CHAPTER 4: INTERNAL ASSESSMENT

4.1 Overview

The Navy is committed to full and sustained compliance with all applicable environmental and natural resource laws and regulations. Internal assessments are one of the most effective tools for understanding regulatory requirements and achieving compliance.

As defined in Chapter 20 of OPNAVINST 5090.1B, Change 2, an internal assessment is:

> A systematic, documented, objective, and comprehensive environmental compliance review of installation processes, facilities, and practices to be completed within a 12-month period. Installation personnel or their designees conduct the assessment.

The related terms, "compliance evaluation" and "inspection" are used throughout this chapter and have specific meanings as defined in Section 1.4.

The internal assessment is conducted in accordance with an Internal Assessment Plan (IAP) developed by the installation's host activity, in coordination with its tenants. It documents how the activity plans to conduct an assessment within the "fenceline" over the course of a year. The IAP is a key element of the internal assessment. The IAP must address all applicable compliance requirements. The schedule is based on the identified environmental practices, assets, and impacts. Information is compiled from existing sources including plans, permits, inventories, program area managers' knowledge, and practice owners' knowledge. The information is organized and analyzed in a planning process to create the IAP. The planning process is described in Section 4.2 and the IAP format is described in Section 4.4.1.

Federal, state, and local compliance checklists are also essential ingredients of the internal assessment. The ACE software described in Chapter 7 provides checklists that can be tailored to incorporate the requirements applicable to the installation. ACE can create tailored checklists to support specific portions of the installation, remote sites, specific facilities, specific business and management practices, or media managers' areas of responsibility. The checklists, used in conjunction with the inventory practices, assets, and impacts described in Chapter 3, should provide for a complete assessment of the environmental program.

The internal assessment process should provide for:

- Development and annual update of an IAP;
- Compliance evaluations by environmental professionals to identify, characterize, and document compliance deficiencies related to individual practices and environmental programs;
- Inspections of practices and associated environmental control measures by practice owners;
- Problem solving to define compliance problems; analyze their causes; and then select, implement, monitor and modify corrective and preventive actions to achieve specified results;
- Annual preparation of an Environmental Quality Assessment Report; and
- Management review of problem solving results, the IAP, and the EQA Report.

The personnel resources required to accomplish internal assessments should be assigned from both the installation's environmental offices and from those units owning practices to be assessed. Most installations have environmental specialists to manage environmental program and media areas. Their technical training, familiarity with the installation's practices, assets, and impacts, and knowledge of applicable compliance requirements prepare them to plan and oversee the routine inspections of practices. Environmental specialists and their supervisors are also the people best prepared to conduct compliance evaluations of media and environmental program requirements.

Practice owners have the greatest stake in ensuring environmental compliance because their missions depend on continued availability of their business practices. The owners' expertise and knowledge of their own practices should be a resource applied to monitoring adherence with environmental requirements. Performing internal assessments as a team with the installation's environmental specialists should promote performance from both perspectives.

Naval Environmental Protection Support Services (NEPSS) are not intended to perform internal assessments for installations. However, support regarding applicability and how to address specific environmental requirements, as well as how to correct environmental deficiencies, is available to installations as Environmental Consultation/Project assistance, as described in Chapter 7.

4.2 Planning Internal Assessments

To design and implement an IAP, installations can follow a ten-step process:

Step 1—Determine the approach to conducting internal assessments;

Step 2—Identify business and management practices, assets, and locations to be assessed;

Step 3—Identify management requirements for specific media program areas;

Step 4—Identify required inspections/monitoring;

Step 5—Identify inspection priorities;

Step 6—Determine frequency of internal assessments;

Step 7—Assign personnel responsible for conducting internal assessments;

Step 8—Schedule assessments;

Step 9—Implement the IAP; and

Step 10—Maintain the IAP.

4.2.1 Step 1— Determine Approach to Conducting Internal Assessments

The heart of the internal assessment is the identification, characterization, and documentation of compliance and management system deficiencies. There are various approaches that may be used to accomplish this key part of the process. For example, a one- or two-week stand-down annually or semi-annually to assess all program areas may be efficient and cost-effective for assessing smaller, less industrial installations. Another approach is to assess the hazardous waste program one month, the air program the next month, the wastewater program the next month, and so on, until all media programs are evaluated at least once per year. This "one a month approach" could also be applied to assessing tenants, particular types of facilities, or distinct

areas or zones of an installation. On the other hand, a large industrial complex with numerous practices that have environmental impacts, or with multiple tenants may decide to implement continuous compliance evaluations and inspections throughout the year.

