical Hygiene Officer (CHO) of an impending external assessment. They will notify the EMS Coordinator, who will in turn notify the Region 7 Designated Safety, Health, and Environmental Management Official (DSHEMO), the Facility Manager, and others as necessary; the DSHEMO will notify the other members of Senior Management. The RSHM or CHO will typically coordinate all pre-visit actions.
 - b. If an inspector arrives without prior notice, the guard should immediately notify the appropriate staff (*i.e.*, Laboratory Director, CHO, and/or Security Manager) in accordance

with posted orders. These individuals should, in turn, notify the other persons identified in Paragraph C.1.a above as soon as practical.

- c. The EMS Coordinator, RSHM, or CHO (if the STC is involved) will facilitate the assessment/inspection by providing access for the assessor(s)/inspector(s) to the facility(ies), staff, and relevant information and data.
- d. Any environmental deficiencies noted during the assessment/inspection will be managed using the Region's Corrective and Preventative Action Process as defined in the current version of SHEMS 1006.7210.12, *Corrective/Preventive Action Process*.
- e. The EMS Coordinator will assign an EMS Document Control Code to any issued assessment/inspection reports in accordance with the current version of SHEMS 1006.7210.02, *Document Control*.
- 2. Internal Compliance Assessments. The purpose of the internal Compliance Assessment is to evaluate compliance with legal requirements and other requirements that are imposed on or accepted by the Region. These assessments are typically conducted by Region 7 personnel; however, they may be conducted by others working on behalf of the Region. They may be comprehensive in that they examine all EMS management programs or they may focus only on specific programs. The EMS Coordinator has responsibility for ensuring that each program with legal and/or other requirements is assessed at least once during each EMS cycle (24 months). *NOTE:* The National Environmental Policy Act (NEPA) portion of the Sustainable Facilities Management Program will only be assessed if at least one project has been managed through the program since the previous compliance assessment. Internal assessments are considered to be informal reviews (*i.e.*, compliance assistance visits).
 - a. The EMS Coordinator, or their designee, will identify one or more Compliance Assessors for each area to be assessed depending on the complexity of the area. Assessors must have compliance experience, knowledge in the area being assessed, and be able to conduct the assessment in a fair and impartial manner. The EMS Coordinator, or their designee, will secure permission from the Assessor's supervisor(s) to participate in the assessment. The EMS Coordinator, or their designee, and the Assessor will establish the assessment scope and schedule, and determine the protocol to be used. Typically, the protocol will be the same protocol used by SHEMD during their external assessments; however, a multimedia protocol used by the Region's compliance inspectors may be used instead.
 - b. Prior to conducting the assessment the EMS Coordinator and/or their designee will conduct an informal training/review session with the Assessors to familiarize them with the scope of the assessment, coordinate on the protocol that will be used, and finalize procedures for conducting it.
 - c. All instances of potential non-compliance will be documented as a potential finding. Assessors are encouraged to include observations related to practices that could be improved upon and recommend best management practices (BMPs).
 - d. At the conclusion of the assessment, the Assessors will meet with the EMS Coordinator (and others at the discretion of the Coordinator) to review the accuracy and significance of any potential findings and to review observations and BMPs. All findings, as well as observations and best management practices (BMPs) will be documented in the assessment report (an EMS document). Notes created by the Assessors will be given to the EMS Coordinator as part of the final assessment report.

e. The EMS Coordinator will review the assessment report and develop a disposition memorandum that provides background information on the findings, observations, and BMPs. The memorandum will also identify whether or not they will be followed-up on and, if so, if they will be managed using the Region's Corrective and Preventative Action Process, as defined in the current version of SHEMS 1006.7210.12, or some other mechanism.

D. RECORDS MANAGEMENT

This OP requires the generation of the following records:

Record	Responsible Person	Record Location
Assess Training Memorandum	EMS Coordinator	EMS Files
Compliance Assessment Disposition Memorandum	EMS Coordinator	EMS Files

This OP may also result in the generation of additional EMS records. Any records created will be managed in accordance with the most current version of SHEMS 1006.7210.02, *Document Control* and SHEMS 1006.7210.17, *Records Management*.

E. QUALITY ASSURANCE AND QUALITY CONTROL

The quality assurance and quality control (QA/QC) success of the procedure for assessing environmental compliance, as detailed in this OP, will be determined through the internal and external EMS conformance audit processes. Deficiencies noted during these audits will be managed through the Region's EMS Corrective/Preventive Action Process as defined in the current version of SHEMS 1006.7210.12.

F. REFERENCES

Current versions of the following references are assumed if no date is provided.

- 1. ISO 14004:2004(E); Environmental Management Systems General Guidelines on Principles, Systems, and Support Techniques; November 15, 2004
- 2. US EPA SHEMD, Safety, Health, and Environmental Management Audit Program Document: EPA Audit Policies, Authorities, and Procedures
- 3. US EPA R7, US Environmental Protection Agency Region 7 Safety, Health, and Environmental Management System Terms and Definitions, SHEMS 1006.9000.02
- 4. US EPA R7, Document Control, SHEMS 1006.7210.02
- 5. US EPA R7, Corrective/Preventive Action Process, SHEMS 1006.7210.12
- 6. US EPA R7, Records Management, SHEMS 1006.7210.17