UNITED STATES GOVERNMENT DEPARTMENT OF ENERGY

memorandum

National Nuclear Security Administration
Los Alamos Site Office
Los Alamos, New Mexico 87544

DATE: FEB 03 2006
REPLY TO ATTN OF: S&H:8FB-003
SUBJECT: LASO Feedback and Improvement Assessment Report and Site Action Plan – DNFSB Commitment 25

TO: Thomas D'Agostino, Acting Deputy Director for Defense Programs, NA-10, HQ/FORS

Attached are the LASO Feedback and Improvement (F&I) Assessment Report and corresponding Site Action Plan for improving F&I processes required by commitment 25 of the Implementation Plan for Defense Nuclear Facilities Safety Board recommendation 2004-1, *Oversight of Complex, High-Hazard Nuclear Operations*. The assessment and action plan were completed per the expectations and guidance included in your November 14, 2005 action memorandum.

The attached LASO F&I Assessment Report was conducted using the results of the recent Office of Independent Oversight (SP-40) report of both LANL and LASO published in December 2005. A crosswalk was performed from the SP-40 F&I inspection plan to the F&I CRAD for conducting the assessment and no gaps were identified.

The attached action plan includes a comprehensive review and analysis of all recently identified F&I deficiencies from the SP-40 report and other recent assessments such as the type B accident investigations in order to properly identify causal factors and develop effective corrective actions. Additionally, the timing and scope of the actions have been developed in order to minimize the potential impact to higher priority LANL contract transition activities and to ensure the actions taken are supported by the new management and operating contractor to assume leadership on June 1, 2006.

Actions scheduled through May 31, 2006 have been concurred with by UC-LANL. Actions scheduled after that date are under review with LANS as part of the contract transition process.

The LASO action plan addresses oversight of the LANL/LANS overall corrective actions and addresses the deficiencies identified during the SP-40 review. The timing and scope of specific actions were developed to ensure effective coordination with the current Site Office re-engineering and contract transition activities.

NNSA/DOE
Los Alamos Site Office
528 35th Street
Los Alamos, NM 87544-2201

NNSA/DOE
Headquarters
1000 Independence Avenue, SW
Washington, DC 20585-1290

FEB 0 3 2006

If you have any questions concerning the action plans, please contact Fred Bell at (505) 665-4856 or myself at (505) 667-5105.

Edwin L. Wilmot
Manager

cc w/attachments:
J. Paul, NA-2, HQ/FORS
F. Russo, NA-3.6, HQ/FORS
J. McConnell, NA-1, HQ/FORS
J. Lorence, DR-1, HQ/FORS
C. Sykes, NA-124, HQ/GTN
G. Schlapper, S&H, LASO
F. Bell, S&H, LASO
H. LeDoux, CMRR, LASO
R. Kuckuck, DIR, LANL, MS-A100
D. Cobb, DIR, LANL, MS-A100
B. Stine, ADTS, LANL, MS-A104
T. Gioconda, ADA, LANL, MS-A108
B. Zwick, PS-DO, LANL, MS-C347
D. Winchell, PS-2, LANL, MS-C347
C.Keilers, DNFSB, LASO

**Results of Assessment of the
Effectiveness of Feedback & Improvement Processes
at the Los Alamos Site Office**

January 25, 2006

Performance Objective # 1: Contractor management has established a comprehensive and integrated operational assurance system which encompasses all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions, and share in lessons learned effectively across all aspects of operation.

Evaluation: Performance Objective partially met

Results:

This objective was evaluated by reviewing the recently conducted Independent Oversight assessment of this area (*Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005), and by reviewing contractor implementation documents.

This Performance Objective is partially met. An operational assurance system has been established, but this system does not encompass all aspects of the laboratory's processes and activities. The system is not uniformly effective in that some previously identified issues (findings) still exist, and some previously completed corrective actions are not fully effective

Criterion 1 -- A program description document that fully details the programs and processes that comprise the contractor assurance system has been developed, approved by contractor management, and forwarded to DOE for review and approval. The program description is reviewed and updated annually and forwarded to DOE for review and approval.

