



**STANFORD UNIVERSITY**  
**SLAC National Accelerator Laboratory**  
 Operated by Stanford University for the U.S. Department of Energy



**DOE Order 231.1B, Admin Chg. 1 – Environmental Safety and Health Reporting (11/28/2012)**  
**Site Compliance Plan (9/26/2024)**

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**Introduction**

This Site Compliance Plan (SCP):

- a) corresponds with the version of the DOE Order on Environmental Safety and Health Reporting listed in the Prime Contract,
- b) states how the Laboratory complies with applicable requirements as tailored to the risks at the Laboratory,
- c) identifies CRD sections that do not apply, and
- d) documents DOE-approved methods of compliance for applicable requirements and any recurring deliverables\*.

Impact on the Contract:

Under the SCP, sections of the CRD are incorporated into the Contract as-is, unless the SCP indicates that a section or portion thereof is inapplicable, or the section has been changed. Thus, for example, if “In compliance” is listed next to a CRD section, that section is incorporated into the Contract as-is. However, where an SCP indicates that a section or portion thereof is inapplicable, the section or portion thereof is excluded from the Contract. In addition, where a section or portion thereof is applicable, but changes to the section have been agreed by the Parties, the section, as modified by the Parties, shall be incorporated into the Contract. The SCP also memorializes the Parties’ agreement on how SLAC will comply with sections of the CRD (whether or not modified).

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**Contractor Requirements Document (CRD) – Attachment 1**

CRD §	Requirements from CRD, Attachment 1	Compliance Status	Method of Compliance	Deliverables* (managed through SLACTrak)			
				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
1.	Reporting Annual Site Environmental Information. Contractors must comply with the requirements in Attachment 2 that pertain to reporting annual site environmental information.	Outlined in Attachment 2, Reporting Annual Site Environmental Information					
2.	<b>Reporting Occupational Safety and Health Information</b>						
2.a	<b>Injury and Illness Recordkeeping and Reporting</b>						
2.a.(1)	Contractors must ensure that work-related fatalities, injuries, and illnesses that occur to their employees and subcontractor employees are recorded and reported accurately and in accordance with 29 C.F.R. §§ 1904.4 through 1904.11, 1904.29 through 1904.32 and 1904.46 and Attachment 3, paragraph 1. This requirement excludes transient and small employer subcontractors. A transient subcontractor does not maintain an onsite office, does not receive direction/ oversight from DOE or a DOE contractor, and their work is limited to transient activities, e.g., copy machine repair, express mail delivery, bottle water delivery, vending machine repair service. A small employer subcontractor employs less than 11 employees at a DOE site either directly or through sub-tiered contracts.	In compliance	SLAC Medical reviews each injury and illness case and provides the pertinent information to Stanford University Risk Management, who maintains the <u>OSHA 300 log</u> for SLAC.  Notices are posted in accordance with 29 CFR 1904.32. Sent to OSHA/BLS upon request no later than 2/1 of the year following the year covered by the records. The posting is retained until 4/30 per 29 CFR 1904.32.	n/a	n/a	n/a	n/a

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2.a.(2)	A contractor with an expiring or terminated contract must transfer all occupational safety and health records involving work performed for DOE to the assuming contractor or DOE facilities management. The assuming contractor must accept and maintain these records as part of performing occupational safety and health responsibilities and in accordance with Attachment 3, paragraph 2. (See record retention requirements in 29 C.F.R. § 1904.33 and DOE Administrative Records Schedule 1: Personnel Records, September 2010, Occupational Injury and Illness Files, N1-434-98-4, item 34)	In compliance	If contract DE-AC02-76-SF00515 were expiring or terminated, all occupational safety and health records would be able to be transferred by Stanford, SLAC Occupational Health Center (OHC), SLAC ESH, and SLAC Contractor Assurance Program Manager to the assuming contractor.	n/a	n/a	n/a	n/a
2.a.(3)	Contractors must ensure separate recording and reporting of all recordable injuries and illnesses occurring to subcontractor employees for each subcontractor organization in the same manner as described in Attachment 3, paragraph 1 for contractor employees, unless consolidation of data is approved by the CAIRS Point of Contact (POC) for the Head of the Headquarters Element or their designated CAIRS POC at the DOE Field organization.	In compliance	Injuries/illnesses for subcontractors are recorded and investigated as part of the Laboratory's overall issues management program. SLAC OHC maintains medical records of all subcontractors that they treat/evaluate.	n/a	n/a	n/a	n/a
2.b.	Annual Fire Protection Summary Information. Contractors must submit annual fire protection summary information to the Head of the DOE organization in accordance with Attachment 3, paragraph 3 if responsible for maintaining property under the stewardship of DOE, including the Administrator, NNSA.	In compliance	Outlined in Attachment 3, Reporting Occupational Safety and Health Information, Paragraph 3, Annual Fire Protection Summary Information.	n/a	n/a	n/a	n/a

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3.	Reporting Ionizing Radiation Exposure Information. Contractors must comply with the requirements in Attachment 4, which pertain to reporting ionizing radiation exposure information.	In compliance	Outlined in Attachment 4, Reporting Ionizing Radiation Exposure Information.	n/a	n/a	n/a	n/a
<b>4.</b>	<b>Reporting of Radioactive Sealed Sources Information</b>						
4.a.	Contractors who own, possess, use, or maintain in custody those radioactive sealed sources that meet the criteria of 10 C.F.R. Part 835, <i>Occupational Radiation Protection</i> , Subpart M and Appendix E, including sources that meet the criteria of 10 C.F.R. Part 835 Appendix E that have been identified for disposal but not yet disposed and radioisotope thermoelectric generators (RTGs) are responsible for complying with the inventory reporting requirements in Attachment 5 of this Directive.	In compliance	Outlined in Attachment 5, Reporting Radioactive Sealed Source Information	n/a	n/a	n/a	n/a
4.b.	Contractors who own, possess, use, or maintain in custody those radioactive sealed sources that meet the criteria for IAEA Categories 1 and 2 radioactive sealed sources as identified in Attachment 5 of this Directive are responsible for complying with the transaction reporting requirements in Attachment 5 of this Directive.	In compliance	SLAC has one radioactive sealed source that meets the definition in 4.b. SLAC procedures FO#08, RPD Radioactive Sealed Source Procedure; and FO#034, RPD Radioactive Sealed Source Control and Accountability address transaction reporting.	n/a	n/a	n/a	n/a

