## Implementation Plan for enter policy/program/process title here

I. GENERAL INFORMATION	
Date This Form Submitted	
Initiator Name	
Working Group contributor names	
RMC Member Name	
Proposed implementation start date:	
Does Legal need to be consulted?	(yes/no)
If yes, give date completed, and	
summarize guidance provided:	
II. SUMMARY INFORMATION	
1. Summarize the requirements (or policy or	
program or process) to be implemented	
2. Explain briefly the proposed implementation	
plan or approach	
3. List what orgs, functions or employee roles	
that would be most affected:	
4. Explain impact (if any) on subcontractors (Do	
Procurement, Facilities, EHS need to be part	
of the Implementation?):	
5. List <u>all</u> documents that may need to be	
changed or updated as a result of these new	
requirements.	
Be sure to list Lab and functional policies,	
procedures, etc. Be sure to include	
documents owned by more than one	
function, if applicable.	
6. Briefly state how the requirements changes	
will be integrated into these documents	
(who will do the work by when)	
7. Are stakeholder inputs required (determined	
by Significance Rating)? If so, describe	
briefly what sorts of information will be	
gathered, how it will be gathered, who will	
champion the collection, and so forth	
8. Is benchmarking required (determined by	
Significance Rating)? If so, describe briefly	
what level of benchmarking is needed (by	
telephone? Visits?), who will participate,	

# monitoring/metrics, report and review recommendations),

include any costs in Section IV.9. Is alpha, beta, and/or pilot testing of the proposed process recommended?

what information will be gathered, and so forth. Be sure to include in timeline and also

(a) Include the steps to invoke such testing, (including objectives, planning, executing,

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(b) delineate test steps in Implementation	
schedule,	
(c) make sure costs, resources for testing are	
delineated in Section IV.	
10. Explain briefly if execution of this plan	
requires additional staffing. Be sure to	
include costs in Section IV.	

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III. SPECIFICS	
1. Training requirements – include timing, co.	sts in Section IV
Is training mandatory?	(Yes/no. If yes, explain why)
Training program owner (name, dept.)	
Describe specific training required	
# staff to be trained	
# trainers needed; skills needed. If there is a gap	
in number of available skilled persons, explain	
how gap will be closed.	
What is resource commitment for developing	
training? (put costs in Part IV)	
Provide schedule for developing and providing	(describe or attach schedule)
the training, including training the trainers	
Provide schedule for workers to complete the	(describe or attach schedule)
training	
Is periodic re-training required? Frequency? Cost	t
per person?	
2. Tools (hardware, software) and aids – incl	-
Describe any new or additional tool(s) needed to	
support implementation. This category includes	
upgrades or modifications to software	
applications (databases, for example)	
Provide estimated time, cost to develop tool(s).	
Who has responsibility for developing the tool(s)	
and ensuring readiness by the prescribed time?	
Which staff members will use the tool(s)?	
How often will staff members use the tool(s)?	
Is training required to use the tool(s)?	
What is cost of maintaining the tool(s)?	
3. Equipment, postings and signage – include	timing, costs in Section IV.
Are additional postings/signage required?	
Modifications to existing?	
Estimated cost for changes?	
Who is owner for making the changes to	
postings and ensuring completion by the	
prescribed time?	New Institute of the control of the
Is additional equipment required to implement	(Yes/no. If yes, explain)
this policy? Explain.	
What is estimated cost per person?	
What is timing for proper equipment to be in place?	
Is additional training required?  Who owns ensuring the required equipment is in	
place & training is completed by the prescribed	
time?	
4. Management Assessment – include timing	in Section IV
What additional self-assessment	III Section 19
requirements are recommended, if any?	
What metrics if any are recommended?	

