

## ARS Environmental Management System Self-Declaration Checklist v2005

QUESTION:	YES	NO	N/A
<b>SECTION 1. Maintaining a Policy of Commitment to Environmental Excellence</b>			
1.1 Has the facility developed an EMS policy statement?	X		
1.1.1 Is the policy statement specific to the facility (i.e., does it reflect the activities and environmental impacts that occur there)?	X		
1.1.2 Does the policy statements contain, at a minimum, a commitment to:			
1.1.2.1 environmental compliance?	X		
1.1.2.2 pollution prevention and conservation practices?	X		
1.1.2.3 continual improvement?	X		
1.1.3 Has the policy statement been signed by the current Area Director/Location Senior Management Official?	X		
1.2 Have significant efforts been made to communicate the policy statement to all employees at the facility?	X		
1.3 Is the policy statement posted on a bulletin board(s) in a conspicuous location(s)?	X		

Corrective Action with Milestones. For each question marked "No" above, please reference the question number and provide a description of the corrective action(s) to be taken along with the anticipated completion date(s).





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QUESTION:	YES	NO	N/A
<b>SECTION 5. Making Personnel Aware of Their Environmental Roles and Responsibilities, Providing Appropriate Training, and Holding Employees Accountable for Their Performance and Actions, Including Recognizing Them for Outstanding Performance</b>			
5.1 Has an individual been delegated authority and assigned overall responsibility for the EMS (i.e., EMS Coordinator)?	X		
5.2 Has an EMS Committee been established?	X		
5.3 Has the establishment of the EMS Coordinator and EMS Committee been documented in writing via ARS Form 309 or through some other means?	X		
5.4 Does the EMS Committee meet on a recurring basis?	X		
5.5 Have the EMS Coordinator and Committee Members received EMS training congruent with their responsibilities?	X		
5.6 Have significant efforts been made to provide EMS awareness training to all employees?	X		
5.7 Is there a procedure in place to ensure that new employees receive EMS awareness training?	X		

Corrective Action with Milestones. For each question marked "No" above, please reference the question number and provide a description of the corrective action(s) to be taken along with the anticipated completion date(s).

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QUESTION:	YES	NO	N/A
<b>SECTION 6. Routinely Monitoring Our Environmental Operations and Conducting Periodic Inspections, Audits, and Reviews to Ascertain That We Meet Applicable Standards and to Evaluate Our Program Effectiveness</b>			
6.1 Has the Location conducted an inspection (e.g., ARS Inspection/Abatement Program) that includes an environmental component in the current calendar year?	X		
6.2 <b>(Area Only)</b> Has the Area developed a written 10 year plan outlining the year(s) in which each of its Locations will be inspected/audited/reviewed?			X
6.3 <b>(Area Only)</b> Does the Area plan include an explanation of the rationale for the type(s) and frequency of inspections/audits/reviews selected?			X
<p><u>Corrective Action with Milestones.</u> For each question marked "No" above, please reference the question number and provide a description of the corrective action(s) to be taken along with the anticipated completion date(s).</p>			
<b>SECTION 7. Correcting Identified Deficiencies in a Timely Manner and Taking Appropriate Steps to Prevent Their Recurrence</b>			
7.1 Does the facility have a procedure for ensuring that deficiencies are corrected?	X		
<p><u>Corrective Action with Milestones.</u> If marked "No" above, please reference the question number and provide a description of the corrective action(s) to be taken along with the anticipated completion date(s).</p>			
<b>SECTION 8. Clearly Documenting and Reporting the Progress and Achievements Related to This Policy</b>			
8.1 Has the facility completed this self-declaration checklist?	X		
<p><u>Corrective Action with Milestones.</u> If marked "No" above, please reference the question number and provide a description of the corrective action(s) to be taken along with the anticipated completion date(s).</p>			

# ARS Environmental Management System Review Certification Form v2005

**Facility Information.**

Facility Name: Crop Genetics and Breeding Research Unit, Crop Protection and Management Research Unit, and Southeast Watershed Research Unit

City: Tifton

State: GA

Zip Code: 31794

**Type of Audit.** Please check only one:

- 1<sup>st</sup> party audit.** An internal evaluation conducted by the participants within the scope of the EMS under consideration (e.g., EMS Coordinator, EMS committee members, etc.)
- 2<sup>nd</sup> party audit.** An independent evaluation conducted by reviewers from outside the scope of the EMS under consideration (e.g., other Agency personnel, Contractors, Regulators, etc.)
- 3<sup>rd</sup> party audit.** An independent evaluation conducted by an American National Standards Institute – Registrar Accreditation Board. This formal audit is conducted in conformance with ISO 14001 Standards (i.e., for facilities that elect to use this standard.) This results in the facility being fully ISO 14001 certified.
- Audit has not yet been conducted.