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4.c.	A violation of the provisions of the CRD relating to the safeguarding or security of Restricted Data (RD) or other classified information may result in a civil penalty pursuant to subsection a. section 234B of the Atomic Energy Act of 1954 (42 U.S.C. § 2282b). The procedures for the assessment of civil penalties are set forth in 10 C.F.R. Part 824, <i>Procedural Rules for the Assessment of Civil Penalties for Classified Information Security Violations</i> .	Not applicable to SLAC; SLAC does not have classified information.					

**Reporting Annual Site Environmental Information – Attachment 2**

Annual Site Environmental Reporting. The following information must be made available to the public, and submitted to the Chief Health, Safety and Security Officer by October 1 of each year for the preceding calendar year, developed in accordance with the most recent applicable guidance provided by the Chief, Health Safety and Security Officer and as directed by the Head of Headquarters Element or Head of DOE Field Element, and support partial or full preparation of the Annual Site Environmental Report (ASER):

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CRD §	Requirements from Reporting Annual Site Environmental Information, Attachment 2	Compliance Status	Method of Compliance	Deliverables* (managed through SLACTrak)			
				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
1.	Site environmental management performance. Data must include effluent releases, environmental monitoring, and types and quantities of radioactive materials emitted or discharged to the environment, the estimated or calculated total effective dose to a representative person or maximally exposed member(s) of the public and the calculated collective dose to members of the public from exposure to radiation sources identified under DOE O 458.1, and, where it is of concern, releases of radon and its decay products from DOE sources and the resultant individual and collective dose from these radionuclides, which need not be combined with dose estimates from other sources.	In compliance	SLAC produces an Annual Site Environment Report (ASER) which serves as a comprehensive summary of the environmental program activities at SLAC for each calendar year.	ASER	Annual	9/30	DOE
2.	Environmental occurrences and responses. Information must include a summary of environmental occurrences and responses reported during the calendar year.	In compliance	Included in the ASER	n/a	n/a	n/a	n/a
3.	Environmental compliance. Information must confirm compliance with environmental standards and requirements.	In compliance	Included in the ASER	n/a	n/a	n/a	n/a
4.	Significant programs and efforts. Information must highlight significant environmental performance indicators and/or performance measures that reflect the size and extent of programs at a particular site.	In compliance	Included in the ASER	n/a	n/a	n/a	n/a
5.	Property clearance activities. Information must include a summary of approved Authorized Limits, results of radiological monitoring and surveys of cleared property, types and quantities of property cleared, and independent verification program results in accordance with DOE O 458.1.	In compliance	The DOE approved Site Compliance Plan for DOE Order 458.1, Admin. Chg. 3, Radiation Protection of the Public and the Environment, covers this requirement.	n/a	n/a	n/a	n/a

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**Reporting Occupational Safety and Health Information – Attachment 3**

CRD §	Requirements from Reporting Occupational Safety and Health Information, Attachment 3	Compliance Status	Method of Compliance	Deliverables* (managed through <a href="#">SLACTrak</a> )			
				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
<b>1.</b>	<b>Injury and Illness Recordkeeping and Reporting</b>						
<b>1.a.</b>	Occupational safety and health reports must be complete and readily available for authorized dissemination outside the cleared community.	In compliance	SLAC's OSHA 300 log is maintained by Stanford University Risk Management and provided to SLAC. The log is posted at SLAC in a place that is accessible to all SLAC employees and is available for authorized dissemination outside the cleared community.	Outlined in CRD, Attachment 1 paragraph 2.a.(1)			
<b>1.b.</b>	All recordable, work-related employee fatalities, injuries, and illnesses must be recorded on Occupational Safety and Health Administration (OSHA) Form No. 300, Log of Work-Related Injuries and Illnesses in accordance with 29 C.F.R. § 1904.29. OSHA Form No. 300 must be updated in accordance with 29 C.F.R. § 1904.33.	In compliance	Stanford's Risk Management Department maintains the OSHA 300 log for SLAC.	See Attachment 1 paragraph 2.a.(1)			
<b>1.c.</b>	An annual summary of the information contained on OSHA Form No. 300 must be compiled, certified, posted and updated using OSHA Form No. 300A, Summary of Work-Related Injuries and Illnesses, in accordance with 29 C.F.R. § 1904.29 and 29 C.F.R. §§ 1904.32 through 1904.33.	In compliance	Stanford's Risk Management Department compiles the annual OSHA 300 log summary information on SLAC's behalf. SLAC ESH coordinates posting the log in designated locations.	See Attachment 1 paragraph 2.a.(1)			