Table 4-1 summarizes a few possible approaches for conducting compliance evaluations. These approaches, combinations of these approaches, or techniques developed by individual installations or claimants can be applied under the flexibility inherent in the EQA program. After proceeding with Steps 2 through 5, below, or later after gaining experience with their IAP, installations may want to revisit this step. The Major Claimant is responsible for evaluating the installation's approach to compliance evaluations and inspections for appropriateness, effectiveness, and efficiency.

Table 4-1: Various Approaches to Conducting Internal Assessments

Approach	Schedule
Assessment stand-down	1-2 weeks, once or twice a year
Once a year, scheduled by month (i.e., by media, facility, tenant, zone or area)	1-5 days per month for assigned media, facility, tenant, zone, or area
Multiple times a year, scheduled by month (i.e., by media, facility, tenant, or area)	Multiple days per month
Once a year, year-round	Part of day-to-day business
Multiple times a year, year-round	Part of day-to-day business

This chapter illustrates the continuous compliance evaluation approach that conducts the internal assessment throughout the entire year.

At this point, the installation, in coordination with their Major Claimant, may decide whether to incorporate EMS Reviews within the internal assessment and may plan for implementation of the EMS Review and problem solving, as discussed in Section 4.3.

4.2.2 Step 2—Develop an Inventory of Business and Management Practices, Assets, and Locations to be Assessed

After determining the overall internal assessment approach, the next step in internal assessment planning is to develop an inventory of practices, assets, and locations to be assessed—a concept introduced in Section 3.1, the EMS planning loop. This inventory will provide the foundation for other internal assessment planning efforts and for developing an IAP. Possible techniques to ensure a comprehensive inventory include reviewing an installation's practices by building, area, activity or tenant, or media program. In addition, information may be available from existing sources including management plans, permits, inventories, program area/media managers, and practice owners. The inventory data and other information associated with the internal assessment planning effort (as discussed below) should be entered on an inventory form similar to the one presented as Table 4-2. The data gathered during this step should be entered in the "Program/Media Area," "Type of Practice, Asset, and Impact," and "Location" columns of the internal assessment planning summary form.

Planning would be facilitated by marking/identifying the location of each facility, practice, or asset on an installation map. In particular, installations that maintain Geographical Information

Systems may consider entering locations of practices and assets that require compliance evaluations or inspections along with pertinent information such as practice owner, practice type, point of contact, etc. to aid in planning. This will also help ensure that all practices, assets, and locations have been identified or reviewed.

4.2.3 Step 3—Identify Management Requirements for Specific Media Program Areas

In contrast to developing an inventory of practices and assets (described in Section 4.2.2), the many regulatory or policy requirements associated with the management of media program areas cannot usually be assigned to a specific location. However, the review of these management functions during internal assessments can not be overlooked. Therefore, specific reviews of management functions required to ensure regulatory or policy compliance should be added to the inventory developed in Step 2 (and listed in the "Type of Practice" column of Table 4-2).

Examples of such management requirements include record keeping, training, management plan development, submitting notifications and permit applications, and developing and submitting funding requests to Major Claimants.

Although the primary focus of internal assessment efforts is to determine if an installation is in compliance with regulatory requirements, the scope of the internal assessment may also include an evaluation of the effectiveness of the installation's EMS. The minimum requirements for Navy installations' existing EMSs are the management responsibilities stated throughout OPNAVINST 5090.1B, Change 2. If an EMS review is to be included within the scope of the installation's internal assessment, it should be included on the inventory (Table 4-2) and addressed when developing the IAP and internal assessment schedule (discussed below). Section 4.3.2 further discusses evaluation of management effectiveness.

