

**DIRECTIVES CONTROL FORM - DOE FINAL ORDER**

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

**TO: DIRECTOR, DIVISION OF PRIMARY INTEREST:** D. B. Howard, Director, Quality and Facility Safety Division, SE-34

**NUMBER, TITLE, AND DATE OF DIRECTIVE:** DOE O 440.2, CHG 2, AVIATION of 10-26-95

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 AD-440 by 12-15-95.

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

1. **APPLICABILITY:** Does directive cover work performed by contractor(s)? Check appropriate boxes:

No (all contractors)

Yes If yes, whom?  LMES  ORAU  SURA

Other contractors (list by type)  
DOE Elements

DISTRIBUTED  
12-22-95

2. **IMPLEMENTATION:** Does the Order contain special implementation requirements and/or dates?

No  Yes  If yes, describe:

3. **SUMMARY OF SIGNIFICANT PROVISIONS OR CHANGES AND IMPACT:**

Deletion of expiration date.

4. **OAK RIDGE IMPLEMENTATION GUIDANCE:** Is new ORIG or revision required? Yes  No

If yes, target date for submission of draft ORIG to AD-440 is \_\_\_\_\_.

5. **IDENTIFY CONTACT POINT:** P. S. Foster *PSF* 576-9564

Name Telephone

6. **APPROVED BY DIRECTOR:** D. B. Howard, Director, SE-34 12/8/95 576-0949

Signature Date Telephone

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

APPROVED FOR DISTRIBUTION IN ACCORDANCE WITH OFFICIAL DIRECTIVE DISTRIBUTION LIST:

Susan Simpson 12-12-95  
Name Date

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