DOE CONTROL FORM - FINAL DIRECTIVE

PART A (To be completed by the **DIRECTIVES MANAGEMENT GROUP, AD-440**):

TO DIRECTOR, DIVISION OF PRIMARY INTEREST J. O. Payne, Director, Financial Evaluation and Accountability Division, FM-73

NUMBER, TITLE, AND DATE OF DIRECTIVE: **DOE N 221.10, REPORTING FRAUD, WASTE, AND ABUSE, dated 09/15/2004**

The attached directive, which is within your area of functional responsibility, is forwarded for review and necessary action. Complete Part B and forward this form to ORO Directives Management Group, AD-440, by **10/05/2004**.

PART B (To be completed by the **DIVISION OF PRIMARY INTEREST (DPI)**):

1. **THIS DOCUMENT MAY AFFECT THE WORK PERFORMED BY THE FOLLOWING CONTRACTORS: (Check Appropriate Boxes)**

   ____ No (all contractors)

   _X_ Yes If yes, whom? _X_ Bechtel Jacobs Co. _X_ ORAU _X_ UT-Battelle _X_ ISOTEK (Bldg. 3019, ORNL)

   _X_ Other contractors (list by type) All primes as required by contract.

   Many ORO Contractors have approved Standards/Requirements Identification Documents (S/RIDs) or Work Smart Standards (WSS) Sets that may affect applicability of contractor requirements from this directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

2. **IMPLEMENTATION**: Does the directive contain special implementation requirements and/or dates?
   _X_ No ____ Yes If yes, describe:

3. **SIGNIFICANT PROVISIONS**: Are there any significant changes or impacts? _X_ No ____ Yes If yes, describe.

4. **OAK RIDGE OPERATIONS OFFICE DIRECTIVE**: Is a new ORO Directive or revision required? ____ Yes _X_ No
   If yes, target date for submission of ORO Directive to AD-440 is _____.

5. **IDENTIFY CONTACT POINT**: Jeanette Miller — 576-2654
   Name — Telephone

6. **APPROVED BY DIRECTOR**: *Original Signed By* J. O. Payne, Dir., FM-73 — 10/04/2004 — 576-9653
   Signature — Date — Telephone

7. ***DOE Directives are available on the DOE Directives Portal at http://www.directives.doe.gov/. DOE Directives will no longer be mailed in printed copy unless you do not have Internet capabilities.***

PART C (To be completed by the **DIRECTIVES MANAGEMENT GROUP** (DMG):

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Original Signed By
Wayne H. Albaugh, AD-440 — 10/05/2004
Name — Date

INSTRUCTIONS TO ADDRESSEES: **THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.**

(Revised 06/14/2004)

NNSA/YSO CONTROL FORM – FINAL DIRECTIVE

PART A (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

DIRECTIVE NUMBER, TITLE, AND DATE:

DOE N 221.10, REPORTING FRAUD, WASTE, AND ABUSE, dated 09/15/2004

PURPOSE OF TRANSMITTAL: ___X___ New Directive _____ Revised Directive

DOES THIS DIRECTIVE CANCEL/REPLACE OR EXTEND ANY OTHER DIRECTIVES? _____ Yes ___X___ No
If "Yes," list what action (cancel/replace or extend) and list the Directive(s), including the number(s), title(s), and date(s):

The attached Directive is forwarded for review and action. Complete Part B and forward this form to ORO DMG, AD-440, by **10/06/2004**.

PART B (To be completed by the NNSA Y-12 SITE OFFICE, Y12-01):

CONTRACTOR APPLICABILITY:

Does this Directive affect the work performed by BWXT Y-12, L.L.C.? _____ Yes ___X___ No

Does this Directive affect the work performed by BWXT Y-12, L.L.C., subcontractors? _____ Yes ___X___ No
If "Yes," list the subcontractors:

Many contractors have approved Standards/Requirements Identification Documents (S/RID) or Work Smart Standards (WSS) Sets that may affect applicability of contractor requirements from this Directive. Applicability of contractor requirements must take into account the approved standards set for each particular contract.

SIGNIFICANT PROVISIONS: Are there any significant changes or impacts? _____ Yes ___X___ No
List summary of Directive changes and, **if "Yes"** above, describe the significant changes or impacts:

This is "Notice," i.e. reminder, to all Federal employees.

IMPLEMENTATION: Does the Directive contain special implementation requirements and/or dates? _____ Yes ___X___ No
If "Yes," describe:

FOR DOE DIRECTIVE – SUPPLEMENTAL DIRECTIVE REQUIRED?
Is a new or revised supplemental Directive required? _____ Yes ___X___ No
If "Yes," target date for submission of YSO Directive is _____.

IDENTIFY CONTACT POINT: James R. Martin — 576-0868
Name — Telephone

APPROVED BY COR FOR DIRECTIVES: *Original Signed By* Diane McCarten — 09/30/2004 — 576-9330
Signature — Date — Telephone

PART C (To be completed by the ORO DIRECTIVES MANAGEMENT GROUP, AD-440):

DOE Directives are available on the DOE Directives Portal at http://www.directives.doe.gov/. ORO Directives are available on the ORO Directives Management Group Home Page at http://www.ornl.gov/doe/doe_oro_dmg/oro_dir.htm. Directives will no longer be mailed in printed copy unless you do not have Internet capabilities.

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Original Signed By
Wayne H. Albaugh, AD-440 — 10/04/2004
Name — Date

INSTRUCTIONS TO ADDRESSEES: THIS FORM IS TO BE FILED WITH THE DIRECTIVE AND RETAINED.

(Revised 11/06/2003)