4.2.4 Step 4—Identify Required Inspections/Monitoring

With appropriate training provided by the installation's environmental office, practice owners and other units could provide much of the inspection and monitoring effort. When these duties are fulfilled by others, the environmental office may plan to provide oversight, for example, by accompanying the owners on some inspections or reviewing inspection and monitoring results. Regardless of who performs the actual field work, the inspections and monitoring activities need to be identified and scheduled.

Many inspections and monitoring procedures and their frequencies are mandated by regulations, permits, or operating procedure. Specific examples include weekly inspections of hazardous waste storage areas, monthly monitoring of NPDES discharges, and annual testing of back-flow preventers. This information should be documented in the "Inspection Frequency" column of Table 4-2. Required inspection frequencies are shown in parentheses in Table 4-2 so that they may be readily compared with the frequencies selected by the installation in Step 6.

Table 4-2: Sample Internal Assessment Planning Summary

Program/ Media Area	Type of Practice	Location (Building number)	Inspection Frequency [1] planned/ (required)	Inspection Responsibility	Local Priority	Compliance Evaluation Frequency	Compliance Evaluation Responsibility	Notes
Hazardous waste	Permitted HW storage facility	51	Weekly (Weekly)	Owner	High	Weekly	EMD HW manager	State inspector scrutiny
	Satellite accumulation points (Host)	56, 57, 58	Weekly (Weekly)	Owner	High	Weekly	EMD HW manager	Compliance problems
		54, 55, 59	Weekly (Weekly)	Owner	Medium	Monthly	EMD HW manager	
		9, 10, 13, 19, 21, 28	Weekly (Weekly)	Owner	Low	Quarterly	EMD HW manager	
	Satellite accumulation points (Tenant)	34, 35, 42, 52, 53, 64, 68, 69	Weekly (Weekly)	Owner	Low	Quarterly	EMD HW manager	
	RCRA-C program management	1	None	None	High	Quarterly	EMD Director	Reduce HW disposal costs 30% by FY02
Air	Asbestos removals	22 (school)	Daily (Daily)	Owner	High	Daily (1/11-1/22)	Safety Dept.	Asbestos removal-Principal's office
	Asbestos surveillance	22 (school)	Semi-annual	Owner	High	Quarterly	Safety Dept.	
	Air emission sources	22, 33, 44, 77, 88	Monthly (Annually)	Owner	Low	Annually	EMD air manager	
	CAA program management	1	None	None	Low	Annually	EMD Director	
Waste-water	NPDES outfalls	61, 62, 63,	Quarterly	Owner	Low	Quarterly	EMD wastewater manager	NPDES permit requirement
	Wastewater treatment plants	12, 37	Weekly	Plant operators	Medium	Quarterly	Facilities Dept	

Table 4-2: Sample Internal Assessment Planning Summary (Continued)

Program/ Media Area	Type of Practice	Location (Building number)	Inspection Frequency [1] planned/ (required)	Inspection Responsibility	Local Priority	Compliance Evaluation Frequency	Compliance Evaluation Responsibility	Notes
Waste-water (cont.)	CWA program management	1	None	None	Medium	Annually	EMD Director	Reduce permit exceedances by 50%
ASTs	Fuel off-loading facility	Pier 1	Daily (Monthly)	Owner	High	Weekly	EMD tank manager	High spill potential
	Fuel farm	32 (tanks 32-1, 32-2, 32-3, 32-4)	Monthly (Annually)	Owner	Medium	Monthly	EMD tank manager	Large quantity of POL stored
	ASTs	3, 11, 17, 25, 31, 40, 48, 65, 78, 80, 84, 85	Monthly (Annually)	Owner	Low	Bi-annually	EMD tank manager	
USTs	USTs (Host)	15 (tanks 15-1, 15-2, 15-3), 30 (tanks 30-1, 30-2, 30-3)	Monthly (Monthly)	Owner	Low	Annually	EMD tank manager	New USTs just installed
	USTs (Tenant)	72 (tanks 72-1, 72-2, 72-3, 72-4)	Monthly (Monthly)	Owner	Low	Quarterly	EMD tank manager	Older tanks due for replacement
	AST/UST program management	1	None	None	Low	Annually	EMD Director	
Pollution Prevention	Recycling Center	14	None	None	Medium	Monthly	EMD P2 manager	
	Recycling drop-off points	36, 38, 45, 60, 82	None	None	High	Weekly	EMD P2 manager	Determine usage
	P2 initiatives	75, 76, 81, 89, 90	None	None	Medium	Monthly	EMD P2 manager	Evaluate success
	P2 program management	1	None	None	High	Quarterly	EMD Director	Implement 5 P2 projects in FY99

