Accelerated Corrective Action (ACA)
Checklist and Field Work Authorization Form

PRS Number: _____ ☐ HSWA ☐ Non-HSWA

Yes	No	
		Fact sheet describing planned activities is complete and attached to checklist.
		COPC(s) for human health risk (HH), ecological risk (ECO), or other requirements are known or will be determined during accelerated site characterization.
		Nature and extent of contamination is defined or accelerated site characterization is planned as part of this action to define nature and extent and to guide cleanup.
		Cleanup levels/preliminary remediation goals (PRGs) are appropriate.
		Remedy is obvious.
		Time for removal is less than six months.
		Remedy is final.
		Land use assumptions are straightforward.
		Treatment, Storage, and Disposal (TSD) Facilities are available for waste type and volume.
		Cleanup cost is reasonable for the planned action and meets accelerated decision logic criterion for decision to proceed with ACA.
		Briefing for NMED is required.

Explain criteria not checked above:

Los Alamos
Environmental Restoration Project

Reset Checkboxes Reset All

Accelerated Corrective Action (ACA)
Checklist and Field Work Authorization Form

PRS Number: _____ ☐ HSWA ☐ Non-HSWA

Upon reviewing the Accelerated Corrective Action Fact Sheet and the criteria checklist above, the appropriate Accelerated Corrective Action approach for the PRS(s) is (check one): ☐ VCA ☐ VCM

Signatures of the Representative for UC-Laboratory, DOE-LAAO, and NMED-HRMB:

UC: _____ _____
(Print Name and Title, then Sign) (Date)

DOE: _____ _____
(Print Name and Title, then Sign) (Date)

NMED: _____ _____
(Print Name and Title, then Sign) (Date)

The undersigned have reviewed the final plan and believe that it fully satisfies the appropriate Accelerated Corrective Action Approach.

Signatures of the Representative for UC-LANL and DOE-LAAO

UC: _____ _____
(Print Name and Title, then Sign) (Date)

DOE: _____ _____
(Print Name and Title, then Sign) (Date)

Action	Date	Correspondence ID
VCA or VCM plan submitted to NMED		
NOD or RSI received from NMED		
Laboratory response to NOD or RSI		
NMED approval of VCA or VCM plan		

After reviewing the VCA or VCM plan for the site(s) listed above and believing that the ACA process and VCA or VCM criteria have been met, I authorize the fieldwork to proceed.

DOE ER Program Manager _____ _____
(Signature) (Date)

Los Alamos
Environmental Restoration Project

Reset Checkboxes Reset All