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

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| **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?If yes, give date completed, and summarize guidance provided: | (yes/no) |

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| **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 all 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, what information will be gathered, and so forth. Be sure to include in timeline and also include any costs in Section IV. |  |
| 9. Is alpha, beta, and/or pilot testing of the proposed process recommended? (a) Include the steps to invoke such testing, (including objectives, planning, executing, monitoring/metrics, report and review recommendations), (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, costs 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 the training, including training the trainers | (describe or attach schedule) |
| Provide schedule for workers to complete the training | (describe or attach schedule) |
| Is periodic re-training required? Frequency? Cost per person? |  |
| ***2. Tools (hardware, software) and aids – include timing, costs in Section IV*** |
| 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? |  |
| Is additional equipment required to implement this policy? Explain. | (Yes/no. If yes, 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 requirements are recommended, if any? |  |
| What metrics, if any, are recommended?  |  |
| How often should these additional assessment items be done?  |  |
| ***5. Verification and Validation – include timing and costs in Section IV*** |
| What specific verification/validation steps are included in the plan? |  |
| Is additional independent verification & validation are required, if any? |  |
| Who has responsibility for ensuring verification & validation are completed? |  |
| What metrics will be used in verification and validation? |  |
| What is timing for completion of verification/validation? |  |
| ***6. Communication Plan:***  |
| Describe in detail how the new/modified requirements and associated implementation will be communicated to the relevant workers and managers.  |  |
| Specify the target audience(s) - for example, all of the Lab, radiological workers, dept X, business managers, etc |  |
| Determine how many communications might be needed (just one? or a series?) |  |
| Determine the timing of the communications and spacing if there's more than one (for example, 1 communication followed by another a week later, and again a month later...), etc.  |  |
| Specify the avenues of communication: TABL, target emails, hands-on training or demos, open forums, department all-hands, Lab all-hands, brown bags, brochures, postings (where?), etc.  |  |
| Specify whether a periodic communication will be needed (for example, quarterly, semi-annually, annually...) and how will this requirement be calendared. |  |
| ***7. Describe alternate solutions that have been considered.***  |
| Option A:  | Describe |
|  | 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:*** |
|  |  | Implement | Sustain | Comments/details |
|  | Labor (man-hrs) |  |  |  |
|  | Labor (training: man -hrs) |  |  |  |
|  | Equipment, signage | $ | $ |  |
|  | Communications | $ | $ |  |
|  | IT | $ | $ |  |
|  | Training  | $ | $ |  |
|  | Document updates | $ | $ |  |
|  | Assessment costs | $ | $ |  |
|  | Other: | $ | $ |  |
|  | **Total (hrs)** |  |  |  |
|  | **Total ($)** |  |  |  |
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| **V. RISKS** |
| 1. What are the risks of implementing this plan? 1. 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.]1. Summarize – be as specific as possible in benefits gained compared to costs extended
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| **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).*

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|  | **Typed Name** | **Approval Signature** | **Date** |
| Working Group Leader  |  |  |  |
| Working Group Member |  |  |  |
| Working Group Member |  |  |  |
| Working Group Member |  |  |  |
| Working Group Member |  |  |  |
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|  |  |  |  |
| 1Function Sr. Line Manager |  |  |  |
| 2Function Sr. Line Manager |  |  |  |
| 3Function Sr. Line Manager |  |  |  |
|  |  |  |  |
| RMC Member QA review |  |  |  |
| RMC Member name |  |  |  |

**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**

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| **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. Remove Excel template | All | Minor |