Table 4-2: Sample Internal Assessment Planning Summary (Continued)

Program/ Media Area	Type of Practice	Location (Building number)	Inspection Frequency [1] planned/ (required)	Inspection Responsibility	Local Priority	Compliance Evaluation Frequency	Compliance Evaluation Responsibility	Notes
PCBs	PCB storage facility	67	Weekly	Owner	Medium	Quarterly	EMD PCB manager	
	PCB Transformers (Host)	43, 46	Quarterly	Owner	Medium	Quarterly	EMD PCB manager	Eliminate PCB use by FY99
	PCB Transformers (Tenant)	47, 49	Quarterly	Owner	Medium	Quarterly	EMD PCB manager	Eliminate PCB use by FY99
Potable water	Back-flow preventors (Host)	4, 16, 24, 73, 74	Annually	Owner	Low	Annually	EMD wastewater manager	
	Sanitary survey	Base-wide	Annually	Owner	Low	Annually	Facilities Dept.	
Other	Infectious waste locations (Tenant)	29, 79	None	None	Medium	Monthly	EMD Director	Compliance problems
	Culturally significant buildings	1,2, 7, 26	None	None	Low	Semi-annually	EMD Director	
	Natural resources areas	Training areas, Lake Steinberg, McVey Creek, Silva wetlands	None	None	Medium	Monthly	EMD Director	
	Pesticide storage facility	66	None	None	Low	Annually	EMD Director	
	EMS Review	1	None	None	High	Semi-annually	EMD Director	

[1] Inspections required by Federal, State, or local regulations or permits; DoD or DoN policy are shown in parentheses.

4.2.5 Step 5—Identify Inspection Priorities

The following factors could be considered in focusing resources on practices, assets, and locations that should receive the greatest attention during inspections:

Significance of Impacts—The impacts identified as part of the planning loop described in Section 3.2 that were ranked higher (i.e., have been determined to pose a higher risk for the installation) may need to be inspected/evaluated more frequently, while those that pose a lower risk may require less frequent scrutiny. The priority assigned by the installation to each practice and asset should be documented in the "Local Priority" column of Table 4-2.

Previous Compliance Status—If previous inspections, assessments, or ECEs have revealed compliance deficiencies or difficulties in achieving established goals and objectives, the installation may decide to increase the frequency of compliance evaluations for that site until personnel have corrected the deficiencies, improved their compliance status, or met EMS requirements. Conversely, those sites with a proven record of excellent compliance or adherence to EMS procedures may require fewer compliance evaluations and/or inspections.

Frequency of Regulatory Inspections—If particular media or areas are subject to increased scrutiny by state or local regulatory authorities, the installation may also choose to increase the frequency of compliance evaluation and/or inspections to ensure that staff maintain a high level of compliance awareness.

Funding—Installations may decide to increase assessments to ensure new funding is being applied in a most advantageous manner or to ensure a program that did not receive requested funding maintains compliance until funding is procured.

4.2.6 Step 6—Determine Frequency of Internal Assessments

Installation staff determine the frequency of compliance evaluations and inspections based on the required inspections documented in Step 4 and installation priorities established in Step 5. The roles of practice owners and units on the installation other than the environmental office may also be considered.

The frequencies of compliance evaluations and inspections should be entered into the respective columns of the internal assessment planning summary form (see Table 4-2). Information supporting these decisions can be entered in the "Notes" column.

4.2.7 Step 7—Assign Personnel Responsible for Conducting Internal Assessments

After completing Steps 1 through 6, installation managers should designate the personnel responsible for conducting the installation's compliance evaluations and inspections. As with other portions of the EQA program, there is an inherent flexibility that allows the installation a variety of options in assigning personnel to conduct the compliance evaluations and inspections.

As indicated in the discussion of Step 4 above, a significant amount of the inspection responsibility may be assumed by practice owners. This is encouraged since the effort required to train the individuals who use the practices to inspect them will pay off twice: once in providing those individuals with an environmental perspective on their job performance, and again in decreasing the inspection effort required by the environmental office.

