

NUCLEAR SAFETY DIRECTORATE - BUSINESS MANAGEMENT SYSTEM		
Business Support WORKING ON A FILE		BSS/IMT/001
		ISSUE 002
Approved By: <i>G MacDonald</i>	G MacDonald	Issue Date: 17/09/01
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1. Purpose & Scope

1.1 This procedure informs NSD staff on how to use a registered file.

2. Policy

2.1 It is NSD's policy that an accurate record is kept of all work undertaken by its staff, and that where necessary such records are preserved for future consultation and verification. To date the most reliable method for this, particularly where there may be a future need for the information and processes involved, is to put the work on a registered file. Therefore, registered files will be used for the majority of NSD's work.

2.2 Registered files should automatically be opened - assuming a relevant file doesn't already exist - for :

- Assessment requests
- Audits
- Liaison with other parts of HSE or external organisations
- Parliamentary Questions (PQs)
- Prosecutions
- Research projects
- Work associated with site licence conditions
- Team inspections

2.3 NSD will adhere to HSE procedures on the use of registered files.

2.4 NSD will adhere to copyright legislation. Reports from external organisations will not be copied without permission.

2.5 If a report is relevant to several files, the details will be input to the DMS and a **Rep 1 form** completed and sent to Registry and the original document sent to the Information Centre to be catalogued.

2.6 If multiple copies of a licensee's report are received, 1 copy should

be sent to the Information Centre with a note to indicate how many copies have been received in total and to whom the remaining copies have been sent.

2.7 Any documents which are to be placed on a file that are over 1cm thick are to follow the procedure as in **para 2.5**

2.8 Files or documents which are protectively marked to the classifications listed below are held within the Secure Enclave within Division 3 and controlled by the Enclave Liaison Officers (ELOs). These classifications are;

- 1) all MoD and AWE files which are protectively marked confidential or above,
- 2) anything which is marked 'Atomic'
- 3) secret & Top Secret markings.

2.9 It is important to note that procedures for handling these classifications may differ from standard procedures. Where this applies full instructions will be given.

3. Responsibilities

3.1 It is the responsibility of any member of staff who is given a block of work to do, to decide if a file is necessary. If a file is necessary, it is the responsibility of that member of staff to contact Registry to check if a suitable file exists, and to use it, or to have a new file opened if one doesn't exist. (see Procedure **BSS/IMT/002** - Opening a new file / part)

3.2 It is the responsibility of any member of staff using a registered file to ensure that such a file is kept in an orderly fashion.

3.3 The file holder has the following responsibilities:

- 1) Upon receiving enclosures to be put onto a file in their possession, to ensure that such filing is done within 5 days of receipt.
- 2) To ensure that the file contains copies of all the relevant work and enclosures, before the file is either transferred to someone else or is sent to Registry to be stored (P/A'd).

3) To ensure that enclosures which require to be input onto the DMS, are given to the admin staff or PSs to do so, with the minimum delay, so that enclosure numbers mirror the date order so far as is possible.

4) If they want an external report to be put onto a file rather than it being lodged with the Information Centre, to ensure that the details of the report are accurately input onto the DMS to ensure future retrieval.

5) To adhere to NSD's policies on what documentation should be included on a file (see Retention Schedule).

3.4 It is the responsibility of any member of staff to ensure that Protectively Marked files are stored and worked on following the instructions in the **Staff Handbook Chapter 4 Appendix 3**

4. Definitions

4.1 See **BSS/IMT/Annex 1** - Glossary of Definitions.

5. Procedure

5.1 Enclosures shall be filed in enclosure number order, with the earliest enclosure on the bottom, so that when a file is opened, the most recent enclosure is on the top.

5.2 Enclosures shall be numbered on the top right hand corner.

5.3 Enclosures shall be hole-punched in the top left hand corner (about 1 inch (approx. 25 mm) from the top and the side) and filed on the right hand side of the file.

5.4 Only the top page of any enclosure needs to be numbered.

5.5 Files must not become over-thick - they become difficult to handle, too heavy and can cause storage problems. If a file reaches its maximum useful size - 1.5 inches (approx. 38 mm) for softback covers and 3 inches (approx. 76 mm) for hardback covers - the file part should be closed and a new one opened.

5.6 Reports from external organisations shall **NOT** routinely be put on file. Where necessary, the front cover of the report only, should be

copied and put on file, with a sheet to indicate that the actual report has been sent to the Information Centre for storage.

6. Associated Documents

6.1 Records Management Handbook : A Guide to the use of Registered Files in HSE (Feb. 1996)

6.2 **BSS/IMT/Annex 1** - Glossary of Definitions

6.3 **BSS/IMT/Annex 2** - Document Retention Schedule