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				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
1.d.	Injury and illness incident reports must be recorded in accordance with 29 C.F.R. § 1904.29. Injury and illness incident reports must also be submitted electronically using the Computerized Accident/Incident Reporting System (CAIRS) Individual Accident/Incident Report format to the CAIRS database by using either CAIRS Bulk Upload Processing or CAIRS Direct Data Entry. Each data field on the report must be complete when the report is submitted electronically (See CAIRS Injury and Illness Reporting Guide for a list of data elements included in the form). New reports must be submitted for receipt on or before the 15th and the last working day of the month. Initial reports must include the actual number of days away, restricted or transferred (DART) as of the date of the report. Updates to the number of DART or other information previously reported for each case must be submitted quarterly until the case is closed or until the number of DART exceeds 180 days. Quarterly revisions to DART or revisions to other previously-reported information must be submitted for receipt by the 10th of the month following the end of the calendar quarter (i.e., April 10th, July 10th, October 10th, and January 10th).	In compliance with approved changes.	SLAC Medical reviews each injury and illness case and provides pertinent information to Stanford’s Risk Management Department, who maintains the OSHA 300 log for SLAC.  SLAC ESH enters recordable injury and illness cases into DOE’s CAIRS database. Recordable cases are entered into CAIRS within 15 working days of SLAC’s determination of recordability.	See Attachment 1 paragraph 2.a.(1)			
1.e.	DOE Form 5484.4, Tabulation of Work Hours, must be used to report total work-hours for all employees. Total work-hours must be submitted electronically on a quarterly basis to CAIRS using CAIRS Direct Data Entry by the 10th of the month following the end of each quarter, i.e., April 10th, July 10th, October 10th, and January 10th. See CAIRS Injury and Illness Reporting Guide at: <a href="http://www.hss.doe.gov/csa/analysis/cairs/CAIRS_Reporting_Guide.pdf">http://www.hss.doe.gov/csa/analysis/cairs/CAIRS_Reporting_Guide.pdf</a>	In compliance	SLAC ESH enters work hours into CAIRS on a quarterly basis.	Electronic DOE Form 5484.4	Quarter-ly	10/10; 1/10; 4/10; 7/10	DOE CAIRS System

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1.f.	Documented quality checks of injury and illness information reported to DOE through CAIRS must be conducted at least quarterly to ensure information is thorough, accurate, and consistent with information contained in local records.	In compliance	SLAC ESH performs quarterly quality checks of CAIRS data.	n/a	n/a	n/a	n/a
1.g.	Occupational injury and illness information must be analyzed to identify adverse trends and lessons learned and develop corrective actions that prevent recurrence.	In compliance	SLAC Contractor Assurance Program, working with SLAC ESH, analyzes injury and illness data to identify adverse trends and develop corrective actions in conjunction with Line Management. Also, SLAC OHC performs analysis of injury and illness data.	n/a	n/a	n/a	n/a
1.h.	Discrepancies identified by DOE during periodic assessments or by other reviews of work-related injury and illness records must be corrected as directed by the DOE reviewing organization.	In compliance	SLAC ESH serves as the point of contact to resolve any injury and illness recordkeeping discrepancies identified by the DOE and works with SLAC Contractor Assurance and SLAC OHC to make any corrections.	n/a	n/a	n/a	n/a
1.i.	Individuals assigned occupational injury and illness recording and reporting responsibilities must be trained to accomplish assigned recording and reporting responsibilities.	In compliance	Stanford's Risk Management Department, SLAC ESH, and SLAC Contractor Assurance Program have been trained in record keeping and reporting responsibilities.	n/a	n/a	n/a	n/a
1.j.	Clarifications of DOE occupational injury and illness recordkeeping and reporting requirements must be issued only by the Office of Environmental Protection, Sustainability Support and Corporate Safety Analysis.	n/a	Clarifications on DOE injury and illness recordkeeping and reporting requirements are issued by DOE.	n/a	n/a	n/a	n/a
<b>2. Injury and Illness Records Retention and Accessibility</b>							
2.a.	Injury and illness records must be retained pursuant to DOE O 243.1, <i>Records Management Program</i> , dated 2-3-06 and DOE Administrative Records Schedule 1: Personnel Records, September 2010, Occupational Injury and Illness Files, N1-434-98-4, item 34.	In compliance	SLAC OHC maintains injury and illness records in compliance with applicable DOE requirements.	n/a	n/a	n/a	n/a

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2.b.	Access to personal injury/illness records is subject to the Privacy Act, Title 5 U.S.C. Section 552a and the Freedom of Information Act (FOIA) requirements and restrictions. [See Title 5 U.S.C. Section 552(b)(6).] Access to information on any OSHA Form No. 300 must be restricted to information that does not constitute an unwarranted invasion of personal privacy. An employee whose name does not appear on a OSHA Form No. 300 must be limited to accessing information that does not identify any injured or ill employees, and must not be provided access to the names of the injured or ill employees.	In compliance	Stanford/SLAC restricts access to the OSHA 300 log to information that does not constitute an invasion of personal privacy, nor violate the Privacy Act.	n/a	n/a	n/a	n/a
2.c.	Employees, former employees, and/or their representatives must be provided limited access to the OSHA Form No. 300 or a copy of the Individual Accident Incident Report that contains the employee's name.	In compliance	Employees, former employees, and/or their representatives are provided limited access to the OSHA 300 log or their Individual Accident Incident Report if requested.	n/a	n/a	n/a	n/a
2.d.	Records listed in 29 C.F.R. §§ 1904.4 and 1904.5 (or the DOE equivalent of these records) must be made available for inspection and copying by any DOE representative for the purpose of conducting oversight assessments or for statistical compilation.	In compliance	All SLAC injury and illness records are made available for inspection and copying by DOE representatives for the purpose of conducting oversight assessments or for statistical compilation.	n/a	n/a	n/a	n/a
3.	Annual Fire Protection Summary Information. A summary of fire protection information for the preceding year must be submitted to the fire protection database by April 30 in accordance with the Annual Fire Protection Summary Information Reporting Guide located at: <a href="http://www.hss.doe.gov/CSA/CSP/qaps/Annual_Fire_Protection_Summary_Information_Reporting_Guide.pdf">http://www.hss.doe.gov/CSA/CSP/qaps/Annual_Fire_Protection_Summary_Information_Reporting_Guide.pdf</a> .	In compliance	A summary of fire protection information is submitted annually through DOE fire protection database <a href="http://www.hss.doe.gov/sesa/corporatesafety/fpdb.html">http://www.hss.doe.gov/sesa/corporatesafety/fpdb.html</a>	Annual Summary of Fire Protection Information for the Preceding Year	Annual	4/30	DOE Fire Protection Database

