QUARTERLY REPORT 5

DEPARTMENT OF ENERGY

IMPLEMENTATION PLAN

FOR

DEFENSE NUCLEAR FACILITIES SAFETY BOARD

RECOMMENDATION 94-4

DEFICIENCIES IN CRITICALITY SAFETY AT THE OAK RIDGE Y-12 PLANT

REPORTING PERIOD
JANUARY 1 THROUGH MARCH 31 1996

TABLE of CONTENTS

EXECUTIVE SUMMARY 1

TASK 1, ORGANIZATION 3

TASKS 2 & 3, CSA/OSR IMPLEMENTATION AND CRITICALITY SAFETY PROGRAM 4

TASK 4, CONDUCT OF OPERATIONS 5

TASK 5, TECHNICAL COMPETENCE REVIEW 6

TASK 6, CORRECTIVE ACTIONS 7

ATTACHMENT A: COMMITMENT STATUS 8

ATTACHMENT B: MONTHLY SCHEDULE OF DELIVERABLES 11

ATTACHMENT C: CORRECTIVE ACTION TRACKING 12

EXECUTIVE SUMMARY

This Report for the Defense Nuclear Facilities Safety Board (Board) Recommendation 94-4 Implementation Plan (Plan) covers the period from January 1 through March 31, 1996.

Operations in the Receipt, Storage, and Shipping (RSS) and Depleted Uranium Operations (DUO) mission areas were resumed at Y-12 on September 21, 1995 and September 29, 1995 respectively. Disassembly and Assembly (D&A) operations were resumed on March 22, 1996.

All activities scheduled for completion during the reporting period were completed as planned. For the quarter ending March 31, 1996, the Criticality Safety (Task 3), Conduct of Operations (Task 4), and Training (Task 5) Programs are proceeding on schedule and all commitments have been met.

Activities completed during the first quarter calendar year (CY) 1996 are as follows:

Commitment	Description
N.2.5	The Office of Environment, Safety, & Health (EH) submitted an addendum to its assessment of its role in oversight of Y-12 safety issues. This addendum included appropriate recommendations and a Corrective Action Plan (CAP). The original assessment had been submitted on July 12, 1995 but was not accepted by the Board staff because it lacked sufficient detail and analysis.
N.4.2	Lockheed Martin Energy Systems (LMES) and the Department submitted all the required documents associated with D&A. The deliverables were: the LMES Readiness to Proceed Memorandum with endorsements; the LMES Readiness Assessment Report; the ORO Readiness Assessment Report; and the Y-12 Site Office Restart Team's (YSORT) Closure Validation Report for the pre-start findings associated with the ORO readiness assessment.

2.3 LMES provided a CAP addressing the corrective actions for the deficiencies identified in the Task 2 Assessment report evaluating the CSA/OSR implementation at Y-12.

3.3 LMES provided a CAP addressing their self evaluation of the criticality safety program at Y-12.

4.3 LMES and the Department submitted an integrated DOE/LMES CAP addressing the corrective actions for the deficiencies identified in the two Task 4 Conduct of Operations Assessment reports.

Activities scheduled for the second quarter CY 1996 are as follows:

5.5 The Training Assistance Team will conduct an assessment of key contractor personnel involved with safety related activities at defense nuclear facilities at the Y-12 Plant using the criteria and performance objectives established in the Training Assistance Team program (Commitment 5.4). The results of the evaluation will be summarized by the Team in a report outlining both observations and recommendations.

TASK 1, ORGANIZATION

Task 1 established the leadership and management structure for the development and execution of the Plan.

Deliverable 1.1, which provided a strawman Plan , and Deliverable 1.2, which identified the Senior Steering Committee, the Senior Working Group, and Task Leaders, were forwarded to the Board on February 24, 1995.

The following is a change to the Department's management as depicted in Deliverable 1.2.

Position	Outgoing	Incoming
Task 5 Lead	Richard Wolfe	Ray Hardwick

TASKS 2 & 3, CSA/OSR IMPLEMENTATION AND CRITICALITY SAFETY PROGRAM

During the quarter ending March 31, 1996, the following items were accomplished:

> The Corrective Action Plans to correct deficiencies identified during the Task 2 Assessment (Commitment 2.2) and during the LMES self evaluation of the Criticality Safety Program were developed by LMES and delivered to the Board February 9, 1996.
>
> LMES has completed a benchmarking trip of other facilities in the DOE complex concerning criticality safety. The results of that effort and specific recommendations concerning criticality safety at Y-12 have been forwarded to the Y-12 Site Office.

Activities planned for the next quarter include:

> LMES will continue developing the Nuclear Criticality Safety (NCS) improvement plan and its associated implementation plan as called out in the Task 2 and LMES self evaluation Corrective Action Plans. The working group established to track the progress of the Corrective Action Plans including members of LMES, YSO and DP-24 has scheduled its first meeting for 16 April to review the status of the Corrective Action Plans.

TASK 4, CONDUCT OF OPERATIONS

During the quarter ending March 31, 1996, the following items were accomplished:

The Corrective Action Plan for the 94-4 Task 4 Conduct of Operations (COOP) Assessment was completed in January 1996. The Corrective Action Plan was provided to the Board as a January 1996 deliverable.

The Corrective Action Plan was provided to the members of the 94-4 Task 4 COOP Assessment Teams for review and comment. Review comments of the Corrective Action Plan were also requested from the Defense Programs (DP-24), and Board staffs. A working group consisting of representatives from Lockheed Martin Energy Systems (LMES), Y-12 Site Office (YSO), Oak Ridge Operations Office (ORO), and DP-24 met in late March 1996 to discuss the review comments. LMES and YSO are addressing the review comments in a revision to the Corrective Action Plan.

Activities planned for the next quarter:

The first Corrective Action Plan status meeting is scheduled for 17 April 1996. The agenda will include Corrective Action Plan status, COOP performance indicators, and the proposed revision to the Corrective Action Plan. There will be a separate Executive Summary meeting for senior LMES and Department managers.

TASK 5, TECHNICAL COMPETENCE REVIEW

During the quarter ending March 31, 1996, the following items were accomplished:

The Corrective Action Plan (Commitment 5.3) responding to Commitment 5.2, concerning Federal workers supporting Oak Ridge Y-12, was completed jointly by DP-24 and Federal management at the Oak Ridge Site. The Corrective Action Plan was formally transmitted to the Board as a December deliverable on January 4, 1996.

Due to competing priorities at the Oak Ridge Site, the dates for the Training Assistance Team visit and subsequent report assessing contractor technical competence, originally scheduled for completion in February 1996, were changed. This assessment is scheduled to be conducted 6 - 10 May 1996. Mr. Roy Schepens is still expected to be the Team Leader for the visit. The Technical Personnel Program Coordinator is working with Mr. Schepens to develop the proper team composition for the assessment.

Activities planned for the next quarter:

During the period 6 - 10 May, the Training Assistance Team will conduct an assessment of key contractor personnel involved with safety related activities at defense nuclear facilities at the Y-12 Plant. The results of the evaluation will be summarized by the Team in a report outlining both observations and recommendations.

TASK 6, CORRECTIVE ACTIONS

Task 6 provides for the management and tracking of issues and corrective actions and periodic status reports to the Board.

In this task, the Senior Working Group integrates findings from previous task areas and oversees development of corrective action plans.

Attachment C provides corrective action status for all corrective action plans submitted to date, which include Commitments N.1.2, N.2.2, N.2.4, N.3.1, 2.3, 3.3 4.3, and 5.3. This status will be formally reported in each Quarterly Report. Also, working versions will be provided to the Board staff on a monthly basis.

ATTACHMENT A: COMMITMENT STATUS

COMMITMENT	DUE DATE	ACTUAL DATE	COMMENTS
N.1.1	APR 95	26 APR 95	
N.1.2	MAY 95	30 MAY 95	
N.1.3	1st START	25 AUG 95	Submit with LMES certification (Commitment N.1.5)
N.1.4	MAR 95	27 MAR 95	
N.1.5	1st START	30 AUG 95	Part of LMES Line Management Certification Letter
N.2.1	NOV 94	18 NOV 94	
N.2.2(a)	OCT 94	13 OCT 94	
N.2.2(b)	APR 95	28 APR 95	
N.2.3	1st START	18 SEP 95	
N.2.4(a)	APR 95	26 MAY 95	
N.2.4(b)	JUN 95	30 JUN 95	
N.2.5(a)	APR 95	12 JUL 95	
N.2.5(b)	MAY 95	12 JUL 95	Addendum addressing Board staff concerns submitted Jan.*
N.3.1	MAY 95	30 MAY 95	
N.3.2	1st START	29 AUG 95	Submit with LMES Certification Letter.
N.4.1	MAR 95	27 MAR 95	

* REVISED SINCE LAST REPORT

ATTACHMENT A: COMMITMENT STATUS

COMMITMENT	DUE DATE	ACTUAL DATE	COMMENTS
N.4.2(a)	1st START	6 DEC 95	RSS: All required deliverables have now been submitted.
N.4.2(b)	2nd START	3 NOV 95	DUO: All required deliverables have been submitted.
N.4.2(c)	MAR 96	22 MAR 96*	D&A: All required deliverables have been submitted.*
N.4.2(d)	TBD		Follow-on Resumptions
1.1	DEC 94	2 DEC 94	
1.2	JAN 95	JAN 95	
2.1	JUL 95	28 JUL 95	
2.2	DEC 95	6 DEC 95	Or within 60 days of 2nd resumption; whichever is earlier.
2.3	FEB 96	9 FEB 96*	
3.1	JUL 95	28 JUL 95	
3.2	DEC 95	6 DEC 95	Or within 60 days of 2nd resumption; whichever is earlier.
3.3	FEB 96	9 FEB 96*	
3.4	JUL 95	28 JUL 95	
3.5	SEP 96*		Revised by IP Change 4*
3.6	NOV 96*		Within 60 days of report from Commitment 3.5.
4.1	NOV 95	3 NOV 95	30 days following 2nd resumption or Nov 95 whichever is earlier. Two separate program plans.
4.2	DEC 95	6 DEC 95	60 days following 2nd resumption or Dec 95 whichever is earlier. Teams evaluating DOE and LMES each report.