**Reviewer(s):**

Name (print):	Title:	Signature (optional):
<u>Anthony Shelton</u>	<u>EPA Region 4</u>	_____
<u>Alexis Kingham</u>	<u>EPA Contractor with Prizim</u>	_____
_____	_____	_____
_____	_____	_____

**Corrective Actions.** For each question answered “No” in the above checklist, please list the deficiency question number and the anticipated corrective action date (e.g., Q 6.1 - 05/01/06).

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**Attestation:** As the Senior Management Official, I certify that I have reviewed the information that is being submitted and determined that it is complete, factual, and accurate.

<u>Timothy C. Strickland</u>	<u>Location Coordinator</u>	<u>Timothy C. Strickland</u>
Name (print):	Title:	Signature:

# Agricultural Research Service Environmental Management System Self-Declaration Protocol

**Purpose:** This document establishes the policies and procedures for Environmental Management System (EMS) Self-Declaration within the Agricultural Research Service (ARS).

**Background:** Executive Order (E.O.) 13148, "Greening the Government Through Leadership in Environmental Management," required "appropriate facilities," to develop and implement an EMS by December 31, 2005. ARS Headquarters, Area Offices and Locations have been designated "appropriate facilities" and are required to have an EMS in-place.

An important component of a successful EMS is self-declaration. An EMS Self-Declaration is a public statement that a facility conforms to nationally accepted standards. Self-declaring an EMS can help assure stakeholders, the general public, and surrounding communities, of our commitment to sound environmental management. Additionally, many States have recognition programs that provide increased regulatory flexibility for facilities with an accredited EMS.

**Policy:** It is ARS policy that each facility certify it has self-declared their EMS utilizing Agency or other adopted standards. Facilities in non-conformance with a requirement(s) will develop an action plan and correct the deficiency(s) in a timely manner.

**Roles and Responsibilities:** EMS roles and responsibilities are in ARS Manual 230.0M, "Safety, Health, and Environmental Management Program." Additional EMS guidance can be found in the "ARS EMS Implementation Guide". Both documents are located at the ARS Administrative and Financial Management webpage at <http://www.afm.ars.usda.gov/>.

**ARS Standards:** The Agency has developed the attached Self-Declaration Checklist so that a facility may certify that its EMS meets ARS standards. At this time, the checklist is not inclusive of all EMS requirements under the E.O. In the spirit of continual improvement, the checklist will evolve in successive years to incorporate these additional standards. As such, each facility utilizing the Agency's checklist will self-declare each calendar year until the requirements of the E.O. are met.

To utilize ARS' Self-Declaration Checklist, Auditor(s) will have received at a minimum, basic EMS training. Auditors should respond "yes", "no" or "n/a" (not applicable) to each question verifying that the facility has documentation to support the claim. If the facility answers "no" to a question, milestones for correcting the deficiency should be developed in the "Corrective Actions with Milestones" sections provided. The Review Certification Form at the end of the checklist should then be completed, summarizing the findings of the audit. The Senior Management Official at the facility (e.g., Research Leader at a Location) will review the checklist and sign the Review Certification Form.

**Other Standards:** Facilities desiring to certify under other standards or to participate in a Federal or State recognition program (e.g., International Standards Organization, National Environmental Performance Track, etc.) will be considered as fulfilling the certification process as long as the requirements are at least as stringent as ARS standards. Facilities selecting this alternative will maintain the adopted certification in lieu of the ARS Review Certification. Auditors will meet the minimum training requirements of the adopted standard, or otherwise, be trained as a lead auditor.

**Reporting:** Annually, each facility will report on the EMS self-declaration activities that have taken place during the past calendar year. Locations will provide a copy of the ARS Review Certification Form or the adopted certification to the Area Office. Areas will consolidate the information into a summary report for the Facilities Division, Safety, Health and Environmental Management Branch (SHEMB). SHEMB will consolidate the Area information into the overall Agency report for the Department.

**Evaluation:** SHEMB and Area Offices will utilize the information to develop a plan for: providing assistance; conducting higher level audits; and, enacting system improvements.