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**Reporting Ionizing Radiation Exposure Information – Attachment 4**

CRD §	Requirements from Reporting Ionizing Radiation Exposure Information, Attachment 4	Compliance Status	Method of Compliance	Deliverables* (managed through <a href="#">SLACTrak</a> )			
				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
<b>1.</b>	<b>Annual Individual Radiation Exposure Records</b>						
<b>1.a.</b>	Annual radiation exposure records for the preceding monitoring year, required to be collected by 10 C.F.R. § 835.702, must be reported to the REMS repository by March 31. The records must include exposure records for special individuals as defined in Attachment 4, paragraph 2a.	In compliance	Electronic submission to REMS Database of annual radiation exposure records.	REMS Report on Annual Radiation Exposure Records for the Preceding Monitoring Year	Annual	3/31	DOE REMS Repository
<b>1.b.</b>	Revisions to radiation exposure records for monitoring periods beginning on or after January 1, 1989, must be reported to the REMS repository. Revised records for prior monitoring years must be submitted annually by March 31. However, if the revised dose record results in a dose exceeding regulatory dose limits defined in 10 C.F.R. § 835.202, revised records must be submitted within 30 days of the revision to the dose record. Revised records must be submitted to the REMS repository in a separate file in the same format as annual records. The transmittal documentation must identify the enclosed records as revised records.	In compliance	SLAC administrative limit is 500 mrem/y which is a factor of 10 below the regulatory limit, see DG #004, Dose Processing and Reporting Procedure, Section 5.4.7.1) SLAC does not have doses exceeding the regulatory limits. However, if the revised dose record results in a dose exceeding regulatory dose limits defined in 10 C.F.R. § 835.202, revised records must be submitted within 30 days of the revision to the dose record. Revised records must be submitted to REMS repository in a separate file in the same format as the annual records.	n/a	n/a	n/a	n/a
<b>2.</b>	<b>Radiation Exposure Records for Special Individuals</b>						

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				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
2.a.	Radiation exposure data pertaining to special individuals, which includes individuals employed by DOE Headquarters, a contractor supporting DOE Headquarters or Field Office activities, a Defense Nuclear Facilities Safety Board employee or contractor, or an International Atomic Energy Agency inspector who visits a DOE or DOE contractor site or facility to conduct Department-related business, must be reported to the REMS repository simultaneous with dispatch of reports to individuals, within 30 days after the assessment of the radiation exposure.	In compliance	Occupational Dose Tracking System (ODTS) administrative procedure, plus a form for the special individuals. A report of radiation exposure is submitted to DOE REMS Repository within 30 days after an assessment of radiation exposure. (See DG #004, Dose Processing and Reporting Procedure, Section 5.4.3)	n/a	n/a	n/a	n/a
2.b.	Each employee or special individual who is acting in an official capacity at a non-DOE facility and is monitored for occupational radiation exposure must provide the monitoring results to their employer within 30 days of receipt. Employers must instruct individuals of this responsibility prior to directing individuals to conduct such activities at a non-DOE facility.	In compliance	ODTS and administrative procedure; radiological training material; periodic assessment performed on the radiation protection programs.  GERT and RWT training material and applicable procedures emphasize this requirement. RP has strengthened communication with SLAC employees or special individuals on this requirement and DREP will keep the occupational exposure records on file. (See DG #004, Dose Processing and Reporting Procedure, Section 5.1.3.2)	n/a	n/a	n/a	n/a
2.c.	Procedures to effectively support the collection of dosimetry records in support of this requirement must be verified on a regular basis.	In Compliance	GERT and RWT training material and DG #004, Dose Processing and Reporting Procedure, Section 5.1.3.	n/a	n/a	n/a	n/a

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				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
3.	Report Format. All occupational radiation exposure reports of records collected and sent to the REMS repository as noted in Attachment 4, paragraphs 1 and 2 must be prepared in accordance with the REMS Reporting Guide located at <a href="http://www.hss.doe.gov/csa/analysis/remis/REMS_Reporting_Guide.pdf">http://www.hss.doe.gov/csa/analysis/remis/REMS_Reporting_Guide.pdf</a> and submitted in electronic format in accordance with the current HSS policy for submitting personally identifiable information (PII) to the REMS repository as posted on the REMS web page at <a href="http://www.hss.doe.gov/csa/analysis/remis/PII_reporting_requirements_F-5-13-09_FNL.pdf">http://www.hss.doe.gov/csa/analysis/remis/PII_reporting_requirements_F-5-13-09_FNL.pdf</a> .	In compliance	Outlined in Attachment 4, paragraph 1.a.	n/a	n/a	n/a	n/a
4.	Exposure Reports to Individuals. Reports to individuals must be prepared in accordance with 10 C.F.R. § 835.801.	In compliance	Available on the web through ODTS. Any positive exposure will be communicated to the individual upon finishing the dose assessment. Radiation dose report to each individual monitored during the year at SLAC is sent to the individual by May 3 of the following year.	n/a	n/a	n/a	n/a

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**DOE Order 231.1B, Admin Chg. 1 – Environmental Safety and Health Reporting (11/28/2012)**  
**Site Compliance Plan (9/26/2024)**