* REVISED SINCE LAST REPORT

ATTACHMENT A: COMMITMENT STATUS

COMMITMENT	DUE DATE	ACTUAL DATE	COMMENTS
4.3	FEB 96	9 FEB 96*	60 days following issuance of reports in 4.2. One combined CAP.
5.1	JUN 95	30 JUN 95	EH provided a separate evaluation plan.
5.2	OCT 95	10 OCT 95	EH conducted a separate evaluation of EH personnel which was submitted separately.
5.3	DEC 95	31 DEC 95	
5.4	SEP 95	28 SEP 95	
5.5	MAY 96*		Revised by IP Change 4*
5.6	JUL 96*		Revised by IP Change 4*
6.1	QTRLY		Submit with Quarterly Reports of Commitment 7.1.
7.1(a)	APR 95	28 APR 95	Interim report.
7.1(b)	QTRLY		Submit quarterly commencing in July 95.
8.1	AS REQ'D		

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ATTACHMENT B: MONTHLY SCHEDULE OF DELIVERABLES

Schedule of Deliverables # = Target Date

Mo/Yr	Near Term Initiatives	Tasks
Mar 95	1.4#, 4.1#	
Apr	1.1#, 2.2, 2.4(a), 2.5(a)	7.1
May	1.2#, 2.5(b), 3.1#	
Jun	2.4(b)	5.1
Jul		2.1, 3.1, 3.4, 7.1
Aug	1.3#, 1.5, 2.3#, 3.2#, 4.2	
Sep		5.4
Oct		5.2, 7.1
Nov		4.1
Dec		2.2, 3.2, 4.2, 5.3
Jan 96		2.3, 3.3, 4.3, 7.1
Feb		
Mar		
Apr		7.1
May		5.5*
Jun		
Jul		5.6*, 7.1
Aug		
Sep		3.5*
Oct		7.1*
Nov		3.6*
Dec		
Jan 97		7.1*

* REVISED SINCE LAST REPORT

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE I

N.1.2: CORRECTIVE ACTION PLAN FOR LMES EVALUATION OF CRITICALITY SAFETY PROGRAM AND CSA/OSRs. (LMES Report Y/NO-00002)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
Y/NO-00002 SECTION 2	CORRECTIVE ACTIONS FOR FIRST MISSION AREA RESUMPTION		
LESSON LEARNED 1	CSA/OSR requirement statements must be clear and concise.		
ACTION LL 1-1	Revise Procedure Y70-160, *Criticality Safety Approval System*, Training Module 8836, *Nuclear Criticality Safety Training for Y-12 Supervisors*, and Procedure Y50-66-CS-325, *Nuclear Criticality Safety Analysis, Approval, and Control System.*		22 MAY 95
ACTION LL 1-2	Additional changes in the CSA process have been made to improve clarity and conciseness of CSA requirements. RSS related CSAs have been revised. Revise Procedure Y70-160.	RSS RESTART	28 AUG 95
ACTION LL 1-3	Develop new OSRs for RSS facilities and submit to DOE for approval.		8 MAY 95
LESSON LEARNED 2	The compliance methodology must be clearly articulated in CSAs/OSRs.		
ACTION LL 2-1	Develop and implement a CSA verification and validation process and a CSA implementation process to ensure compliance with the newly revised CSA administrative standards. These are procedurally controlled by Y70-01-150 (DSO) and Y70-37-19-071 (EUO).		22 MAY 95
LESSON LEARNED 3	Operating and technical support personnel must understand safety implications which require strict compliance with CSAs/OSRs.		
LESSON LEARNED 4	There must be an auditable path from CSA/OSR requirements to documentation which demonstrates compliance.		
ACTION LL 4-1	Issue a standing order by the DSO Manager identifying the required compensatory measures when using procedures that do not incorporate CSA requirements. (Action 3-4 addresses the long term corrective actions.)		22 MAY 95

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE I

N.1.2: CORRECTIVE ACTION PLAN FOR LMES EVALUATION OF CRITICALITY SAFETY PROGRAM AND CSA/OSRs. (LMES Report Y/NO-00002)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
LESSON LEARNED 5	An implementation plan which permits continuous compliance with effective CSAs/OSRs is required for new and revised CSAs/OSRs.		
ACTION LL 5-1	Revise Procedure Y70-160 to provide a period for implementation of new or revised CSAs.	RSS RESTART	28 AUG 95
ACTION LL 5-2	Develop and approve surveillance procedures for the five new RSS OSRs. Conduct training and perform these procedures. Ensure operability of all required OSR-related systems and components before the OSRs become effective.		23 MAY 95
LESSON LEARNED 6	CSA/OSR noncompliances must be reported immediately.		
ACTION LL 6-1	Conduct awareness and Lessons Learned training on importance of following procedures and management expectations for nuclear operations personnel.		22 MAY 95
ACTION LL 6-2	Organizations responsible for OSR compliance develop and approve specific procedures that provide guidance for completing LCO actions when equipment does not meet LCO requirements. (Required by RSS resumption POA)		JUN 95
LESSON LEARNED 7	Facilities and operations involving CSAs/OSRs must be controlled to meet the expectation that activities are performed within the approved safety basis.		
ACTION LL 7-1	Implement a rigorous conduct of operations program through the RSS resumption POA and the 94-4 Implementation Plan. A specific detailed schedule coordinating implementation and assessment is part of the RSS resumption.	RSS RESTART	19 SEP 95
Y/NO-00002 SECTION 3	CONTINUED IMPLEMENTATION OF THE UPGRADE PROGRAM (Note: Continued implementation of the upgrade programs will be influenced by the assessments and CAPs resulting from the execution of Tasks 2-5 of the 94-4 Implementation Plan.)		

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE I

N.1.2: CORRECTIVE ACTION PLAN FOR LMES EVALUATION OF CRITICALITY SAFETY PROGRAM AND CSA/OSRs. (LMES Report Y/NO-00002)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 3-1	LMES management apply the programmatic corrections described in Section 2 of Y/NO-00002 throughout the resumption process for Y-12 nuclear operations. (Based on restart of EUO)	SEP 98	
ACTION 3-2	Upgrade the OSRs and CSAs for continuing nuclear operations to the new standards.	TBD TASKS 2/3 CAPs	
ACTION 3-3	Upgrade the CSAs and OSRs for each subsequent mission area prior to resumption of normal operations. a - RSS, b - DUO, c - D&A*	PRIOR TO EACH MISSION AREA RESTART	* a - 21 SEP 95 b - N/A c - 22 MAR 96
ACTION 3-4	Complete new operating procedures incorporating revised CSA requirements	TBD TASK 4 CAP	
ACTION 3-5	Develop a configuration management system to supplement or replace the change control and document control processes in place for resumption.	MAR 97	
ACTION 3-6	Develop a standard describing the process for writing OSRs at Y-12.	JUN 95	28 JUL 95
ACTION 3-7	Upgrade individual OSRs as required by Phase II of the Safety Analysis Report Update Program (SARUP) refinement of their technical basis.	PHASE II SARUP SCHEDULE	
ACTION 3-8	Develop and implement the Nuclear Criticality Safety Improvement Program (NCSIP) to support 94-4 Implementation Plan Tasks 2 and 3.	94-4 TASK 2 & 3 ASSESSMENT DATES	

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ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE II

N.2.2: CORRECTIVE ACTION PLAN FOR ORO ROLE IN Y-12 INCIDENT.
(ORO R.J. Spence Memorandum dated 28 April 95)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 1-1	Performance Indicators and Analyses: Review existing monthly data to determine if new performance indicators should be added or old ones deleted. Review completed and recommended changes forwarded for processing as outlined in attachment 1 to Spence memo.	VARIOUS THRU NOV 95	28 SEP 95
ACTION 1-2 / 1-3	Distribution of performance indicators is limited. Update and expand the distribution list. Distribute over LAN.		31 MAR 95
ACTION 2-1	ORO Oversight not Consistently Challenging Laxity: Develop a Conduct of Operations self-study course which would emphasize attention to detail and the standards based approach.	JUN 95	30 JUN 95
ACTION 2-2	Modify ORO appraisal training to include conduct of operations as the responsibility of everyone.	AUG 95	28 JUL 95
ACTION 3-1	Inadequate staffing of the Facility Representative (FR) Program at YSO. Hire six more FRs.		3 APR 95
ACTION 4-1	Facility Representatives were unsure as to their shutdown authority. Issue ORO wide policy on shutdown authority.		6 OCT 94
ACTION 4-2	Facility Representatives were unsure as to their shutdown authority. Revise YSO procedure 1.6		13 DEC 94
ACTION 5-1	Incorporating Conduct of Operations into ORO internal value system requires upper management support. Brief Senior Management Board on Conduct of Operations.	AUG 95	22 AUG 95
ACTION 6-1	ORO must improve its ability to anticipate problem areas and conduct subsequent mitigation planning. Develop issues management tracking system and program.	SEP 95	28 AUG 95
ACTION 7-1	HQ funding and support to implement conduct of operations must be adequate. This will be evaluated as part of Task 4 to the 94-4 Implementation Plan.	NOV 95	8 NOV 95

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE III

N.2.4 (b): CORRECTIVE ACTION PLAN FOR ADDRESSING DP-24 LINE MANAGEMENT ISSUES ASSOCIATED WITH ITS ROLE AT Y-12.
(D. Rhoades Memorandum dated 30 June 95)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
SECTION A	FUNCTIONS, ASSIGNMENTS, AND RESPONSIBILITIES		
ACTION A.1	FAR compliance. DP-24 continue to monitor progress in addressing noncompliances with the FAR Manual as identified by the ongoing DP-31 assessment.		ONGOING
ACTION A.2	Monitor revisions to the Defense Programs Operations Manual (DPOM) as promulgated by DP-40.*		ONGOING
ACTION A.3	Carry out management and oversight activities specified in Chapter 7 of the DP-24 Process Manual.		30 JUN 95
SECTION B	NUCLEAR SAFETY ISSUES		
ACTION B.1	DP-24 establish a Site Assistance Team to conduct assistance visits to Defense Programs sites including Y-12.		30 JUN 95
ACTION B-2	Develop an issue database for the DP-24 Action Tracking System that includes issues from assist visits, audits and assessments performed at Y-12, SRS Tritium Facility, and Pantex.	OCT 95	31 OCT 95