Compliance evaluations (including inspections that are not provided by practice owners) can be assigned in various ways. Some options include:

- Having either individuals or teams complete the compliance evaluations;
- Performing the evaluations by either individual media area or across all media; and
- Having evaluators work only within their media of principle expertise or expand into other media.

Candidates for evaluations or evaluation teams include, but are not limited to:

- Environmental staff;
- Practice owners;
- Quality assurance, safety, facilities, medical or other installation staff.

All of these positions may not be present at every Navy installation. Each installation should define inspection and evaluation responsibilities appropriate to the scope of its EMS, its compliance requirements, its organizational structure, and its available resources. These responsibilities are documented in the "Inspection Responsibility" and "Compliance Evaluation Responsibility" columns of the form presented as Table 4-2.

Any staff members that have the knowledge, training, and expertise to identify and document instances of both regulatory non-compliance and deviation from the installation's EMS (see Chapter 2) are eligible to conduct compliance evaluations. The evaluators may be program managers or dedicated inspectors, subject matter experts (e.g., hazardous waste or air) who conduct inspections only at sites under their purview or multi-media experts who conduct assessments across all areas. Specific courses on conducting internal assessments and EMS Reviews are under development and are described in Chapter 7.

4.2.8 Step 8—Schedule Assessments

To facilitate scheduling of inspections and compliance evaluations, the information developed during the internal assessment planning process and entered into Table 4-2 should be transferred to a calendar format, which will help both evaluators and practice owners plan their time and efforts properly and ensure that appropriate staff are available.

The data presented in Table 4-3 represents the data contained in Table 4-2 associated with the hazardous waste management program. Installation personnel can schedule their work to meet their individual needs. Table 4-3 demonstrates how the hazardous waste program manager could schedule assessments to be conducted in January 2000.

Table 4-3 reflects the following hypothetical installation-specific information:

- The permitted hazardous waste storage facility (Building 51) will be assessed on a weekly basis because of increased scrutiny by state regulators.
- Hazardous waste satellite accumulation points at Buildings 56, 57, and 58 will be assessed weekly due to continuing compliance deficiencies.
- Hazardous waste satellite accumulation points at Buildings 54, 55, and 59 will be assessed monthly due to the difficulty these sites are having in achieving EMS objectives.

- Buildings 9, 10, 13, and 19 will be assessed during January in accordance with the scheduled quarterly inspection of satellite accumulation points that have demonstrated excellent regulatory compliance.
- The hazardous waste management program (located in Building 1) will be evaluated during January in accordance with the scheduled quarterly assessments of environmental media management programs.

Table 4-3: Sample Internal Assessment Plan Schedule to be Conducted by Hazardous Waste Program Manager

January 2000

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
3	**4** 54, 55, 59*	**5**	**6** **51, 56, 57, 58**	**7**
10	**11**	**12** 1	**13** **51, 56, 57, 58**	**14**
17	**18** *9, 10, 13, 19*	**19**	**20** **51, 56, 57, 58**	**21**
24	**25** *1*	**26**	**27** **51, 56, 57, 58**	**28**

Weekly assessments are in bold.

Monthly assessments are underlined.

Quarterly assessments are in italics.

* Numbers presented in Table 4-3 indicate building numbers where internal assessments will occur.

4.2.9 Step 9—Implement the IAP

Implementation of the IAP is discussed in Section 4.3.

4.2.10 Step 10: Maintain the IAP

Chapter 20 of OPNAVINST 5090.1B requires that the IAP be reviewed annually and updated as necessary. Changes to the plan may be required due to a number of factors:

- Practices have been shut down/closed, moved, added, or changed significantly;
- Additional practices have been "discovered" during the previous year's assessments that must be included in future efforts;
- Experience with the internal assessment program has resulted in reconsideration of previously assigned priorities and frequencies;
- New regulatory or policy requirements;
- Environmental performance improved at particular practices or assets indicating that these locations may require less frequent inspections or compliance evaluations; and
- Environmental performance deteriorated at particular practices or assets indicating that these locations may require more frequent inspections or compliance evaluations.