**Reporting Radioactive Sealed Source Information – Attachment 5**

CRD §	Requirements from Reporting Radioactive Sealed Source Information, Attachment 5	Compliance Status	Method of Compliance	Deliverables* (managed through SLACTrak)			
				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
<b>1.</b>	<b>Planning and Administration</b>						
<b>1.a.</b>	DOE will maintain a centralized reporting capability, the <a href="#">Radiological Source Registry and Tracking (RSRT)</a> database, which serves as DOE’s centralized repository for inventory and transaction data on radioactive sealed sources and is used by DOE to provide appropriate data on IAEA Category 1 and 2 radioactive sealed sources to the <a href="#">NRC National Source Tracking System (NSTS)</a> .	n/a	n/a	n/a	n/a	n/a	n/a
<b>1.b.</b>	Accountable radioactive sealed sources that meet the criteria of 10 C.F.R. Part 835, Subpart M and Appendix E, including sources that meet the criteria of 10 C.F.R. Part 835 Appendix that have been identified for disposal but not yet disposed and radioisotope thermoelectric generators (RTGs), must be reported as inventory to the DOE RSRT database per the requirements of this Directive. See also Definitions and Abbreviations.	In compliance	Semi-annual electronic submission to the RSRT of physical inventory and leak tests of accountable sources, and, as needed, report sources identified for disposal. Database RSRT is updated as soon as an accountable source is received or shipped off site.	1. Semi-annual physical inventory and leak tests of accountable sources and 2. Report sources identified for disposal.	Semi-annual	1/31; 8/31	DOE RSRT Database
<b>1.c.</b>	In addition, radioactive sealed sources that meet the criteria of IAEA Category 1 or 2 radioactive sealed sources (as identified in Appendix A) must be reported as transactions to the RSRT.	In compliance	Electronic submission to the RSRT of radioactive sealed sources that meet IAEA Cat. 1 and 2 criteria in the form of the Inventory and Tracking Report (submitted upon occurrence)	n/a	n/a	n/a	n/a
<b>1.d.</b>	<b>All site/facility operators using or storing radioactive sealed sources as referenced above must:</b>						
<b>1.d. (1)</b>	Maintain radioactive materials programs that ensure the accountability of radioactive sealed sources identified in this Directive.	In compliance	SLAC Procedures FO#08, RPD Radioactive Sealed Source Procedure; and FO#034, RPD Radioactive Sealed Source Control and Accountability Program.	Semi-annual inventory for accountable sources (per 10 CFR 835).	Semi-annual	1/31; 8/31	DOE SSO

\*Deliverables: Data delivered to DOE or other external agency (e.g., recurring reporting, external database entries)



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**Site Compliance Plan (9/26/2024)**

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1.d.(2)	Ensure that site and facility radioactive sealed source accounting systems are established to provide accurate radioactive sealed source transaction information relating to the manufacture, transfer (shipment), receipt, inventory, disassembly, and disposal of Category 1 and 2 radioactive sealed sources as listed in Appendix A.	In compliance	SLAC RP Procedures FO#08, and FO#034.	n/a	n/a	n/a	n/a
1.d(3)	Ensure that aggregation of individual radioactive sealed sources is taken into account in the protection during transfer (shipment).	In compliance	Protection methods for RWM source shipments are included in the SLAC Radioactive Waste Manual and FO#08.	n/a	n/a	n/a	n/a
1.d.(4)	Ensure that classified data or information that would divulge a classified program is not reported to DOE RSRT, which is maintained as Official Use Only (OUO/Controlled Unclassified Information (CUI).	Not applicable to SLAC; SLAC has no classified programs.					
<b>2. General Requirements</b>							
2.a.	Information regarding specific radioactive sealed sources will remain on the active DOE RSRT inventory until transferred (shipped), disassembled or disposed of from the DOE site.	In compliance	SLAC RP Procedures FO#08, , and FO#034.	n/a	n/a	n/a	n/a
2.b.	Radioisotope decay will be taken into account in the transaction reporting of Category 1 and 2 radioactive sealed sources.	In compliance	This function is built into the sealed source database(SSTS).	n/a	n/a	n/a	n/a
2.c.	For Category 1 and 2 radioactive sealed sources, any missed transaction or errors found in previously filed inventory or transaction reports will be corrected or a new report will be filed <b>within five business days</b> of the discovery of the error or missed transaction.	In compliance	Corrected inventories are submitted electronically to the RSRT database within five days of discovery.  SLAC RP Procedures FO#08 and FO#034 have been modified to include this requirement.	n/a	n/a	n/a	n/a
<b>3. Serialization of IAEA Category 1 and 2 Radioactive Sealed Sources (See Appendix A). After the effective date of this Directive:</b>							
3.a	A unique alpha-numeric serial number must be assigned to each Category 1 or 2 radioactive sealed source upon manufacture.	Not applicable to SLAC; SLAC does not manufacture Category 1 or 2 radioactive sealed sources.					
3.b.	If a unique serial number is not available for existing Category 1 or 2 sealed sources, other information to uniquely identify the source must be used.	In compliance	SLAC RP Procedure FO#034	n/a	n/a	n/a	n/a

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				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
<b>4. Baseline (Initial) Inventory of Accountable Radioactive Sealed Sources</b>							
4.a.	Each DOE site/facility operator that possesses accountable radioactive sealed sources that meet the criteria of 10 C.F.R. Part 835 Subpart M and Appendix E, including sources that meet the criteria of 10 C.F.R. Part 835 Appendix E that have been identified for disposal but not yet disposed and radioisotope thermoelectric generators (RTGs), must report its initial inventory, if initial inventory was not already reported with baseline inventory in 2008, or verify previously reported inventory to the RSRT.	In compliance	Inventory was submitted in 2008.	n/a	n/a	n/a	n/a
4.b.	The information may be submitted by using any of the methods identified in paragraph 6(e.) of this Directive.	In compliance	See paragraph 6.e.	n/a	n/a	n/a	n/a
4.c.	If multiple isotopes are in an individual source, a record for each isotope must be submitted. (See also Appendix B, <i>Required Fields for Inventory and Transaction Reporting</i> ).	In compliance	Electronic submission to the RSRT of records of each isotope upon purchase or transfer.	n/a	n/a	n/a	n/a
4.d.	The Baseline (initial) inventory must include the data fields as identified in Appendix B, <i>Required Fields for Inventory and Transaction Reporting</i> , under —Inventory Reporting.	In compliance	n/a	n/a	n/a	n/a	n/a
<b>5. Verification of Book Inventory Records</b>							
5.a.	The book inventory of radioactive sealed sources must be verified annually against the site/facility operator's listing in the RSRT.	In compliance	Electronic submission to the RSRT of annual verification of radioactive sealed source book inventory to RSRT data.	Annual verification of inventory	Annual	As determined by DOE program administrator	DOE RSRT Database
5.b.	The book inventory verification may be satisfied at each DOE site in conjunction with existing inventory requirements under 10 CFR Part 835, <i>Occupational Radiation Protection</i> .	In compliance	See paragraph 1.b.	n/a	n/a	n/a	n/a