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE III

N.2.4 (b): CORRECTIVE ACTION PLAN FOR ADDRESSING DP-24 LINE MANAGEMENT ISSUES ASSOCIATED WITH ITS ROLE AT Y-12.
(D. Rhoades Memorandum dated 30 June 95)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
SECTION C	BUDGET PROCESS		
ACTION C-1	Develop office procedures which assure that ES&H measures are incorporated during the planning for activities involving stockpile support facility operations. (DP-24 Process Manual, Section 5.1)		MAR 95
ACTION C-2	Establish an Integrated Multi-Year Program Plan to implement guidance and direction for programmatic execution of the National Security Strategic Plan (NSSP).		30 JUN 95
ACTION C-3	Conduct program reviews on selected issues at each nuclear weapons facility on a quarterly basis.		30 JUN 95
SECTION D	DP-24 PROCESS MANUAL		
ACTION D-1	Complete development of the Process Manual.	NOV 95	APR 96 *
ACTION D-2 (a)	Develop and implement a training program on the Process Manual for DP-24 management and staff.	NOV 95	APR 96 *
ACTION D-2 (b)	Complete training for all DP-24 personnel on the Process Manual.	JAN 96	

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ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE IV

N.3.1: LMES ASSESSMENT OF THE CURRENT CONDUCT OF OPERATIONS POSTURE INCLUDING PROPOSED NEAR-TERM CORRECTIVE AND/OR COMPENSATORY ACTIONS. (LMES Report Y/NO-00003)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
Y/NO-00003 SECTION 3	NEAR TERM ACTIONS THAT ADDRESS THE ROOT CAUSE		
ACTION 3-1	All OSRs, CSAs, and implementing primary procedures supporting the RSS Mission Area are in the final phase of approval. Complete the approval process. (para. 3.2.2)	RSS RESTART	21 SEP 95
ACTION 3-2	Employee training on all revised procedures will be completed shortly after approval. Train employees. (para. 3.2.2)	RSS RESTART	21 SEP 95
ACTION 3-3	Issue revised OSRs, CSAs, and implementing primary procedures. (para. 3.2.2)	RSS RESTART	21 SEP 95
ACTION 3-4	Upgrade surveillance procedures supporting the initial resumption Mission Area. (para. 3.3.1)		25 MAY 95
ACTION 3-5	Revise the procedure use categorization process. (para. 3.4.1)		25 MAY 95
ACTION 3-6	Properly categorize existing operating and surveillance procedures in resumption mission area and train personnel to the new definitions-of-use. (para. 3.4.2) a - RSS, b - DUO, c - D&A*	PRIOR TO EACH MISSION AREA RESTART	* a - 21 SEP 95 b - 29 SEP 95 c - 22 MAR 96
ACTION 3-7	Upgrade the procedure verification and validation process. (para. 3.4.3)		25 MAY 95
ACTION 3-8	Develop a Conduct of Operations Manual with sections of the manual to be issued in accordance with an implementation plan schedule to support RSS. (para. 3.5)	RSS RESTART	21 SEP 95
ACTION 3-9	Operations Areas will be defined to manage operations and maintain safety envelope integrity. The Operations Area for Bldg 9212 has been established and described in Chapter 1 of the Conduct of Operations Manual. Identify remaining Operations Areas. (para. 3.6.1) a - RSS, b - DUO, c - D&A*	PRIOR TO EACH MISSION AREA RESTART	* a - 21 SEP 95 b - 29 SEP 95 c - 22 MAR 96

* REVISED SINCE LAST REPORT

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE IV

N.3.1: LMES ASSESSMENT OF THE CURRENT CONDUCT OF OPERATIONS POSTURE INCLUDING PROPOSED NEAR-TERM CORRECTIVE AND/OR COMPENSATORY ACTIONS. (LMES Report Y/NO-00003)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 3-10	Four new positions are being established that will directly impact conduct of operations practices: Operations Manager, Shift Manager, Shift Administrative Assistant, and Shift Technical Advisor. Fill these positions. (para. 3.6.2) a - RSS, b - DUO, c - D&A*	PRIOR TO EACH MISSION AREA RESTART	* a - 21 SEP 95 b - 29 SEP 95 c - 22 MAR 96
ACTION 3-11	Develop and implement a training program for Shift Technical Advisors (STA). (para. 3.6.2)	SEP 96	
ACTION 3-12	Develop a detailed and formalized self-assessment program to promote management identification of weaknesses in conduct of operations performance. (para. 3.7.1) (# 31 Mar 96 Status: Implementation in progress in DSO, see Table VIII, Section I.E for full implementation schedule.)	JAN 96	* EUO PILOT JAN 96#
ACTION 3-13	Develop and implement conduct of operations performance measures which will provide management with clear trends and a basis for corrective actions. (para. 3.7.1) a - RSS, b - DUO, c - D&A*	PRIOR TO EACH MISSION AREA RESTART	* a - 21 SEP 95 b - 29 SEP 95 c - 22 MAR 96
ACTION 3-14	For the RSS Mission Area, resumption supporting activities have been incorporated into a detailed logic driven integrated schedule. Remaining Mission Area Managers develop their integrated schedules. (para. 3.7.4) a - RSS, b - DUO, c - D&A*	PRIOR TO EACH MISSION AREA RESTART	* a - 21 SEP 95 b - 29 SEP 95 c - 22 MAR 96
Y/NO-00003 SECTION 4	LONG TERM ACTIONS THAT ADDRESS THE ROOT CAUSE		
ACTION 4-1	Expand the staff to the Manager, Nuclear Operations to provide him direct staff support in matters impacting on conduct of operations practices. (para. 4.1)	DEC 95	1 OCT 95
ACTION 4-2	Assign an Assistant Manager to each Operations Manager (Depleted Uranium, Disassembly and Storage, and Enriched Uranium). (para. 4.1.1)	DEC 95	1 OCT 95

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ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE IV

N.3.1: LMES ASSESSMENT OF THE CURRENT CONDUCT OF OPERATIONS POSTURE INCLUDING PROPOSED NEAR-TERM CORRECTIVE AND/OR COMPENSATORY ACTIONS. (LMES Report Y/NO-00003)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 4-3	Hire for a newly approved position titled Qualification and Procedures Manager, who will ensure all department procedures are current and all affected employees are current in their respective qualification. (para. 4.1.2)		JUN 95
ACTION 4-4	Establish and fill a new position called Program Support Manager to coordinate key activities that influence implementation of a conduct of operations program. (para. 4.1.3)		25 MAY 95
ACTION 4-5	Establish a continuing training program that will ensure that proficiency and requalification are performed in accordance with DOE Order 5480.20A. (para. 4.2.2)	TBD 94-4 TASK 5 CAP & 5480.20 TIM	
ACTION 4-6	Implement and integrate administrative processes for configuration control, work control, document control, and other site-wide processes. (para. 4.3.3)	MAR 97	
ACTION 4-7	Train line managers to assess conduct of operations performance by observations/evaluations at the working level. (para. 4.4.1)	JAN 96	31 JAN 96*

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE V

5.3: DOE 94-4 IMPLEMENTATION PLAN COMMITMENT 5.3 TRAINING PROGRAM ACTION PLAN.

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
SECTION II	HEADQUARTERS, DP-24, ACTION PLAN		
1. DP-24 line management ownership and commitment to training need to be strengthened.			
T5-HQ-1	Designate a DP-24 training driver to aggressively implement the Technical Qualification Program.	DEC 95	DEC 95
T5-HQ-2	Assign DP-24 Y-12 Team staff to a technical functional area (vs. technical manager) to provide a technically stronger team and simplify the overall process.	DEC 95	8 DEC 95
T5-HQ-3	Ensure managers include specific goals and training requirements of the staff in the employee's IDPs. a) identify needed competencies; b) evaluate existing equivalencies and completion of competencies; c) identify formal training to meet competencies; and d) identify professional goals.	DEC 95 MAR 96 JUN 96 JUN 96	8 DEC 95
SECTION III	OAK RIDGE, Y-12 SITE, ACTION PLAN		
1. Line management ownership and commitment to training need to be strengthened.			
T5-ORO-1a	TDD should report directly to the ORO Manager/Deputy Manager.		No action proposed
T5-ORO-1b	A proactive TDD technical training specialist should be matrixed to YSO and should report directly to the YSO Manager.	OCT 95	31 OCT 95
T5-ORO-1c	ORO should designate a lead senior technical manager and technical representatives from all ORO line organizations to work together and be responsible for providing direction and guidance to TDD and line staff for effective and efficient implementation of 93-3.		No action proposed

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE V

5.3: DOE 94-4 IMPLEMENTATION PLAN COMMITMENT 5.3 TRAINING PROGRAM ACTION PLAN.

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
T5-ORO-1d	YSO line management should formally identify training needs and hold TDD accountable for specific deliverables. This is normally accomplished by a training plan developed by the technical line management with input from TDD.	ONGOING*	ONGOING*
2. TDD needs to be aggressive in identifying and supporting line management needs.			
T5-ORO-2a	Provide a matrixed technical training specialist to report full time to the YSO Manager.	OCT 95	31 OCT 95
T5-ORO-2b	Develop technical training materials in support of line management needs for self-study and on-the-job training.		ONGOING
T5-ORO-2c	Develop and present formal performance-based training.		ONGOING
T5-ORO-3	YSO, with support from TDD, needs to expedite development of site-specific training for Facility Representatives and technical support personnel. (While a more aggressive schedule is being pursued, this effort is heavily dependent on resource availability.)	MAY 98 (Based on 93-3 commitment)	
T5-ORO-4	YSO needs to provide timely follow-up and closure of deficiencies and commitments from the contractor to ensure improvement is continually achieved. (Develop and implement a deficiency tracking system.)	DEC 95	4 JAN 96*
T5-ORO-5	YSO needs to define and implement Facility Representative roles and responsibilities during an emergency.	NOV 95	15 DEC 95
T5-ORO-6	The Restart Team including the Facility Representatives needs to be reconfigured into an Operations Branch reporting directly to the YSO Manager following resumption of operations.	LAST RESTART	