4.3 Conducting Internal Assessments

4.3.1 Compliance Evaluations

The techniques and methodologies used to conduct compliance evaluations are the same used in any environmental audit. Commonly used tools and techniques to determine compliance include:

- Knowledge of and adherence to applicable environmental laws and implementing regulations;
- Review of and compliance with applicable permits and their monitoring and other conditions of compliance;
- Use of checklists of requirements as a guide and to document inspections and assessments;
- Interviews with shop personnel who participate in or manage a particular practice to determine both their knowledge or awareness of potential impacts and the procedures required to meet regulatory requirements;
- Reviews of required documentation such as inspection forms, training certificates, waste turn-in forms, monitoring/analytical results, required management plans, and notifications; and
- Search for evidence of compliance such as proper labeling on drums, location of spill control materials, signs of spills or leaks, proper secondary containment, condition of storage containers/tanks, inspection tags on back-flow preventors, proper landfill cover, and properly functioning oil/water separators.

The Navy has adopted the ACE software as a tool to support its EQA Program. ACE provides checklists of Federal, state, local, and DoN requirements and can be used to document

assessment findings, root cause/problem solving decisions and assigned categories, recommended corrective/preventive actions, and a POA&M for implementing approved corrective/preventive actions. Further discussion of the ACE software is presented in Chapter 7.

4.3.2 Evaluation of Management Effectiveness

An installation may opt to evaluate the effectiveness of its EMS as part of its internal assessment and in preparation for an external assessment, and will therefore be concerned with evaluating its conformance, at a minimum, with the OPNAVINST and applicable local policy. Installations with mature EMSs in place may also elect to evaluate management system effectiveness against appropriate standards such as CEMP, ISO Standard 14001, or the Malcolm Baldrige quality criteria. Several management system evaluation techniques are discussed in Chapter 2, EMS Review. The installation's environmental managers should select method(s) appropriate for their installation based on the maturity of the installation's EMS, as discussed in Chapters 2 and 3 and Appendix H of this guide.

4.3.3 Determining and Implementing Corrective/Preventive Actions – Problem Solving

As discussed in Chapter 1, a primary difference between the ECE program and the EQA program is the shift of responsibilities for identifying compliance deficiencies from the external auditors once every three years to the installation's staff on a continuous basis. Another important difference is increased emphasis on the installation identifying, implementing, and monitoring corrective or preventive actions for recognized problems. The responsibility to implement corrective and preventive actions has always rested with the installation commander, and this has not changed under the EQA program. However, as discussed in Chapters 5 and 6, external auditors will rely more on installations to identify deficiencies, and will now be reviewing where, how, and to what effect installations permanently solve the problems they discover during internal assessments.

"Problem solving," as used here, begins with the recognition that deficiencies observed during internal or external assessments do in fact constitute problems that require analysis and decision making to prevent recurrence. In other words, a problem is more than a symptom that can be immediately fixed. Problem solving ends with the intended results, i.e., continuing compliance with regulations or permit requirements, and conformance with the existing EMS.

Chapter 6 discusses various steps and approaches to problem solving that installation personnel could implement.

4.4 Documenting Internal Assessments

Chapter 20 of OPNAVINST 5090.1B requires installations to prepare an IAP, internal assessment documentation, and an EQA Report. Each of these elements is discussed below.

4.4.1 Internal Assessment Plan

Chapter 20 of OPNAVINST 5090.1B, Change 2 defines an IAP as "the host activity's plan, coordinated with tenants, that describes how a comprehensive internal assessment will be accomplished within the 'fenceline' over the course of a year."

The information presented in the IAP and the EQA Report (discussed below) is reviewed by the Major Claimant and used to determine the scope and frequency of future external assessments

they will conduct at an installation. Therefore, installations should provide Major Claimants with information demonstrating that they have initiated an active internal assessment program, which may result in reduced future Major Claimant oversight. To document the successful design and implementation of an internal assessment program, the IAP should contain the following:

- Description of the general approach to scheduling inspections and compliance evaluations (Section 4.2.1).
- Roles and responsibilities for implementing the inspections and compliance evaluations (Section 4.2.7); problem solving (Chapter 6); and EMS Review if performed by the installation (Chapter 2).
- Summary of the planned inspections and compliance evaluations (Table 4-2).