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				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
<b>6. Transaction Reporting to the RSRT of IAEA Category 1 and 2 Radioactive Sealed Sources</b>							
6.a.	A Sealed Source Transaction Report must be completed and submitted to the RSRT database for IAEA Categories 1 and 2 solid radioactive sealed sources as identified in Appendix A for each of the following types of transactions (See also —Regenerated (Radioactive Sealed Source) under the Definitions and Abbreviations section.): (1) manufacture (a new or initially identified source), (2) transfer (shipment), (3) receipt, (4) disassembly and (5) disposal (e.g. final end-of-life action)	In compliance	Electronic submission of Sealed Source Transaction Report to the DOE RSRT Database within five days upon occurrence.	n/a	n/a	n/a	n/a
6.b.	For shipments, disassembly and disposal, it is assumed that the baseline (initial) information for the sources has already been reported to the RSRT database.	In compliance	See paragraph 6.a.	n/a	n/a	n/a	n/a
6.c.	For each DOE site/facility operator that manufactures (or initially identifies), ships, receives, disassembles, or disposes of a Category 1 or 2 radioactive sealed sources, the transaction report must include the data fields as specified in Appendix B, <i>Required Fields for Inventory and Transaction Reporting</i> .	Not applicable to SLAC; SLAC does not manufacture Category 1 or 2 radiological sealed sources.					
6.d.	The transaction reports discussed in paragraphs 6 a-c must be submitted to the RSRT within five business days after the transaction.	In compliance	See paragraph 6 a. FO#034 includes this requirement.	n/a	n/a	n/a	n/a

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				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
6.e.	The reports must be submitted to the RSRT by using one of the following modes, in accordance with site and DOE data transmission requirements for the protection of the information: (1) the on-line system at such time as established and available to the DOE sites; or (2) electronic format, pre-defined, computer-readable format; or (3) facsimile or e-mail using a pre-defined format.	In compliance	See paragraph 6.a.	n/a	n/a	n/a	n/a
<b>7. Annual Reconciliation of Category 1 and 2 Radioactive Sealed Source Information</b>							
7.a.	Each DOE site/facility operator must reconcile and verify Categories 1 and 2 radioactive sealed source physical inventories annually against the site/facility operator's data in the DOE RSRT.	In compliance	Electronic submission to the RSRT verifying reconciliation of Cat 1 and 2 radioactive sealed source physical inventories against RSRT data.	Annual Reconciliation of Inventory	Annual	As determined by DOE program administrator	DOE RSRT Database
7.b.	<b>Modifications made to the RSRT inventory must be submitted as transactions via the reports identified in paragraphs 6 a-c or as inventory correction as defined below.</b>						
7.b. (1)	Inventory corrections for Category 1 or 2 radioactive sealed sources will be made <b>within five business days</b> of the discovery of the error or missed inventory.	In compliance	See paragraphs 6.a-c. RPFO #034 procedure includes this requirement regarding category 1 and 2 radioactive sources.				
7.b. (2)	Reconciliation and verification must be based upon December 31 inventories and submitted to the RSRT within 3 weeks after the end of the calendar year.	In compliance	Electronic submission to the RSRT of inventory reconciliation and verification results. SLAC RP Procedures FO#34.	Annual Reconciliation of Inventory Database	Annual	1/21	DOE RSRT Database
<b>8. Verification of Authorities for Receipt of Accountable Radioactive Sealed Sources</b>							
8.a.	Accountable radioactive sealed sources must not be transferred from a DOE organization or from a DOE contractor except as authorized.	In compliance	SLAC RP Procedures FO#08 and FO#34.	n/a	n/a	n/a	n/a

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				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
8.b.	Except as otherwise provided in this section and subject to the provisions of paragraphs 8(c) of this section, an accountable radioactive sealed source may be transferred— (1) to another authorized DOE organization or DOE contractor; (2) to the agency in any NRC agreement state, which regulates radioactive material pursuant to an agreement under section 274(b) of the Atomic Energy Act of 1954 (as amended); (3) to any person authorized to receive such radioactive material under terms of a specific license or a general license or their equivalents issued by the NRC or an Agreement State; (4) to a person abroad pursuant to an export license issued under Departmental requirements or NRC regulations as applicable; or (5) as otherwise authorized by the Department in writing.	In compliance	SLAC RP Procedures FO#08 and FO#34.	n/a	n/a	n/a	n/a
8.c.	Before transferring an accountable radioactive sealed source to a DOE organization or contractor, a specific licensee of the NRC or an agreement state, or a general licensee who is required to register with the NRC or with an agreement state prior to receipt of the material, the transferor of the material will obtain written verification that the transferee's DOE approved radiation protection program or license encompasses or authorizes the receipt of the type, form, and quantity of material to be transferred. Verification methods include: (1) Current copy of the transferee's specific license or registration certificate, or DOE authorization; (2) The transferor may obtain other sources of information compiled by a reporting service from official records of the NRC, the licensing agency of an Agreement State, or the Department.	In compliance	SLAC RP Procedures FO#08 and FO#34.	n/a	n/a	n/a	n/a