* REVISED SINCE LAST REPORT

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
	NUCLEAR CRITICALITY SAFETY		
F02	LMES is not performing a formalized root cause analysis for repetitive nuclear criticality safety (NCS) deficiencies. This finding is supported by discussion related to the following issues: Issue 1: A formal Root Cause Analysis is not always performed and/or documented for criticality safety deficiencies. This is particularly evident for repetitive or generic deficiencies. This may lead to the identification of incorrect corrective actions. Issue 2: The corrective action procedure utilizes predetermined root cause codes which inherently discourage the use of independent analysis. Issue 3: the principle probable cause identified in the Type-C investigation does not appear to have a corresponding corrective action.		
ACTION 1	Using a team of operations managers, NCS managers, procedure managers, and DOE Site Office personnel, benchmark other NCS programs in the DOE complex (minimum of 3).	FEB 96	8 MAR 96
ACTION 2	Prepare a trip report from benchmarking trips	FEB 96	8 MAR 96
ACTION 3	From trip report, develop needed improvement areas and approach. This NCS Improvement Plan needs to consider at a minimum the following: (1) response to incidents and nonconformances, and the proper level of response invoked by procedures.; (2) coordinate with Quality Organization to determine when to perform a root cause analysis for repetitive or generic trends related to NCS or CSA deficiencies; and (3) development of a proceduralized trending program.	APR 96	
ACTION 4	Incorporate threshold criteria for performing root cause analysis in QA-16.1, Corrective Action Program.	APR 96	
ACTION 5	Develop an implementation plan to execute the NCS Improvement Plan specifics. Include any phasing of changes and any required retraining/requalification needed. (Note: Specific action assignments will involve tasking of facilities to execute requirements. This corrective action plan will be updated after the completion of F02 Action 5).	JUN 96	
ACTION 6	Review and revise root cause procedure to include description of appropriate root cause methods, including TapRoot analysis.	JUN 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 7	Conduct a TapRoot analysis of the September 22, 1994, event as noted in the Type-C investigation. Develop corrective action plan based on results of root cause analysis. Review the root cause identified in Y/DD-679.	JUN 96	
ACTION 8	Based on the NCS Improvement Plan and as scheduled in the implementation plan, draft needed changes to procedures/new procedures to improve the noted area.	FEB 97	
ACTION 9	Forward copy of site manual/new procedures to DOE Site Office.	MAR 97	
ACTION 10	Develop a plant group (similar in composition to benchmarking group) to assess effectiveness of implementation plan.	JUN 97	
F11	Postings do not specify limits on control parameters or explicitly identify allowed material.		
ACTION 1	Using a team of operations managers, NCS managers, procedure managers, and DOE Site Office personnel, benchmark other NCS programs in the DOE complex (minimum of 3).	FEB 96	8 MAR 96
ACTION 2	Prepare trip report from benchmarking trips.	FEB 96	8 MAR 96
ACTION 3	From trip report, develop needed improvement areas and approach. This NCS Improvement Plan needs to consider at a minimum the following: (1) review use of postings as operator aids and (2) requirements of American National Standards Institute (ANSI) 8.1, Section 4.1.4, that postings shall be maintained specifying material identification and all limits that are subjected to procedural control.	APR 96	
ACTION 4	Develop an implementation plan to execute the NCS Improvement Plan specifics. Include any phasing of changes and any required retraining/requalification needed. (Note: Specific action assignments will involve tasking of facilities to execute requirements. This corrective action plan will be updated after the completion of Action 4.)	JUN 96	
ACTION 5	Based on the NCS Improvement Plan and as scheduled in the implementaion plan, draft needed changes to procedures/new procedures to improve noted area.	FEB 97	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 6	Provide training to NCSD personnel on revised requirements for NCS postings.	MAR 97	
ACTION 7	Forward copy of site manual/new procedures to DOE Site Office.	MAR 97	
ACTION 8	Develop a plant group (similar in composition to benchmarking group) to assess effectiveness of implementation plan.	MAY 97	
F14	LMES has not explicitly identified associated limits for controlled parameters in criticality safety analyses.		
ACTION 1	Using a team of operations managers, NCS managers, procedure managers, and DOE Site Office personnel, benchmark other NCS programs in the DOE complex (minimum of 3).	FEB 96	8 MAR 96
ACTION 2	Prepare trip report from benchmarking trips.	FEB 96	8 MAR 96
ACTION 3	From trip report, develop needed improvement areas and approach. This NCS Improvement Plan needs to consider at a minimum the following: Determine the interpretation of ANSI/ANS-8.19-1984, Section 8.3, concerning the "explicit" identification of associated limits for controlled parameters in criticality safety analysis. Ensure requirements are clearly identified from controlled parameters in the analyses. Ensure that these requirements are included in the CSAs to support the controls identified in the analysis. Identify the explicit controls and requirements relied upon for double contingency in criticality safety analyses. Process to quickly revise current CSAs, including a method to document the incorporated revisions. Operations validation and verification of CSA requirements.	APR 96	
ACTION 4	Develop an implementation plan to execute the NCS Improvement Plan specifics. Include any phasing of changes and any required retraining/requalification needed. (Note: Specific action assignments will involve tasking of facilities to execute requirements. This corrective action plan will be updated after the completion of Action 4.)	JUN 96	
ACTION 5	Based on the NCS Improvement Plan and as scheduled in the implementaion plan, draft needed changes to procedures/new procedures to improve noted area.	FEB 97	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 6	Forward copy of site manual/new procedures to DOE Site Office.	MAR 97	
ACTION 7	Develop a plant group (similar in composition to benchmarking group) to assess effectiveness of implementation plan.	MAY 97	
	OPERATIONS/NUCLEAR CRITICALITY SAFETY		
F13	Thirty-two identified areas requiring CSAs in Enriched Uranium Operations do not have CSAs in place.		
ACTION 1	Review enriched uranium operations to identify areas requiring CSAs that are missing CSAs per Y70-150.	MAY 96	
ACTION 2	Issue CSAs for those dynamic continuing operation areas that are missing CSAs. [Note: Dynamic fissile material activities are defined as those which (1) require operator movement of fissile materials when actions are taken according to the CSA and/or the existing operating procedure; or (2) the processes/systems induce the movement of fissile material without operator intervention; or (3) surveillances and/or inspections are required by the CSA. Dynamic activities may be categorized as dynamic-deferred activities upon evaluation of risk. Static activities are ongoing but the systems/processes are not changing (e.g. fissile material storage arrays).]	AUG 96	
ACTION 3	For static continuing operation areas, dynamic-deferred continuing operation areas, and noncontinuing operation areas, formally document the safety basis with peer review (via a "white paper").	OCT 96	
ACTION 4	Complete development of the NCS Improvement Plan that is to include the following: (1) Define the standard for when a criticality safety analysis is needed and how it is obtained. This standard must comply with ANSI 8.1. (2) Define who is responsible for implementation of the nuclear criticality safety standards, how they are held accountable, and acceptable compensatory actions if compliance with the standards cannot be maintained (e.g. mechanism for deviation without necessarily revising the CSA). (3) Define how to make modifications to procedures and policies if standard changes are required.	APR 96	
F16	Operations for Special Nuclear Material (SNM) Vehicle Transport requiring CSAs are not covered by Class 1 or Class 2 procedures.		

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 1	Replace procedure Y20-NM-01-09-002 with a Y50-series technical procedure which will fully comply with the current revision of Y10-102. (Note: All fissile material movements are now required to be covered by Class 1 or Class 2 technical procedures per Y10-102.)	FEB 96	19 FEB 96
ACTION 2	Complete a critique of the incident(s) which lead to F16 and the initial response to the finding. Develop additional corrective actions as required.	MAR 96	29 MAR 96
F20	LMES has not performed a CSA requuirement for the Building 9215 machine shop coolant system nor has LMES properly authorized the deviation.		
ACTION 1	Walkdown Enriched Uranium Operations (EUO) continuing operations CSAs to identify deficiencies.	JAN 96	31 JAN 96
ACTION 2	Correct the deficiencies using approved methods.	OCT 96	
ACTION 3	Coordinate with NCSD to perform redline change to CSA 15104.	AUG 96	
ACTION 4	Complete development of the NCS Improvement Plan that is to include the awareness of the NCS Department personnel regarding evaluation and documentation of the NCS issues.	APR 96	
ACTION 5	Perform a review of EUO equipment prior to restart for holdup.	JAN 98	
	FIRE PROTECTION		
F07	Nuclear Criticality Safety Guidelines for Fire Fighting in MAAs provides only general guidance and appears as a boiler-plate common attachment (or appendix) to all prefire plans.		
ACTION 1	Issue a Special Instruction for firefighting in moderation control areas; obtain NCSD technical review and written analysis/approval of the Special Instruction.	FEB 96	22 FEB 96
ACTION 2	Submit request for additional resources for the review and update of prefire plans. (Note: When resources are allocated, develop a prioritized schedule to update prefire plans and communicate results to the DOE Site Office.)	FEB 96	22 FEB 96