These elements of the IAP are developed through the internal assessment planning process described in Sections 4.1 through 4.3. Appendix F contains a sample IAP.

4.4.2 Internal Assessment Documentation

Documentation of the results of an installation's internal assessments includes:

- A brief summary of each program/media area (e.g., major facilities, permits, any special arrangements with regulators);
- A description of identified deficiencies;
- Assigned root cause categories;
- Recommended corrective actions; and
- Plans of Action and Milestones (POA&M) for corrective actions.

Suggested distribution of the internal assessment documentation includes the Commanding Officer, Legal, Public Affairs, Public Works, and major tenants, as appropriate.

To assist activities in developing internal assessment documentation, the U.S. Navy has adopted ACE, a computer program developed by the U.S. Marine Corps to document both their benchmark ECEs and their self- ECEs. ACE provides a number of data fields in which auditors can enter all the required documentation listed above. Chapter 7 of this guide presents a more detailed description of the program and its capabilities.

Two important reasons for documenting corrective actions are: 1) to provide a record of evidence considered and decisions made during problem solving, and 2) to enable external assessors to verify that the installation's EMS is functioning effectively. Documenting the problem solving process is critical in case later reexamination becomes necessary. Documentation should be completed whether a deficiency is minor and warrants only an on-the-spot fix or is the focus of a structured problem solving exercise.

The extent of the documentation should be directly proportional to the seriousness of the problem. For instance, for deficiencies that are not repeats, that could have only minor consequences, and that are therefore not considered to constitute a "problem," an on-the-spot fix recorded in the "Recommended Corrective Action" field of ACE may be sufficient.

For deficiencies that do indicate "problems," any on-the-spot fixes and recommendations for subsequent actions should be documented in the recommended corrective action field of ACE, and the situation should be analyzed sufficiently to select a root cause category in ACE. Root cause categories and problem solving are described in Chapter 6. Concurrence on the selected root cause category should be obtained from the owning unit, the appropriate manager in the environmental office, and any other interested parties aboard the installation.

If intuitive problem solving is judged sufficient to achieve permanent corrective or preventive actions, key assumptions and intuitive conclusions for each of the seven problem solving steps (see Section 6.3) should be recorded in the POA&M module of ACE. Inspection personnel could also prepare a separate report and provide a reference to it in ACE.

For problems that warrant structured problem solving (see Section 6.3), the above measures should be developed and the seven problem solving steps should be documented in the POA&M module of ACE. Separate documentation may also be prepared and referenced in ACE. If the root cause category or the recommended corrective actions change as a result of proceeding through the steps, annotations to the POA&M fields in ACE should be made to document the suggested changes.

4.4.3 EQA Report

Once a year, the installation prepares the EQA Report. It is a summary of the health of the installation's environmental program as of the end of a specified reporting period. The report includes information on the critical issues that the Major Claimant should be aware of and that may require Major Claimant attention and/or resources.

The EQA Report is provided to the host activity's Major Claimant and to claimants of the tenants whose business practices have significant environmental aspects. Those tenants should be involved in the development of the report and should also receive copies.

The EQA Report contains four items:

- Program Area Status Summary Chart;
- Summary of Problem Solving Efforts and Corrective Actions;
- Status of Top 5 Environmental Issues/Concerns; and
- Updated IAP.

Appendix F contains a sample EQA Report.

4.4.3.1 Program Area Status Summary

For each program area listed in Table 4-5, the installation indicates whether the program, at the end of the reporting period, is:

● Inadequate

◗ Needs Improvement

◯ Excellent

N/A Not Applicable

NOTE: The symbols used here can be accessed in Microsoft Word by clicking on "Insert" in the main menu bar at the top of the screen, then on "Symbol" in the drop-down menu, and then choosing the "Zapf Dingbats" font. Click on the desired symbol, and then click on the "Insert" button at the bottom of the dialog box. Font size can be adjusted as desired after the symbol has been inserted.

The ratings are based on three criteria:

1. Whether problems were discovered by installation personnel during internal assessments or by external auditors,
2. Whether problem solving efforts were conducted and corrective actions implemented or the problem has not yet been solved, and
3. The priorities assigned to a media's impacts during the prioritization efforts described in Section 4.2.5.