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				Item	Frequency	Due Date(s)	Recipient (e.g., SSO)
9.	Records. (1) Inventory and accountability reporting procedures must be documented for all accountable radioactive sealed sources as defined by this Directive. (2) See 10 CFR Part 835 for additional documentation and record keeping requirements for accountable radioactive sealed sources: <a href="http://www.hss.energy.gov/healthsafety/wshp/radiation/">http://www.hss.energy.gov/healthsafety/wshp/radiation/</a> (3) See DOE Record Retention Scheduling for information about DOE records retention and disposition requirements: <a href="http://www.cio.energy.gov/records-management.htm">http://www.cio.energy.gov/records-management.htm</a>	In compliance	SLAC RP Procedures FO#08 and FO#034.	n/a	n/a	n/a	n/a

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**Definitions and Abbreviations – Attachment 6**

a.	<u>Accountable Sealed Radioactive Source</u> . As defined in 10 C.F.R. Part 835, a sealed radioactive source having a half-life equal to or greater than 30 days and an isotopic activity equal to or greater than the corresponding value provided in Appendix E of 10 C.F.R. Part 835. Also referred to as an accountable radioactive sealed source.
b.	<u>Book Inventory</u> . The number of radioactive sealed sources and their activity present at a given time as reflected by accounting records.
c.	<u>Categorization of Radioactive Sealed Sources</u> . A designation of radioactive sealed sources determined by the quantity and type of radioactive source, as well as any deterministic health effects. The IAEA Basic Safety Guide RS-G-1.9 establishes this categorization and it is used in the IAEA Code of Conduct. (1) Category 1. As defined by the IAEA, an amount of radioactive material which, if not safely managed or securely protected, would be likely to cause permanent injury to a person who handled or were otherwise in contact with it, for more than a few minutes. It would probably be fatal to be close to this amount of unshielded material for a period of a few minutes to an hour. (2) Category 2. As defined by the IAEA, an amount of radioactive material which, if not safely managed or securely protected, could cause permanent injury to a person who handled it, or were otherwise in contact with it for a short time (minutes or hours). It could possibly be fatal to be close to this amount of unshielded radioactive material for a period of hours to days. (3) Category 3. As defined by the IAEA, an amount of radioactive material which, if not safely managed or securely protected, could cause permanent injury to a person who handled it, or were otherwise in contact with it for some hours. It could possibly, although it is unlikely, be fatal to be close to this amount of unshielded radioactive material for a period of days to weeks.
d.	<u>Disassembly (of a radioactive sealed source)</u> . As defined by the NRC, the source is taken apart, the radioactive material is removed, and the material may be used for manufacture of new sources or sent for disposal. The unique serial number of the source is destroyed. This is a permanent endpoint. Endpoints for a source include export, disassembly, disposal, decay, loss, theft, and destruction of the source. (NSTS Final Rule, Section I)
e.	<u>Radioactive Sealed Source</u> . A radioactive material that is permanently sealed in a capsule or closely bonded to a non-radioactive substrate designed to prevent leakage or escape of the radioactive material. It is a solid form of radioactive material which is not exempt from regulatory control and may be subject to transaction reporting, depending on the activity level of the source. For the purpose of this Directive, the term radioactive sealed source includes RTG's but does not include material encapsulated solely for disposal; or nuclear material contained in a nuclear weapon; or in any nuclear reactor fuel assembly, subassembly, fuel rod, or fuel pellet.
f.	<u>Regenerated (Radioactive Sealed Source)</u> . The activity of the radioactive sealed source in the sealed source device is increased by neutron activation in a nuclear reactor or by other means to restore the desired radioactivity level. The identity and unique serial number of the sealed source may or may not remain with the original source throughout regeneration. Regeneration is treated as a shipment or receipt when the identity and serial number are retained.
g.	<u>Reporting Identification Symbol (RIS)</u> . A unique combination of three or four letters assigned to each reporting organization by DOE for the purpose of identification in the Nuclear Materials Management and Safeguards System database. Each contractor and facility RIS is associated with a specific DOE element. RIS codes can be obtained through the RSRT database administrator (DOE M 470.4-6, Chg 1).
h.	<u>Site/Facility Operator</u> . The corporate or governmental entity responsible for the day-to-day operations involving storage, processing, or use of nuclear materials at the site/facility. For contractor-operated facilities, this refers to the site/facility contractor. For the DOE-operated facilities, this refers to the DOE organization operating the facility. (DOE M 470.4-6 Chg 1)
i.	<u>Transactions</u> . Category 1 or 2 radioactive sealed sources as identified in Appendix A that are: (1) transferred (shipped) or received (a) between DOE RISs or (b) from a DOE RIS to an NRC or Agreement State licensee or (c) exported from or imported to a DOE RIS; (2) manufactured (new or initially identified source); (3) disassembled or (4) sent for disposal (e.g. final end-of-life action).



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**Table of Radioactive Sealed Sources – Attachment 5, Appendix A**