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 3	Develop a lesson plan from the Special Instruction; obtain NCSD review/approval of the lesson plan; complete training.	MAR 96	
ACTION 4	Review Y50-50-409 and either revise or issue new command media in coordination with the NCSD to match how prefire plans are prepared. Ensure command media has clear and concise steps and includes firefighting requirements for exhaust systems.	JUN 96	
ACTION 5	Assist the NCSD as subject-matter experts (SMEs) in firefighting with developing a section to the sitewide NCS Manual/Procedure that provides guidance to implement/comply with DOE 5480.24, Section 7.f requirements. This action supports NCSD's corrective actions for F02.	JUN 97	
ACTION 6	Update existing prefire plans and train to updated plans in accordance with the sitewide NCS procedural requirements.	SEP 97	
	LESSONS LEARNED		
F08	LMES' lessons learned program is deficient in measuring operational improvement and program effectiveness and in integrating the program throughout the management chain and across functional areas for nuclear criticality safety.		
ACTION 1	Define line and staff organizations management responsibilities for identifying, evaluating, and sharing lessons learned.	APR 96	
ACTION 2	Identify lessons learned dissemination approaches.	APR 96	
ACTION 3	Reevaluate and reidentify realistic, internal clearinghouse activities to identify lessons learned.	APR 96	
ACTION 4	Revise Lessons Learned Procedure, QA-16.3, to incorporate management, line, and staff responsibilities and dissemination approaches identified in associated action plan actions.	AUG 96	
ACTION 5	Communicate responsibilities as defined in procedure revision.	SEP 96	
ACTION 6	Review implementation of QA-16.3, Lessons Learned and Alerts Program.	MAR 97	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
F15	LMES has not fully addressed examples of Lessons Learned from other sites (Rocky Flats B-771, Sequoyah Fuels Corp., Pantex facility, and Los Alamos National Laboratory TA-55 facility). See Appendix F of Task 2 Assessment Plan, Rev 1, October 1995.		
ACTION 1	Review events cited in finding for potential lessons learned and issue lessons learned as applicable.	APR 96	
ACTION 2	Define line and staff organizations management responsibilities for identifying, evaluating, and sharing lessons learned.	APR 96	
ACTION 3	Identify lessons learned dissemination approaches.	APR 96	
ACTION 4	Reevaluate and reidentify realistic, internal clearinghouse activities to identify lessons learned.	APR 96	
ACTION 5	Revise Lessons Learned Procedure, QA-16.3, to incorporate management, line, and staff responsibilities and dissemination approaches identified in associated action plan actions.	AUG 96	
ACTION 6	Communicate responsibilities as defined in procedure revision.	SEP 96	
ACTION 7	Review implementationm of QA-16.3, Lessons Learned and Alerts Program.	MAR 97	
	TRAINING		
F17	Maintenance, radiation control, technical support, and others who may direct or instruct operators do not receive sufficient training on the new and revised criticality safety approvals for unattended work in key areas. This finding is addressed by the 94-4 Task 4 Corrective Action Plan n Section II.A. Facility specific training will be included in the qualification programs for support personnel.		
C18	Current training has not yet produced a safety culture among workers that prevents criticality safety deficiencies and ensures proper response if deficiencies occur.		
ACTION 1	Necessary elements for establishing the required safety culture are embodied in the 94-4 Task 4 CAP. Assess the effectiveness of those actions under the Self Assessment Program per the CAP for the Task 4 finding C-2/9204-2E, Management Self Assessment.	FEB 97	
	OPERATIONAL SAFETY REQUIREMENTS (OSRs)		

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
F06	OSRs or Technical Safety Requirements (TSRs) have not been approved (or developed) for Buildings 9720-33 and 9995. None of these buildings have DOE approved Safety Analysis Reports (SARs).		
ACTION 1	Review the 1027-92 hazard category for Building 9720-33 and confirm the facility is not a nuclear facility.	FEB 96	9 FEB 96
ACTION 2	Per the current implementation plan schedule for DOE Orders 5480.22 and 5480.23, submit the Building 9995 SAR.	MAR 96	
ACTION 3	Submit a revision to the Implementation Plan for DOE Orders 5480.22 and 5480.23. This revision will describe the process for compiling existing safety analysis documentation for submission as a Y-12 Plant SAR, and it will include the process for future revisions to be compliant with 5480.22 and 5480.23. (# NOTE: Action Planned Closure date different than originally submitted. Date changed with YSO concurrence)	APR 96#	
ACTION 4	Issue to Y-12 Site Office for review the Y-12 Plant SAR. (Note: The SAR will not be fully compliant with 5480.22/23 when issued but will serve as a framework for future improvements.)	SEP 96	
F09	Problems exist with (1) safety analyses and authorization bases to support safety and other important programs throughout Y-12, (2) clarity of safety bases for newly approved OSRs, (3) quality of OSRs for Enriched Uranium Operations, and (4) implementation of OSRs with respect to criticality safety. The absence of a systematic analysis and hazards review results in a poorly defined safety envelope. The current system may lead to violations of OSRs and DOE requirements, even if facility safety is not significantly threatened.		
ACTION 1	Submit a revision to the Implementation Plan for DOE 5480.22 and 5480.23. This revision will describe the process for compiling existing safety analysis documentation for submission as a Y-12 Plant SAR, and it will include the process for future revisions to be compliant with 5480.22 and 5480.23. (# NOTE: Action Planned Closure date different than originally submitted. Date changed with YSO concurrence)	APR 96#	
ACTION 2	Issue to Y-12 Site Office for review the Y-12 Plant SAR. (Note: The SAR will not be fully compliant with 5480.22/23 when issued but will serve as a framework for future improvements.)	SEP 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VI

2.3: CORRECTIVE ACTION PLAN FOR TASK 2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 3	Submit Basis for Interim Operations (BIOs) for nuclear facilities for review and approval to DOE.	JAN 96	31 JAN 96
ACTION 4	Upgrade Y-12 Plant SAR to be compliant with 5480.22/23.	DEC 98	
C04	OSRs for Buildings 9212 and 9206 should be updated to current DOE requirements prior to resumption of operations in those nuclear facilities.		
ACTION 1	Verify that an RFA exists that requires Category II facilities having new OSRs prior to resumption of operations.	JAN 96	31 JAN 96
C05	LMES has nuclear facilities (e.g., Buildings 9995, 9202/9203, and 9805) which do not have an approved authorization basis (e.g., no SARs, OSRs, or BIOs).		
ACTION 1	Submit a revision to the Implementation Plan for DOE 5480.22 and 5480.23. This revision will describe the process for compiling existing safety analysis documentation for submission as a Y-12 Plant SAR, and it will include the process for future revisions to be compliant with 5480.22 and 5480.23. (# NOTE: Action Planned Closure date different than originally submitted. Date changed with YSO concurrence)	APR 96#	
ACTION 2	Issue to Y-12 Site Office for review the Y-12 Plant SAR. (Note: The SAR will not be fully compliant with 5480.22/23 when issued but will serve as a framework for future improvements.)	SEP 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

Table VII

3.3: CORRECTIVE ACTION PLAN FOR TASK 3.2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
NCS 2-16	Procedure Y70-01-150 Sect. VI.A.4.d states "actual fissile storage array dimensions shall not exceed CSA dimensions by more than six inches."		
ACTION 1	Using a team of operations managers, NCS managers, procedure managers, and DOE Site Office personnel, benchmark other NCS programs in the DOE complex (minimum of 3).	FEB 96	8 MAR 96
ACTION 2	Prepare trip report from benchmarking trips.	FEB 96	8 MAR 96
ACTION 3	From trip report, develop needed improvement areas and approach. This improvement plan needs to consider at a minimum the incorporation of divisional-level general criticality safety procedures, such as Y70-01-150, into a site-level document controlled by Nuclear Criticality Safety Department (NCSD).	APR 96	
ACTION 4	Develop an implementation plan to execute the improvement plan specifics. Include any phasing of changes and any required retraining/requalification needed. (Note: Specific action assignments will involve tasking of facilities to execute requirements. This Corrective Action Plan will be updated after the completion of Action 4.)	JUN 96	
ACTION 5	Based on review in Action 3 and implementation plan, draft needed changes to procedures/new procedures to improve the noted area.	FEB 97	
ACTION 6	Forward copy of site manual/new procedures to DOE Site Office.	MAR 97	
ACTION 7	Develop a plant group (similar in composition to benchmarking group) to assess effectiveness of implementation plan.	MAY 97	
NCS 3-8	Y-12 has not formally identified this noncompliance [criticality controls and limits are included in NCSAs but they have not been included in operating procedures (Y/NO-00009 App. A pg 12)] nor adequately documented corrective actions to meet this requirement for all applicable Y-12 operations/facilities.		
ACTION 1	Issue joint Y-12 Plant/Nuclear Operations letter invoking the compensatory measure required plantwide for criticality related procedures which do not have CSA limits and conditions included.	MAY 96	
ACTION 2	Develop implementation plans for upgrading technical procedures per the new Technical Procedures Writer's Guide, Y10-103, including the addition of applicable safety controls for all organizations that have CSAs (DSO).	MAY 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

Table VII

3.3: CORRECTIVE ACTION PLAN FOR TASK 3.2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 3	Develop implementation plans for upgrading technical procedures..... (Quality Organization).	MAY 96	
ACTION 4	Develop implementation plans for upgrading technical procedures.....(Analytical Services Organization (ASO)).	MAY 96	
ACTION 5	Develop implementation plans for upgrading technical procedures.....(Waste management Organization).	MAY 96	
ACTION 6	Develop implementation plans for upgrading technical procedures.....(Enriched Uranium Operations Organization).	MAY 96	
NCS 3-9B & 3-10	The 9720-5 Warehouse postings for array storage areas do not post the Nuclear Criticality Safety Approval (NCSA) limits. The postings list the applicable NCSA number for that array storage area.		
ACTION 1	Using a team of operations managers, NCS managers, procedure managers, and invited DOE Site Office personnel, benchmark other NCS programs in the DOE complex (minimum of 3).	FEB 96	8 MAR 96
ACTION 2	Prepare trip report from benchmarking trips.	FEB 96	8 MAR 96
ACTION 3	From trip report, develop needed improvement areas and approach. This improvement plan needs to consider at a minimum the following: (1) Review use of postings as operator aids. (2) Requirements of ANSI 8.1, section 4.1.4, that postings shall be maintained specifying material identification and all limits that are subjected to procedural control.	APR 96	
ACTION 4	Develop an implementation plan to execute the improvement plan specifics. Include any phasing of changes and any required retraining/requalification needed. (Note: Specific action assignments will involve tasking of facilities to execute requirements. This Corrective Action Plan will be updated after the completion of Action 4.)	JUN 96	
ACTION 5	Based on review in Action 3 and implementation plan, draft needed changes to procedures/new procedures to improve the noted area.	FEB 97	
ACTION 6	Forward copy of site manual/new procedures to DOE Site Office.	MAR 97	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

Table VII

3.3: CORRECTIVE ACTION PLAN FOR TASK 3.2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 7	Develop a plant group (similar in composition to benchmarking group) to assess effectiveness of implementation plan.	MAY 97	
NCS 3-10	Procedure Y70-01-150, VI.A.4.g , states "Fissile storage arrays shall be conspicuously posted (if required by CSA)".		
ACTION 1	The NCSD conduct a review of Procedure Y70-01-150 for additional cases where exemptions from regulations are annotated.	MAR 96	21 MAR 96
ACTION 2	Revise Procedure Y70-01-150, Section VI.A.4.g, to remove the text "(if required by CSA)" and any additional areas determined by NCSD review as possible exemptions from regulations.	MAY 96	
NCS 3-15	Supervisor training has not been provided in a programmatic fashion.		
ACTION 1	Using a team of operations managers, NCS managers, procedure managers, and invited DOE Site Office personnel, benchmark other NCS programs in the DOE complex (minimum of 3).	FEB 96	8 MAR 96
ACTION 2	Prepare trip report from benchmarking trips.	FEB 96	8 MAR 96
ACTION 3	From trip report, develop needed improvement areas and approach. This improvement plan needs to consider at a minimum the following: (1) Review of criticality safety training practices to "provide" training for improvement areas, NCSD, operations managers, operations supervisors, support personnel, front line supervisors, and operators. (2) Ensure DOE requirements for training are included in the program.	APR 96	
ACTION 4	Develop an implementation plan to execute the improvement plan specifics. Include any phasing of changes and any required retraining/requalification needed. (Note: Specific action assignments will involve tasking of facilities to execute requirements. This Corrective Action Plan will be updated after the completion of Action 4.)	JUN 96	
ACTION 5	Based on review in Action 3 and implementation plan, draft needed changes to procedures/new procedures to improve the noted area.	FEB 97	
ACTION 6	Forward copy of site manual/new procedures to DOE Site Office.	MAR 97	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

Table VII

3.3: CORRECTIVE ACTION PLAN FOR TASK 3.2 ASSESSMENT
(LMES letter to R.J. Spence dated January 30, 1996.)