Criterion 1 is partially met. LIR 307-01-05.0, *Issues Management Program*, fully details the programs and processes that comprise the contractor assurance system, has been approved by contractor management, and forwarded to DOE for review and approval. This LIR was issued on June 3, 2003, and has not been revised on an annual basis. LA-CP-05-0381, *Los Alamos National Laboratory Contractor Assurance System Description Document*, was issued on April 27, 2005. This document also specifies processes that comprise the contractor assurance system, but does not contain detailed program descriptions. The *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005 assessment noted that both of these documents contain superseded information.

Criterion 2 -- The contractor's assurance system includes assessment activities (self-assessments, management assessments, and internal independent assessments as defined by laws, regulations, and DOE directives such as quality assurance program

requirements) and other structured operational awareness activities; incident/event reporting processes, including occupational injury and illness and operational accident investigations; worker feedback mechanisms; issues management; lessons-learned programs; and performance indicators/measures.

Criterion 2 is partially met. The contractor assurance system includes assessment activities (self-assessments, management assessments, and internal independent assessments as defined by laws, regulations, and DOE directives such as quality assurance program requirements) and other structured operational awareness activities; issues management; lessons-learned programs; and performance indicators/measures. The system does not include all aspects of the incident/event reporting processes, including occupational injury and illness and operational accident investigations; and worker feedback mechanisms. However, the LIR does specify that the Performance Surety Division should review other potential sources, such as the Omsbuds Office, employee concerns, and management walk-arounds, at an unspecified periodicity. No mention is made in either document of feedback mechanisms from executed work. Four issues tracking mechanisms are in place laboratory-wide, with additional tracking mechanisms at specific facilities. The LIR states that the I-Track database is to be used for all issue tracking, but LA-CP-05-0381 specifies the four databases plus local tracking mechanisms. Coordinating actions from all of the multiple tracking mechanisms is not an assigned duty in either the LIR or LA-CP-05-0381. The loosely defined incident reporting system does not detail the method by which any identified issue, from whatever source, that involves a clear risk of imminent personnel injury or environmental impact receives immediate compensatory measures and high priority for implementation.

Criterion 3 -- The contractor's assurance system monitors and evaluates all work performed under their contract, including the work of subcontractors.

Criterion 3 is partially met. The contractor's assurance system monitors and evaluates all work performed under their contract by means of performance indicators, including the work of subcontractors. These performance indicators are not defined within the system. The method by which data is gathered for the performance indicators is also not identified. Performance indicators have been used by the laboratory for several years. Results recorded in the *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, indicate that monitoring by this method may not adequately indicate assurance system effectiveness, since some deficiencies that had been identified in previous assessments still existed, and some corrective actions were found to be ineffective.

Criterion 4 -- Contractor assurance system data is formally documented and available to DOE line management. Results of assurance processes are periodically analyzed, compiled, and reported to DOE line management as part of formal contract performance evaluation.

Criterion 4 is partially met. Contractor assurance system data is formally documented, but the tracking database is in transition and the new one is not yet available to DOE line management. Results of assurance processes are periodically analyzed, compiled, and reported to DOE line management as part of formal contract performance evaluation

(Appendix F reporting). However, as indicated above, reported data may not adequately indicate assurance system effectiveness.

Criterion 5 -- Contractors have established and implemented sufficient processes (e.g., self-assessments, corporate audits, third-party certifications or external reviews, performance indicators) for measuring the effectiveness of the contractor assurance program.

Criterion 5 is not met. Corrective action effectiveness measurement is required only for those issues identified as a "High Significance Level," defined as "Severe potential risk that poses imminent hazard to worker health and safety, the public, the environment, security, regulatory compliance, facility operations, and/or program/business execution." This level of severity should be rare, so corrective action effectiveness measurement would seldom be required. This seriously skews the measurement process. The *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, assessment found that the system is not uniformly effective in that some previously identified issues (findings) still exist, and some previously completed corrective actions are not fully effective. These results indicate that the contractor's measurement of corrective action effectiveness is not adequate.

Criterion 6 -- Requirements and formal processes have been established and implemented that ensure personnel responsible for managing and performing assurance activities possess appropriate experience, knowledge, skills and abilities commensurate with their responsibilities.

Criterion 6 is not met. Requirements and formal processes have not been established by the assurance system implementing procedures to ensure that personnel responsible for managing and performing assurance activities possess appropriate experience, knowledge, skills and abilities commensurate with their responsibilities. The assurance system implementing procedures do not require that personnel, including management, that are involved with causal investigations possess adequate experience, knowledge, skills and abilities for those assigned duties.