**TABLE OF RADIOACTIVE SEALED SOURCES\***

Radionuclide	Category 1 <sup>1</sup> [1000 x D] <sup>2</sup>		Category 2 [10 x D]		Category 3 [1 x D]	
	(TBq) <sup>3</sup>	(Ci) <sup>4</sup>	(TBq)	(Ci)	(TBq)	(Ci)
Ac-227	2.E+01	5.4E+02	2.E-01	5.4E+00	2.E-02	5.4E-01
Am-241	6.E+01	1.6E+03	6.E-01	1.6E+01	6.E-02	1.6E+00
Am-241/Be	6.E+01	1.6E+03	6.E-01	1.6E+01	6.E-02	1.6E+00
Cf-252	2.E+01	5.4E+02	2.E-01	5.4E+00	2.E-02	5.4E-01
Cm-244	5.E+01	1.4E+03	5.E-01	1.4E+01	5.E-02	1.4E+00
Co-60	3.E+01	8.1E+02	3.E-01	8.1E+00	3.E-02	8.1E-01
Cs-137	1.E+02	2.7E+03	1.E+00	2.7E+01	1.E-01	2.7E+00
Gd-153	1.E+03	2.7E+04	1.E+01	2.7E+02	1.E+00	2.7E+01
Ir-192	8.E+01	2.2E+03	8.E-01	2.2E+01	8.E-02	2.2E+00
Pm-147	4.E+04	1.1E+06	4.E+02	1.1E+04	4.E+01	1.1E+03
Po-210	6.E+01	1.6E+03	6.E-01	1.6E+01	6.E-02	1.6E+00
Pu-236 <sup>5</sup>	6.E+01	1.6E+03	6.E-01	1.6E+01	6.E-02	1.6E+00
Pu-238	6.E+01	1.6E+03	6.E-01	1.6E+01	6.E-02	1.6E+00
Pu-239	6.E+01	1.6E+03	6.E-01	1.6E+01	6.E-02	1.6E+00
Pu-239/Be	6.E+01	1.6E+03	6.E-01	1.6E+01	6.E-02	1.6E+00
Pu-240 <sup>5</sup>	6.E+01	1.6E+03	6.E-01	1.6E+01	6.E-02	1.6E+00
Ra-226	4.E+01	1.1E+03	4.E-01	1.1E+01	4.E-02	1.1E+00
Se-75	2.E+02	5.4E+03	2.E+00	5.4E+01	2.E-01	5.4E+00
Sr-90 (Y-90)	1.E+03	2.7E+04	1.E+01	2.7E+02	1.E+00	2.7E+01
Th-228	2.E+01	5.4E+02	2.E-01	5.4E+00	2.E-02	5.4E-01
Th-229	2.E+01	5.4E+02	2.E-01	5.4E+00	2.E-02	5.4E-01
Tm-170	2.E+04	5.4E+05	2.E+02	5.4E+03	2.E+01	5.4E+02
Yb-169	3.E+02	8.1E+03	3.E+00	8.1E+01	3.E-01	8.1E+00

(\*Ac-227, Th-228, and Th-229 are not in the IAEA Code of Conduct on the Safety and Security of Radioactive Sources, IAEA, January 2004. DOE and NRC have determined they will be included in the National System.)

<sup>1</sup> Designates IAEA Category 1, 2, and 3 radioactive sealed sources [IAEA Basic Safety Guide RS-G-1.9]

<sup>2</sup> –D” designate a dangerous source as defined in the NRC Final Rule for National Source Tracking of Sealed Sources and the IAEA Code of Conduct.

<sup>3</sup> –TBq” designates Terabecquerel, a unit of radioactivity.

<sup>4</sup> –Ci” designates Curie, a unit of radioactivity.

<sup>5</sup> Inventory and transaction data on Pu-236 and Pu-240 will not be reported in the NSTS and are included for DOE purposes only.



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**Required Fields for Inventory and Transaction Reporting – Attachment 5, Appendix B**

Required Fields for Inventory and Transaction Reporting						
Data Field	Inventory Reporting	Transaction Reporting for Category 1 and 2 Sources				
		Manufacture	Shipment	Receipt	Disassemble	Dispose
Site Source ID(unique source identification)	√	√	√	√	√	√
Radionuclide(s) in the source (single or multiple)	√	√	√	√	√	√
Initial, if known, or current source strength (activity) in Terabecquerels (TBq) or Curies (Ci).	√	√	√	√	√	√
Activity Date (the date for which the source strength is reported)	√	√	√	√	√	√
Neutron component (Yes/No)	√	√	√	√	√	√
Manufacturer date of source (if known)	√	√	√	√	√	√
The Reporting Identification Symbol (RIS Code)	√	√	√	√	√	√
Facility/building name <sup>1</sup>	√	√	√	√	√	√
Description of the source	√	√	√	√	√	√
Physical Form (solid/liquid)	√	√	√	√	N/A	√
Manufacturer, model, serial number or other unique identifier <sup>2</sup>	√	√	√	√	√	√
Name and phone number for Individual preparing the report	√	√	√	√	√	√
Name/address of shipping and/or recipient facilities and NRC License number (if appropriate)			√	√	N/A	N/A
Date of shipment or receipt			√	√	N/A	N/A
Estimated arrival date			√	N/A	N/A	N/A
Waste manifest number (if applicable)			√	√	N/A	√
Container ID			√	√	N/A	√
Import/Export License number, or DOE authorization, as appropriate			√	√	N/A	√
Disposal / disassembly date					√	√
Method of Disposal					N/A	√
Container ID for final disposition					N/A	√

<sup>1</sup> Information in this field is for DOE purposes only and will not be reported to the NSTS.

<sup>2</sup> Other information to uniquely identify the source may be utilized if the manufacturer, model or serial number(s) are not available.



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**Site Compliance Plan (9/26/2024)**

**Approvals**

Name:	Title:	Signature:	Date:
Ian Evans	Director, ES&H, SLAC	<i>Ian Evans</i> Ian Evans (Sep 27, 2024 11:33 PDT)	09/27/2024
Charina Rockwell	Director, Operations, DOE-SSO	CHARINA ROCKWELL <small>Digitally signed by CHARINA ROCKWELL Date: 2024.10.02 20:01:58 -07'00'</small>	
Ernest Maune	Director, Business Management, DOE-SSO	<b>Ernest J. Maune</b> <small>Digitally signed by Ernest J. Maune Date: 2024.10.03 08:44:11 -07'00'</small>	
Hanley Lee	Site Manager, DOE-SSO	HANLEY LEE <small>Digitally signed by HANLEY LEE Date: 2024.10.03 09:55:11 -07'00'</small>	

Please return signed document to [Burtnett@SLAC.Stanford.edu](mailto:Burtnett@SLAC.Stanford.edu)

**Revision History**

Revision	Revision Date	Summary of Change(s)
R0	02/02/2017	Original Release.
R1	09/26/2024	Updates to procedures citations and signatories.