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
ACTION 7	Develop a plant group (similar in composition to benchmarking group) to assess effectiveness of implementation plan.	MAY 97	
NCS 6-34	Instructions are not posted as required by ANS 8.3 and ESS-CS-101 for response to the signals.		
ACTION 1	The NCSD shall verify the requirements of ANSI/ANS 8.3 are properly reflected in the central procedure ESS-CS-101 as invoked by Y70-150.	MAR 96	21 MAR 96
ACTION 2	Emergency Management shall ensure adequate instructions exist on the physical requirements for evacuation signs. For example, maximum spacing.	MAR 96	
ACTION 3	Nuclear Operations shall: (a) Ensure facility compliance with posting requirements stated in paragraphs 1 and 2. (b) Ensure postings are controlled in a program such as operator aids. © Ensure evaluation of posting control is incorporated into internal self assessment program for the facilities.	AUG 96	
ACTION 4	Waste Management shall: (a) Ensure facility compliance with posting requirements stated in paragraphs 1 and 2. (b) Ensure postings are controlled in a program such as operator aids. © Ensure evaluation of posting control is incorporated into internal self assessment program for the facilities.	AUG 96	
ACTION 5	The ASO shall: (a) Ensure facility compliance with posting requirements stated in paragraphs 1 and 2. (b) Ensure postings are controlled in a program such as operator aids. © Ensure evaluation of posting control is incorporated into internal self assessment program for the facilities.	AUG 96	
ACTION 6	Periodically during evacuation drills evaluate effectiveness of evacuation postings.	MAY 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
I	LMES CONDUCT OF OPERATIONS PROGRAM		
I.A	CONOPS STANDARDS		
I.A.1	Submit CONOPS Applicability Matrix to DOE. a. Site b. DSO/DUO (resumed) c. EUO (non-resumed) d. Support e. Balance of Plant	a - FEB 96 b - MAR 96 c - MAR 96 d - MAR 96 e - JUN 96	a - b - 31 MAR 96 c - 31 MAR 96 d -
I.A.2	YSO approve Applicability Matrices.	Receipt + 30 days	
I.A.3	Issue draft generic roles and responsibilities of operations (facility) managers, specifically safety and emergency systems, in Conduct of Operations Manual , Chapter 1.	FEB 96	29 FEB 96
I.A.4.a	Issue a Draft Site CONOPS Manual for review and comment. The manual defines the site organization and establishes conduct of operations standards. The manual will be supported by new or revised LMES procedures for those chapters requiring procedural discipline in the execution of the standards.	MAR 96	29 MAR 96
I.A.4.b	Approve and issue Site CONOPS Manual.	MAY 96	
I.A.5	Define fire suppression system and Criticality Accident Alarm System ownership for operations managers.	MAR 96	
I.B	CONOPS TOOLS (Programs, Procedures, etc.)		
I.B.1	Define the specific roles and responsibilities of the site operations managers and area coordinators.	APR 96	
I.B.2	Identify the specific zones and facilities at the site to which Operations and area coordinators will be assigned.	JUN 96	
I.B.3	Assign Operations and area coordinators for each Zone/Facility.	AUG 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
I.B.4	Obtain and review examples of CONOPS performance indicators (PIs) used at other sites such as Rocky Flats, SRS, Pantex.	FEB 96	29 FEB 96
I.B.5	Define PIs for the Site. Establish PIs reported to YSO.	MAY 96	
I.B.6	YSO approve proposed PIs to be reported.	JUN 96	
I.C	CONOPS IMPLEMENTATION TRAINING		
I.C.1	Prepare line manager CONOPS implementation training for each chapter of the Conduct of Operations Manual.	JUL 96	
I.C.2	Conduct line manager CONOPS implementation training for: a. Resumed Nuclear Operations b. Non-resumed Nuclear Operations c. Support organizations d. Balance of Plant organizations	 a - AUG 96 b - SEP 96 c - SEP 96 d - MAR 97	
I.C.3	Prepare operator CONOPS implementation training	SEP 96	
I.C.4	Conduct operator CONOPS implementation training for: a. Resumed Nuclear Operations b. Non-resumed Nuclear Operations c. Support organizations d. Balance of Plant organizations	 a - OCT 96 b - OCT 96 c - NOV 96 d - JUN 97	
I.C.5	Ongoing Floor Training		
I.C.5.a	Ongoing Floor Training Standards		
I.C.5.a.1	Conduct an initial awareness training session for Y-12 Organization Managers that emphasizes senior management's expectations for conduct of operations.	MAR 96	29 MAR 96
I.C.5.a.2	Develop a Y-12 manager (supervisor) training program geared to COO responsibilities, rigor & formality, attention to issues, manager involvement, goals & motivations, and unity & communication.	MAY 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
I.C.5.a.3	Develop a Standard for the Ongoing Floor Training Program that describes roles and responsibilities, use of lessons learned, and the requirements for implementation of ongoing floor training in nuclear operations and support organizations.	JUN 96	
I.C.5.a.4	Commence ongoing training for Nuclear Ops and Support line managers on principles of conduct of operations and conduct of operations implementation in their facilities.	AUG 96	
I.C.5.b	Ongoing Floor Training Tools		
I.C.5.b.1	Develop near term schedule for delivery of specific topics to a selected Pilot area.	AUG 96	
I.C.5.b.2	Develop training guides for 1st month of Pilot training.	SEP 96	
I.C.5.c	Training on the Ongoing Floor Training Program		
I.C.5.c.1	Train Pilot area line managers and personnel who are responsible for conducting Ongoing Floor Training.	OCT 96	
I.C.5.c.2	Train remaining line managers and personnel who are responsible for conducting Ongoing Floor Training.	APR 97	
I.C.5.d	Ongoing Floor Training Implementation		
I.C.5.d.1	Conduct an Ongoing Floor Training Pilot in a selected Nuclear Operations area.	OCT 96	
I.C.5.d.2	Update Ongoing Floor Training Program based upon Pilot results.	MAR 97	
I.C.5.d.3	Transition Ongoing Floor Training implementation to all Y-12 areas to remaining Nuclear Operations and support organizations.	JUN 97	
I.C.5.e	Ongoing Floor Training Assessment		
I.C.5.e.1	Develop an assessment checklist to evaluate the effectiveness of ongoing CONOPS Assessment program.	OCT 96	
I.D	CONOPS IMPLEMENTATION		