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	hould these additional	
	items be done?	a and costs in Costion II/
	n and Validation – include timin	g and costs in Section IV
	c verification/validation steps are	
included in t	,	
	independent verification &	
	e required, if any? ponsibility for ensuring	
	& validation are completed?	
	s will be used in verification and	
validation?		
What is timi	ng for completion of	
verification/	validation?	
6. Communic	ation Plan:	
Describe in o	detail how the new/modified	
	s and associated implementation	
will be comr	nunicated to the relevant workers	
and manage	rs.	
Specify the t	arget audience(s) - for example,	
	o, radiological workers, dept X,	
business ma		
	ow many communications might	
	iust one? or a series?)	
	he timing of the communications	
and spacing if there's more than one (for		
-	communication followed by	
later), etc.	eek later, and again a month	
	evenues of communication: TARI	
Specify the avenues of communication: TABL, target emails, hands-on training or demos,		
	s, department all-hands, Lab all-	
hands, brown bags, brochures, postings		
(where?), et		
Specify whe	ther a periodic communication	
will be needed (for example, quarterly, semi-		
annually, an	nually) and how will this	
requirement	be calendared.	
7. Describe a	lternate solutions that have bee	n considered.
Option A:	Describe	
0 .: -	List Pros/Cons	
Option B:	Describe	
	List Pros/Cons	
Option C:	Describe	
	List Pros/Cons	
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### **IV. SCHEDULE AND COSTS**

**1. Implementation Schedule** - (Attach schedule, resource commitments (cost, labor, equipment, etc.), and description. Include pilot period, if recommended. An Excel template is attached at the end of this document for use, if desired.)

### 2. Implementation and Sustaining Costs:

benefits gained compared to costs extended

	Implement	Sustain	Comments/details
Labor (man-hrs)			
Labor (training: man -hrs)			
Equipment, signage	\$	\$	
Communications	\$	\$	
IT	\$	\$	
Training	\$	\$	
Document updates	\$	\$	
Assessment costs	\$	\$	
Other:	\$	\$	
Total (hrs)			
Total (\$)			
lotal (\$)			

# V. RISKS 1. What are the risks of implementing this plan? a. Evaluate the cost/benefits of the plan in terms of costs, avoidance of fines or penalties, avoidance of costs associated with shutdowns, compliance, safety/ environmental protection benefit, and so forth. [Form 04.04.001.206, Determining Significance Rating, may be helpful to analyze risks and impacts for this proposed implementation plan.] b. Summarize – be as specific as possible in

### **VI. APPROVALS FOR IMPLEMENTATION PLAN**

All members of the Working Group are expected to sign off. Approval is needed by Sr. Line Managers who are providing resources (labor and expense money) in support of the plan. In most cases, this is one Sr. Line Manager, but in some cases, there may be more than one. The Working Group is responsible for obtaining Sr. Line Manager approval(s).

	Typed Name	Approval Signature	Date
Working Group Leader			
Working Group Member			
1Function Sr. Line Manager			
2Function Sr. Line Manager			
3Function Sr. Line Manager			

RMC Member QA review		
RMC Member name		

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### **Instructions for this Template:**

This can be used to develop plans for Division and Department internal use, with modifications guided by Division or Department line management.

- 1. A completed form, including approvals, can satisfy the requirements for an Implementation Plan called for by the Requirements Management (RM) Process (#04.04.001.003), and the two institutional document procedures, Developing, Reviewing, Approving Non-Policy Institutional Documents (10.06.001.101) and Developing, Reviewing, Approving Institutional Policy Documents (10.06.001.102).
- 2. Authors may find Form 04.04.001.206, *Determining Significance Rating*, helpful (a) to determine minimum required program elements (for example, whether user inputs and/or benchmarking is required), and (b) to determine levels of approval.
- 3. The Working Group is responsible for distributing for review, gathering inputs, and obtaining approval(s) from the Senior Line Manager(s) who are providing resources for the plan.
- 4. Answer all applicable questions thoroughly. State "not applicable" or "n/a" as needed.
- 5. Be sure to enter submittal date and title of the policy or procedure being supported. These comprise this Plan's identifying information.
- 6. At least one alternative solution (Section III.7) is strongly recommended but not mandatory to include.
- 7. Section IV: Authors may wish to create Excel, MS Project, Smartsheet, or other means to present schedule details. Line Managers have the authority to require a schedule or not.
- 8. When this document is completed, including approvals, the Working Group leader or Initiator must submit the information to the RMC member who will file it in the RMC's tracking systems. This document will be placed in the RMS database.
- 9. Send suggestions for improvements to this form to: requirementsmgmt@lbl.gov.

### **Revision History**

Date	Revision	By whom	Revision Description	Section(s) affected	Change Type
10/25/2011	0	L. Young	Initial release	all	Major
6/8/2012	0.1	L. Young	Expand communications plan	Section 2.f	Minor
8/5/2014	0.2	L. Young	Re-organize info, fine-tune questions.	All	Minor
			Remove Excel template		