Noteworthy Practices - None

Judgment of Need:

Implement actions detailed on the Action Plan for DOE Implementation Plan for DNFSB Recommendation 2004-1 - F&I Commitment 25.

Performance Objective # 2.1: Contractor line management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance.

Evaluation: Performance Objective partially met

Results:

This objective was evaluated by reviewing the recently conducted Independent Oversight assessment of this area (*Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005), and by reviewing contractor implementation documents.

This Performance Objective is partially met. A formal assessment program has been developed, but detailed processes for collecting qualitative and qualitative information on performance have not been effectively defined. Recent assessments have not provided sufficient information to evaluate the adequacy of programs.

Criterion 1 -- Line management has established and implemented a rigorous assessment program for performing comprehensive evaluations of all functional areas, programs, facilities, and organizational elements, including subcontractors, with a frequency, scope and rigor based on appropriate analysis of risks. The scope and frequency of assessments are defined in site plans and program documents, include assessments of processes and performance-based observation of activities and evaluation of cross-cutting issues and programs, and meet or exceed requirements of applicable DOE directives.

Criterion 1 is not met. LA-CP-05-0381, *Los Alamos National Laboratory Contractor Assurance System Description Document*, issued on April 27, 2005, specifies that a rigorous assessment program be established at each directorate, with a formally issued and reviewed annual assessment schedule that is based on performance and risk. However, *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, identified that two of the four directorates assessed had not prepared such assessment schedules. Scope, frequency, and rigor for scheduled assessments are not specified within program documents, although implementing procedures have been developed and approved for some directorates. As noted in *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, this condition does not meet the requirements of DOE directives.

Criterion 2 -- Rigorous self-assessments are identified, planned, and performed at all levels periodically to determine the effectiveness of policies, requirements, and standards and the implementation status.

Criterion 2 is fully met. Self-assessments have been identified, planned, and performed at all levels as documented within *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005.

Criterion 3 -- Appropriate independent internal assessments are identified, planned and performed by contractor organizations or personnel having the authority and independence from line management, to support unbiased evaluations.

Criterion 3 is fully met. Los Alamos National Laboratories have established an independent group, the Laboratory Audits and Assessments Division, to fulfill this function.

Criterion 4 -- Line managers have established programs and processes to routinely identify, gather, verify, analyze, trend, disseminate, and make use of performance measures that provide contractor and DOE management with indicators of overall performance, the effectiveness of assurance system elements, and identification of specific positive or negative trends. Approved performance measures provide information that indicates how work is being performed and are clearly linked to performance objectives and expectation established by management.

Criterion 4 is partially met. Laboratory management has established programs and processes to make use of performance indicators that are clearly linked to performance objectives and expectations established by management. However, neither LIR 307-01-05.0, *Issues Management Program,* nor LA-CP-05-0381, *Los Alamos National Laboratory Contractor Assurance System Description Document* contain instructions for methods used for collection of performance measure data, specified reporting frequencies, or methods for collection of information. LA-CP-05-0381 does state that performance measures are to be collected and analyzed by laboratory senior management, but no proceduralized details or expectations are provided. The *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, assessment identified that previously identified issues (findings) are still present, and that some corrective actions have not been fully effective. This indicates that the performance indicators presently in use do not adequately reflect how work is being performed.

Criterion 5 -- Line managers effectively utilize performance measures to demonstrate performance improvement or deterioration relative to identified goals, in allocating resources and establishing performance goals, in development of timely compensatory measures and corrective actions for adverse trends, and in sharing good practices and lessons learned.

Criterion 5 is not met. The *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, assessment identified that compensatory measures are often not established for those corrective actions not due for an extended period of time. That assessment also identified that some deficiencies identified by earlier assessments still existed, and that some corrective actions were ineffective. These results indicate that performance indicators do not provide an adequate level of information. Since the performance indicators are not adequate, they cannot be effectively utilized.

Noteworthy Practices – None.

Judgment of Need:

Implement actions detailed on the Action Plan for DOE Implementation Plan for DNFSB Recommendation 2004-1 - F&I Commitment 25.

Performance Objective #2.2: The Contractor has developed and implemented an Operating Experience program that communicates Effective Practices and Lessons Learned during work activities, process reviews, and incident/event analyses to potential users and applied to future work activities.