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
I.D.1	Cancel obsolete site-level CONOPS procedures that are superseded by the Site CONOPS Manual. These old procedures are standards whose contents will be "rolled in" as requirements to the manual.	MAY 96	
I.D.2	Revise any existing site-level CONOPS procedures that will be retained to achieve consistency with the CONOPS Manual.	AUG 96	
I.D.3	Implement COO in the organizations in accordance with the approved Requests for Approval (RFAs).		
I.D.3.1	Implement RFA # 137 (RSS).	APR 96	
I.D.3.2	Implement RFA # 147 (DUO).	MAR 96	29 MAR 96
I.D.3.3	Implement RFA # 160 (D&A).	DEC 96	
I.D.3.4.a	Approve RFA # 162 (EUO).	FEB 96	
I.D.3.4.b	Implement RFA # 162 (EUO).	NOV 96	
I.D.3.5.a	Prepare/submit RFA for QE (supersede COO implementation as defined by the current Standards & Controls Management Plan).	JUL 96	
I.D.3.5.b	Approve RFA for QE.	AUG 96	
I.D.3.5.c	Implement RFA for QE.	JAN 97	
I.D.3.6.a	Revise RFA # 161 (Support Organizations).	MAY 96	
I.D.3.6.b	Approve RFA # 161 (Support Organizations).	JUN 96	
I.D.3.6.c	Implement RFA # 161 (Support Organizations).	OCT 97	
I.D.3.7.a	Revise RFA # 163 (Balance of Plant).	OCT 96	
I.D.3.7.b	Approve RFA # 163 (Balance of Plant).	NOV 96	
I.D.3.7.c	Implement RFA # 163 (Balance of Plant).	DEC 97	
I.D.3.8.a	Revise RFA # 164 (Sitewide).	MAR 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
I.D.3.8.b	Approve RFA # 164 (Sitewide).	APR 96	
I.D.3.8.c	Implement RFA # 164 (Sitewide).	DEC 97	
I.D.3.9	Cancel RFA # 85 (superseded by RFA 164).	MAR 96	
I.E	CONOPS ASSESSMENTS		
I.E.1	CONOPS Assessment Program Standards		
I.E.1.a	Develop standards for a site-wide CONOPS assessment program (based on SRS Management Self-Assessment Program, including lessons learned from the DSO and EUO assessment programs).	JUN 96	
I.E.1.b	Develop PIs for measuring COO implementation progress and establish periodicity for evaluating results.	JUN 96	
I.E.1.c	Conduct independent assessment to evaluate the level of COO implementation in NucOps including support organizations.	NOV 96	
I.E.1.d	94-4 Task 4 Team re-assess COO in conjunction with PEG assessment.	NOV 96	
I.E.1.e	Revise CAP based upon the results of the independent assessments.	JAN 97	
I.E.1.f	Conduct site-wide independent assessment to evaluate the level of COO implementation.	FEB 98	
I.E.1.g	Revise CAP based upon the results of the independent assessments.	MAR 98	
I.E.2	CONOPS Assessment Tools		
I.E.2.a	Revise Y60-028 to incorporate assessment requirements for 5480.19 and to incorporate the new Standard.	SEP 96	
I.E.2.b	Develop generic cards or checklists for use during management assessments.	SEP 96	
I.E.3	CONOPS Assessment Training		
I.E.3.a	Develop training for revised Y60-028.	DEC 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
I.E.3.b	Implement training for revised Y60-028 for organization managers, functional managers, shift managers, STAs, etc.	MAR 97	
I.E.3.c	Develop training for line management on performance based assessment techniques.	AUG 96	
I.E.3.d	Train nuclear operations and support line management on performance based assessment techniques.	OCT 96	
I.E.4	CONOPS Assessment Implementation		
I.E.4.a	Submit assessment plans and schedules for Nuclear Operations and support organizations per revised Y60-028.	MAY 97	
I.E.4.b	Organizations complete initial conduct of operations assessments in resumed Nuclear Operations organizations.	DEC 96	
I.E.4.c	Organizations complete initial conduct of operations assessments in non-resumed Nuclear Operations organizations.	NOV 96	
I.E.4.d	Organizations complete initial conduct of operations assessments in support organizations.	JUN 97	
I.E.4.e	Organizations complete initial conduct of operations assessments in Balance of Plant organizations.	SEP 97	
I.E.4.f	Complete an independent assessment of compliance with Y60-028.	DEC 97	
I.E.4.g	Revise Y60-028 and guidance based on independent assessment.	FEB 98	
II	ADDITIONAL IMPROVEMENT AREAS		
II.A	TRAINING PROGRAM		
II.A.1	Training Program Standards		
II.A.1.a	Assign/Hire a Y-12 site Training Manager.	MAR 96	29 MAR 96
II.A.1.b	Develop and publish a Training manual that defines sitewide training roles, responsibilities, and standards to supplement Y90 series procedures.	DEC 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
II.A.2	Training Program Tools		
II.A.2.a	Develop/upgrade qualification programs for qualified positions (except EUO) including facility specific training/organization.	SEP 96	
II.A.3	Training Program Training		
II.A.3.a	Train Nuclear Operations and support organization line management on Training Manual.	JAN 97	
II.A.3.b	Train organization Training Managers on Training Manual.	MAR 97	
II.A.4	Training Program Implementation		
II.A.4.a	Qualify personnel per TIM, R5.	DEC 96	
II.A.4.b	Establish a Training Working Group (TWG) to track and execute the TIM commitments and enhance consistency across the site for training implementation.	JAN 96	31 JAN 96
II.A.5	Training Program Assessment		
II.A.5.a	Develop and execute training program assessments including programmatic and compliance and training effectiveness. (Note: Assessments will begin Feb 96 and will be ongoing.)	JUN 97	
II.A.5.b	Execute adherence based training assessments, including student feedback and management oversight.	JUN 97	
II.B	DRILL PROGRAM		
II.B.1	Drill Program Standards		
II.B.1.a	Hire an experienced Drill Program Manager.	NOV 95	30 NOV 95
II.B.1.b	Develop a Drill Program Plan for DSO facilities for CY 1996.	MAR 96	29 MAR 96
II.B.1.c	Develop a Drill Program Procedure for Nuclear Operations per 5480.20A. (Note: Balance of Plant is covered by Site Emergency Preparedness Procedures.)	APR 96	
II.B.2	Drill Program Tools		

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
II.B.2.a	Develop an initial set of Drill Guides for DSO facilities. (Note: Complete for 3 DSO facilities. This is an ongoing process; guides are developed as necessary to support facility activities.	ONGOING	ONGOING
II.B.2.b	Commence development of Drill Program Tools in remaining Nuclear Operations facilities. Tools may include: guides, a list of the types/categories of drills, drill scenarios, and simulation devices.	MAR 97	
II.B.3	Drill Program Training		
II.B.3.a	Train DSO personnel and drill coordinators on conduct of drills.	JAN 96	31 JAN 96
II.B.3.b	Train remaining Nuclear Operations organization and Facility Drill Coordinators on conduct of drills.	JAN 97	
II.B.3.c	Train Nuclear Operations & Support personnel on conduct of drills.	FEB 97	
II.B.4	Drill Program Implementation		
II.B.4.a	Commence drills in DSO based on the schedule of 2 per week.	JAN 96	31 JAN 96
II.B.4.b	Commence drills in all Nuclear Operations facilities per schedules defined in facility drill programs.	MAY 97	
II.B.5.a	Drill Program Assessment: Commence observation of the execution of drills in DSO and provide feedback to facility and line managers. (This is a continuous process that is built into the Drill Program.)	JAN 96	31 JAN 96
II.C	ISSUES MANAGEMENT		
II.C.1	Issues Management Standards		
II.C.1.a	Establish an Issues Manager for the Y-12 LMES Organization.	DEC 95	29 DEC 95
II.C.1.b	Establish process to assign responsibility for distribution and follow-up of DOE Monthly Assessment Report with the YSO.	DEC 95	29 DEC 95
II.C.2	Issues Management Tools		
II.C.2.a	Revise LMES Corrective Action Planning procedures to prohibit the development of an action plan as the only action of a CAP task.	MAR 96	29 MAR 96

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
II.C.2.b	Revise the CAP for the DOE RA finding in RSS MG3-2 to comply with the revised LMES Corrective Action Planning procedures.	JAN 96	31 JAN 96
II.C.2.c	Review/Approve the CAP for the DOE RA finding in RSS MG3-2.	MAR 96	29 MAR 96
II.C.3	Issues Management Training		
II.C.3.a/b	Provide a briefing to Y-12 managers that outlines the process for responding to the DOE Monthly Assessment Report and emphasizes the importance of understanding the programmatic issues and addressing the issues with follow-up: a. organization managers b. line and facility managers	a - APR 96 b - JUN 96	
II.C.4	Issues Management Implementation - No new action.		
II.C.5	Issues Management Assessment		
II.C.5.a	Evaluate the effectiveness of the corrective action process at Y-12, including the issues prioritization process.	AUG 96	
II.C.5.b	Revise corrective action process and procedures as needed based on above assessment.	DEC 96	
II.D	RADIOLOGICAL CONTROL		
II.D.1	Root Cause: Management System; Standards, Policies, or Administrative Controls (SPAC) not used.		
II.D.1.a	Establish and implement general requirements for the use of anti-contamination clothing.	DEC 95	7 DEC 95
II.D.1.b	Develop a Required Reading for the Y-12 Plant that consists of recent plant wide RadCon deficiencies.	FEB 96	29 FEB 96
II.D.1.c	Incorporate RadCon deficiencies of II.D.1.b into Radiological Worker II training.	JUN 96	
II.D.1.d	Develop Required Reading for RadCon Department personnel that consists of recent deficiencies in radiological control practices.	FEB 96	29 FEB 96

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
II.D.1.e	Incorporate RadCon deficiencies contained in II.D.1.b and d into the Radiological Control Technician Continuing Training Program.	MAR 96	29 MAR 96
II.D.1.f	Conduct refresher Radiological Worker II training for all radiological workers.	DEC 97	
II.D.2	Root Cause: Management System; SPAC less than adequate; No SPAC.		
II.D.2.a	Obtain representative samples of vegetation from outdoor contamination areas and analyze for contamination.	APR 96	
II.D.2.b	Issue appropriate recommendation to line organizations after obtaining sample results.	MAY 96	
II.D.2.c	RadCon Manager make formal presentation to senior management concerning status of uncontained outdoor radioactive storage area. Based on their direction, risks, and available funds, a remediation/mitigation plan will be developed.	JUL 96	
II.D.2.d	Revise and implement procedure Y60-66-RC-600, "Radiological Control Surveillance Program".	DEC 95	1 DEC 95
II.D.3	Root Cause: Management System; Corrective Action not yet implemented.		
II.D.3.a	Hire additional Radiological Control Techs to meet requirements.	SEP 96	
II.D.3.b	Relocate key managers responsible for oversight of RadCon program implementation to the protected area to improve RadCon/Line Organization interaction.	JUN 96	
II.E	MAINTENANCE		
II.E.1	Maintenance Standards - No new actions		
II.E.2	Maintenance Tools		
II.E.2.a	Publish "Guideline to Good Practices for Y-12 Maintenance" for maintenance groups, implementing DOE 4330.4B ch-2, and applicable chapters of DOE 5480.19.	MAR 96	29 MAR 96

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
II.E.2.b	Review FMO data to identify additional PIs needed for implementation of CONOPS.	JUL 96	
II.E.2.c	Update Maintenance PIs to include COO elements.	AUG 96	
II.E.2.d	Revise work control procedures as needed to fully implement "Guidelines to Good Practices for Y-12 Maintenance".	DEC 96	
II.E.3	Maintenance Training		
II.E.3.a	Develop lesson plan for each element of "Guidelines to Good Practices for Y-12 Maintenance".	JUN 96	
II.E.3.b	Conduct training on the elements of "Guidelines to Good Practices for Y-12 Maintenance".	DEC 96	
II.E.4	Maintenance Implementation		
II.E.4.a	Complete the Preventive Maintenance Program improvement project. The project validates PM requirements, eliminating low value maintenance and reducing overdue backlog.	JUN 96	
II.E.5	Maintenance Assessment		
II.E.5.a	Assess the implementation of "Guidelines to Good Practices for Y-12 Maintenance" to identify areas of noncompliance.	MAR 97	
II.E.5.b	Resolve resulting issues (II.E.5.a).	ASMNT RPT +1 MON	
II.F	OCCURRENCE REPORTING PROGRAM		
II.F.1	Occurrence Reporting Standards		
II.F.1.a	Revise Procedure Y60-161 to include all of the categorization criteria listed in DOE 232.1	JAN 96	31 JAN 96
II.F.1.b	Disseminate to the Facility Managers/Designees a memorandum which discusses the importance of reporting through the DOE 232.1 system items which are collectively significant.	FEB 96	29 FEB 96
II.F.1.c	DOE (YSO) approve revised procedure Y10-161.	MAR 96	29 MAR 96