By examining these factors a media area could be rated "inadequate" if the following sequence of events occurs:

- External auditors (i.e., Major Claimant's representatives, or state or federal regulators) discover a problem that the installation had not identified during internal assessments;
- The installation is unable to solve the problem and implement a viable corrective action during the reporting period; and
- The media area has been assigned a high local priority.

In another example, a media area would be rated as "needs improvement" if:

- The installation's internal assessments efforts identified the problem;
- The installation is unable to solve the problem and implement a viable corrective action during the reporting period; and
- The media area has been assigned a low local priority.

By contrast, a program could be rated "excellent" even if there have been problems requiring attention during the reporting period as long as the problems were discovered by the installation and their causes were corrected as of the end of the reporting period. The intent of the EQA program is, after all, not to make installations problem-free, but to establish and maintain the ability to be self-correcting.

Other combinations of the three rating criteria are presented in Table 4-4, which can be used in completing the Program Area Status Summary Chart.

Table 4-4: Program Area Rating Criteria

	High Local Priority		Medium-Low Local Priority	
	Problem Corrected	**Problem Not Corrected**	**Problem Corrected**	**Problem Not Corrected**
Problem Discovered by External Auditors	◗	●	◗	◗

Problem Discovered during Internal Assessments	❍	●	❍	◗
NOTE: The symbols used in this chart can be accessed in Microsoft Word by clicking on "Insert" in the main menu bar at the top of the screen, then on "Symbol" in the drop-down menu, and then choosing the "Zapf Dingbats" font. Click on the desired symbol, and then click on the "Insert" button at the bottom of the dialog box. Font size can be adjusted as desired after the symbol has been inserted.				

For each program area marked as "Inadequate," the installation should include a brief explanation for the rating, in particular answering the questions:

- What are the major deficiencies?
- What corrective actions have been taken or are planned?
- When are deficiencies expected to be resolved?

4.4.3.2 Summary of Problem Solving Efforts/Corrective Actions

The installation should list the problems that were defined during the reporting period (see Chapter 6.2 for a discussion of what constitutes a "problem"), and for each problem, briefly describe the current status of the problem solving exercise (if still in progress) or corrective action(s) taken.

4.4.3.3 Status of Top Five Environmental Issues/Concerns

Considering the entire environmental program, the installation should alert its Major Claimant and tenants' Major Claimants to issues of greatest importance or issues requiring Major Claimant support. To accomplish these objectives, the installation should describe the top five issues and concerns it faces. Measures taken by the installation and support requested from the Major Claimant or tenants' Major Claimants should be discussed, as appropriate.

4.4.3.4 Updated IAP

OPNAVINST 5090.1B, Change 2, Chapter 20 requires the installation to review the IAP at least annually and update it as necessary. The installation should include in the report a summary of the changes and a copy of the updated IAP.

Table 4-5: EQA Report: Program Area Status Summary

OPNAVINST 5090 Chapter	Program/ Media Area	Rating	Explanation for "Inadequate" Rating	Initiatives to Correct
1	Program Management			
2	NEPA			
3	Pollution Prevention			
4	EPCRA			
5	Air			
6	ODS			
7	Wastewater			
8	Drinking Water			
9/10	SPCC/ Spill Response			
11	PCB			
12	Hazardous Waste			
12	Infectious Waste			
13	Pesticide			
14	Solid Waste			
15	Installation Restoration			
16	Underground Storage Tanks			
17	Noise			
18	Compliance Overseas			
20	EQA Program			
22	Natural Resources			
23	Cultural Resources			
24	Training			
25	Sampling and Lab Testing			
26	Radon			

❍ = Excellent
◗ = Needs Improvement
● = Inadequate
na = Not Applicable

NOTE: The symbols used in this chart can be accessed in Microsoft Word by clicking on "Insert" in the main menu bar at the top of the screen, then on "Symbol" in the drop-down menu, and then choosing the "Zapf Dingbats" font. Click on the desired symbol, and then click on the "Insert" button at the bottom of the dialog box. Font size can be adjusted as desired after the symbol has been inserted.

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