Evaluation: Performance Objective partially met

Results:

This objective was evaluated by reviewing the recently conducted Independent Oversight assessment of this area (*Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005), and by reviewing contractor implementation documents.

This Performance Objective is partially met. A formally defined Operating Experience program does exist. Information is collected and provided to management and workers. Corrective and preventive actions may be identified by established committees. However, there is no formal process to verify that lessons learned are understood and properly implemented.

<u>Criterion 1</u> -- Formal processes are in place to identify applicable lessons learned from external and internal sources and any necessary corrective and preventive actions, disseminate lessons learned to targeted audiences, and ensure that lessons learned are understood and applied.

Criterion 1 is partially met. A document that provides a compilation of lessons learned is produced quarterly to communicate lessons learned from both laboratory and other DOE sites throughout the laboratory. This publication is widely distributed and easily available. Lessons learned are also communicated to managers and workers through a formal process. Guidance is provided to formally define how lessons learned are to be evaluated for applicability and communicated to the workforce. However, these lessons learned are not formally tied to the issues management process, nor has a formal process been defined to identify necessary corrective and preventive actions to address these lessons learned. There is also no formal process to ensure that the communicated lessons learned are understood and applied properly by the target audience. Procedure changes to incorporate lessons learned from the accident investigation for the laser incident were not accomplished at the time of the *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, months after completion of the investigation. This is not timely execution of corrective actions. Evaluation of lessons learned at other laboratory facilities or other DOE sites for applicability to LANL is assigned to a laboratory headquarters division, who cannot be

expected to be familiar with the facilities for which the evaluation is being made. Assigned individuals therefore may not have sufficient knowledge to determine applicability.

Criterion 2 -- Line managers effectively identify, apply, and exchange lessons learned with the rest of the DOE complex. Lessons learned identified by other DOE organizations and external sources are reviewed and applied by line management to prevent similar incidents/events.

Criterion 2 is partially met. Lessons learned are communicated to managers and workers. A nested system of safety and security committees may determine that actions must be taken to address those concerns. However, no formal process exists laboratory-wide to ensure that line managers effectively apply those lessons. *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, states that the laboratory's issuance of lessons learned for transmittal to other DOE sites has also not been satisfactory.

Criterion 3 -- Formal programs and processes have been established and implemented to solicit feedback or suggestions from workers on the effectiveness of work definition, hazard analyses and controls, and implementation for all types of work activities, and to apply lessons learned.

Criterion 3 is not met. The program specified in laboratory documents does not address the method by which input into the issues management program is to be provided for other than formal and informal assessments and formal accident investigations. This does not provide input to the system from low-level events. No method is specified for providing input in a timely manner from the work control process.

Criterion 4 -- Employee concerns related to management of DOE and NNSA programs and facilities are promptly and thoroughly reported and investigated in accordance with applicable DOE directives.

Criterion 4 is partially met. Several methods are available for laboratory employees to communicate concerns with DOE/NNSA programs, but all are external to the work control and assurance processes. These reporting systems are not formally tied to the issues management system. No method is specified to integrate issues raised using these methods into a single issues list.

Noteworthy Practices - None

Judgment of Need:

Implement actions detailed on the Action Plan for DOE Implementation Plan for DNFSB Recommendation 2004-1 - F&I Commitment 25.

Performance Objective #2.3: Contractor line management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Evaluation: Performance Objective not met.

Results:

This objective was evaluated by reviewing the recently conducted Independent Oversight assessment of this area (*Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005), and by reviewing contractor implementation documents.

This Performance Objective is not met. Events and accidents are not reported within the same issues management tracking database as injuries, and no method for integration of issues is formally specified. Analysis of issues is conducted only for those issues identified as "High," with no analysis specified for lower-level issues. Contractor line management has not established issues management processes to investigate occupational injuries and illnesses at levels below those reported using ORPS.

Criterion 1 -- Formal programs and processes have been established to identify issues and report, analyze, and address operational events, accidents, and injuries. Events, accidents, and injuries are promptly and thoroughly reported and investigated, including the identification and resolution of root causes and management and programmatic weaknesses, and distribution of lessons learned.