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
II.F.2	Occurrence Reporting Tools - no new action.		
II.F.3	Occurrence Reporting Training		
II.F.3.a	Conduct an awareness session for facility managers or their designees to the DOE 232.1 categorization criteria.	FEB 96	
II.F.4	Occurrence Reporting Implementation - no new action.		
II.F.5	Occurrence Reporting Assessment		
II.F.5.a	Conduct a surveillance to assess compliance with procedural categorization requirements of Y60-161.	JUL 96	
II.G	FIRE PROTECTION		
II.G.1	Fire Protection Standards		
II.G.1.a	Develop a procedure for fire extinguisher inspection to be in compliance with NFPA standards.	MAR 97	
II.G.1.b	Develop and implement command media or procedure to document that fire extinguishers will be controlled at Y-12 through the Fire Protection Program.	SEP 96	
II.G.2	Fire Protection Tools		
II.G.2.a	Develop a bar code system into a new fire inspection and maintenance information system for identifying and locating fire extinguishers.	MAR 97	
II.G.2.b	Develop and implement command media or procedure (to include a records checklist) for monthly visual inspection of fire extinguishers for Building Managers.	SEP 96	
II.G.2.c	Procure necessary equipment (bar code readers, etc.) to support program improvements.	FEB 97	
II.G.2.d	Develop required reading for fire extinguishers education at Y-12.	MAR 97	
II.G.3	Fire Protection Training		

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
II.G.3.a	Train Fire personnel to revised procedure for annual maintenance of fire extinguishers.	MAY 97	
II.G.3.b	Train Facility Managers on revised procedure for monthly visual inspection of fire extinguishers.	MAY 97	
II.G.4	Fire Protection Implementation		
II.G.4.a	Implement bar code ID system.	SEP 97	
II.G.4.b	Commence scheduled surveillances of fire extinguishers.	JUN 97	
II.G.5	Fire Protection Assessment		
II.G.5.a	Assess effectiveness of monthly surveillances.	DEC 97	
II.G.5.b	Resolve resulting issues.	JAN 98	
II.H	CONFIGURATION MANAGEMENT (This section is organized differently from the above and is based on the draft CM Plan Y/ES-110. Not all CM Plan elements are included here.)		
II.H.1	Establish a Configuration Management Program Team (CMPT) to oversee and direct installation of configuration management for the Y-12 Plant.	MAR 96	29 MAR 96
II.H.2	Develop a general schedule for the activities contained within the CM program Plan, Y/ES-110.	APR 96	
II.H.3	Develop guidance for performing ongoing assessments of CM processes.	JUL 96	
II.I	DOCUMENT CONTROL		
II.I.1	Document Control Standards - no new action		
II.I.2	Document Control Tools		
II.I.2.a	Revise procedure Y10-102 to incorporate Lessons Learned from experience during resumption of Nuclear Operations, including concerns identified during the 94-4 Task 4 Assessment.	JAN 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
II.I.3	Document Control Training		
II.I.3.a	Identify appropriate personnel to receive training on revised procedures Y10-102 and Y10-103.	MAR 96	
II.I.3.b	Implement training on revised procedures Y10-102 and Y10-103.	APR 96	
II.I.4	Document Control Implementation		
II.I.4.a	Pilot a Document Control process in EUO based upon the requirements of Y10-189.	OCT 96	
II.I.4.b	Evaluate results of EUO Pilot; Resolve resulting issues.	JUL 97	
II.I.4.c	Implement Y10-189 in remaining Nuclear Operations, support, and Balance of Plant areas.	MAR 98	
II.I.5	Document Control Assessment		
II.I.5.a	Incorporate assessment elements for document control into CONOPS management assessment tools for the EUO Pilot (I.E.2).	OCT 96	
II.I.5.b	Incorporate assessment elements for document control into CONOPS management assessment tools for remaining Nuclear Operations, support, and Balance of Plant areas (I.E.2).	MAR 98	
III	DEPARTMENT OF ENERGY IMPROVEMENT AREAS		
III.A	DOE OVERSIGHT PROGRAM		
III.A.1	Program Development		
III.A.1.a.1	Develop a Management Walk-Through Process and formalize as part of a Y-12 Site Office (YSO) procedure. (See III.A.2.c).	MAR 96	12 FEB 96
III.A.1.a.2	Develop a program for periodic ORO Assist Visit Process on Conduct of Operations at Y-12.	MAY 96	
III.A.1.a.3	Develop an ORO Management Walk-Through Process for Y-12.	MAY 96	
III.A.1.b.1	Develop a list of previously used and projected resource needs that ORO or DP-HQ could provide support in obtaining.	FEB 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
III.A.1.b.2	Develop a program to provide ongoing support to ORO/YSO.	MAR 96	29 MAR 96
III.A.1.c	Develop long-term staffing plan after Y-12 long-term missions are better defined in light of ongoing resumption planning and Defense Programs budgets.	AUG 96	
III.A.1.d	Evaluate Facility Representative (FR) responsibilities as they relate to oversight of the Quality Evaluation Special Operation and performance of principal and collateral duties.		18 JAN 96
III.A.1.e	Revise YSO procedures to enhance the PIs which will include enhancing and upgrading the PIs for Conduct of Operations.	MAR 96	
III.A.1.f	Evaluate the sufficiency of the award fee percentage weight assigned to Conduct of Operations.	JUN 96	
III.A.2	Program Execution and Implementation		
III.A.2.a.1	Implement revised agenda for weekly Facility Representative meeting and document changes to file.		18 JAN 96
III.A.2.a.2	Perform and document training awareness sessions on the need for involving YSO staff on issues identified by the FR and encourage open communications with YSO personnel.		18 JAN 96
III.A.2.b	Conduct training on the new procedure for Performance Indicators.	MAR 96	
III.A.2.c	Implement a Management Walk-through Process as part of a YSO procedure. (See III.A.1.a.1)	MAR 96	12 FEB 96
III.A.2.d.1	Implement a periodic ORO Assist Visit Process on Conduct of Operations at Y-12. (See III.A.1.a.2)	MAY 96	
III.A.2.d.2	Implement an ORO Management Walk-Through Process for Y-12.	MAY 96	
III.A.2.e	Initiate actions to improve FR coverage of principal and collateral duties based on results of evaluation per item III.A.1.d.		18 JAN 96
III.A.2.f	Issue a recommendation in writing to the YSO Manager with the results of the evaluation of the sufficiency of award fee percentage weight assigned to Conduct of Operations. (See III.A.1.f)	JUN 96	

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
III.A.3.a	Conduct a YSO self-assessment on the effectiveness of YSO oversight of conduct of operations.	AUG 96	
III.A.3.b	Conduct follow-up assessment on the effectiveness of corrective actions for findings and concerns identified by the Task 4 review.	SEP 96	
III.B	DOE CORRECTIVE ACTION PROGRAM		
III.B.1	Program Development		
III.B.1.a	Revise Monthly Report process to include: 1) Provide LMES an advance draft copy of the Monthly Assessment Report prior to the monthly meeting. 2) Clarify YSO guidance to LMES on transmitting corrective action plans to the YSO.		22 JAN 96
III.B.1.b	Revise YSO procedures to enhance the Deficiency Tracking System used within the YSO.	SEP 96	
III.B.1.c	Revise the YSO issues management methods; revise procedures where needed to enhance the Issues Management System.	SEP 96	
III.B.1.d	Revise YSO procedures to provide guidance on the requirements for evaluating for lessons learned and generic implications for findings against the YSO.	MAR 96	
III.B.1.e	Develop and promulgate guidance for the approval of LMES corrective action plans to preclude future CAP approvals which contain the development of an action plan as the only action.	MAR 96	
III.B.1.f	Review previously closed DOE findings from RSS resumption oversight activities in accordance with revised YSO procedure guidance to ensure that generic implications, lessons learned, etc. were properly addressed.	MAY 96	
III.B.2	Program Execution and Implementation		
III.B.2.a	Initiate additional corrective actions as determined necessary from the review of previously closed DOE findings from RSS resumption oversight activities. (See III.B.1.f)	MAY 96	
III.B.2.b	Perform CAP development and Verification/Validation on DOE RSS RA findings against ORO in accordance with YSO procedures.	MAR 96	28 MAR 96

ATTACHMENT C: CORRECTIVE ACTION TRACKING

TABLE VIII

4.3: CORRECTIVE ACTION PLAN FOR TASK 4 ASSESSMENTS OF CONDUCT OF OPERATIONS AT Y-12

REFERENCE NUMBER	CORRECTIVE ACTION PLAN (CAP) ITEM	PLANNED CLOSURE	ACTUAL DATE
III.B.2.c	Implement actions of Item 14.1.1 to provide LMES an advance draft copy of the Monthly Assessment Report prior to the monthly meeting and to clarity YSO guidance to LMES on transmitting CAPs to the YSO. (See III.B.1.a)		22 JAN 96
III.B.2.d	Implement revisions to YSO procedures which enhance the Deficiency Tracking System used within the YSO. (See III.B.1.b)	SEP 96	
III.B.2.e	Implement the changes to existing YSO issues management methods and procedures for the Issues Management System.	SEP 96	
III.B.2.f	Implement revised YSO procedures for evaluating lessons learned and generic implications for findings against the YSO. (III.B.1.d)	MAR 96	
III.B.2.g	Implement guidance for the approval of LMES CAPs to preclude future CAP approvals which contain the development of an action plan as the only action. (See III.B.1.e)	MAR 96	
III.C	OCCURRENCE NOTIFICATION / REPORTING		
III.C.1	Program Development		
III.C.1.a.1	Develop LMES procedure for compliance to DOE Order 232.1.	JAN 96	4 MAR 96
III.C.1.a.2	Approve the LMES procedure for compliance to DOE Order 232.1	MAR 96	
III.C.1.a.3	Provide DP and EH a courtesy copy of the LMES procedure for compliance to DOE Order 232.1	MAR 96	
III.C.1.a.4	Provide overview to FR and YSO personnel on DOE Order 232.1.	FEB 96	20 MAR 96
III.C.2	Program Execution and Implementation		
III.C.2.a.1	Install ORPS work stations for all YSO FRs.		20 DEC 95
III.C.2.a.2	Train FRs on ORPS usage.	JAN 96	9 FEB 96
III.C.2.a.3	Provide ORPS passwords to FRs from Operational Event Information Systems (OEIS).		7 NOV 95