Criterion 1 is not met. The issues management system is presently specified in two procedures, LIR 307-01-05.0, *Issues Management Program,* nor LA-CP-05-0381, *Los Alamos National Laboratory Contractor Assurance System Description Document*. Both procedures specify an issues management system, and are not consistent. The LIR directs that all issues within the issues management system are to be entered into the I-Track system, while LA-CP-05-0381 specifies that more than four issue tracking mechanisms exist. Responsibilities and methods for combining issues from the various systems into one integrated listing are not specified by either procedure. The *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, assessment found that conditions identified in assessments completed as much as six years ago still exist, and that some corrective actions were ineffective. Lessons learned from the accident investigation for the laser incident were not incorporated into procedures months after completion of the investigation. These results demonstrate that resolution of deficiencies is neither timely nor effective in all cases. No method is specified for providing input from the first aid database to an integrated tracking mechanism for trending, and no frequency for reviewing this database for issues is specified. With more than four laboratory-wide issue tracking mechanisms, lack of a formally defined program to combine the results of these mechanisms into one central issues management tool significantly degrades management of corrective actions. Senior laboratory management must be made aware of issues before proper prioritization can occur. Since a large number of corrective actions have previously been identified

through formal and informal assessments and accident investigations, a large body of incomplete actions exists, which further complicates issues management. Formal causal analysis is only required for issues rated as "High Significance Level." Causal analysis is not required for lower-level issues.

Criterion 2 -- Reporting of operational events, accidents, and injuries are conducted in accordance with applicable nuclear, security, environment, occupational safety and health, and quality assurance requirements, applicable DOE directives, and contract terms and conditions. Trending analysis of events, accidents, and injuries are performed in accordance with structured/formal processes and applicable DOE directives.

Criterion 2 is not met. The *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, assessment found that those events, accidents, and injuries that rise to the level at which reporting is required, such as ORPS, CAIRS, NTS, and other system, are reported. However, detailed guidance is not provided specifying what how data from these various systems is obtained, how this data is to be trended, and how the results of trending is to be reported.

Noteworthy Practices – None

Judgment of Need:

Implement actions detailed on the Action Plan for DOE Implementation Plan for DNFSB Recommendation 2004-1 - F&I Commitment 25.

Performance Objective #2.4: The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.

Evaluation: Performance Objective not met

Results:

This objective was evaluated by reviewing the recently conducted Independent Oversight assessment of this area (*Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005), and by reviewing contractor implementation documents.

This Performance Objective is not met. The laboratory's formal Issues Management process does not provide sufficient information to evaluate the quality and usefulness of feedback. No formal process exists to validate corrective action effectiveness. The formal process also does not require that extent of condition be established for identified issues. The laboratory-wide issues management process does not define mechanisms to promptly

identify the impact of a deficiency and take timely actions to address conditions of immediate concern. The laboratory's formal issues management process does not define the method or periodicity for communicating issues up the management chain to senior management. Data indicates that lower-level trends, generic issues, and vulnerabilities are not being adequately identified.

The major area of concern for this Performance Objective is that no formal method has been established to ensure that identified issues that involve clear risk of imminent personnel injury or environmental impact receives immediate compensatory measures and high priority for correction.

Criterion 1 -- **Program and performance deficiencies, regardless of their source, are captured in a system or systems that provides for effective analysis, resolution, and tracking. Issues management system elements include structured processes for determination of risk, significance, and priority of deficiencies; evaluation of scope and extent of condition; determination of reportability under applicable requirements; identification of root causes; identification and documentation of corrective actions and recurrence controls to prevent recurrence; identification of individuals/organizations responsible for corrective action implementation; establishment of milestones based on significance and risk for completion of corrective actions; tracking progress; verification of corrective action completion; and validation of corrective action implementation and effectiveness.**

Criterion 1 is not met. Four separate issues tracking mechanisms exist laboratory-wide, with additional tracking mechanisms at lower levels allowed. The first aid reporting mechanism is separate from other tracking. Prioritization is defined within formal processes for only some of these mechanisms. Causal analysis and verification are required only for those issues classified as "High." No formal process exists to validate corrective action effectiveness. The formal process also does not require that extent of condition be established for identified issues.

Criterion 2 -- **Issues management processes include mechanisms to promptly identify the potential impact of a deficiency and take timely actions to address conditions of immediate concern, including stopping work, system shutdown, emergency response, reporting to management, and compensatory measures pending formal documentation and resolution of the issue.**

Criterion 2 is not met. The laboratory-wide issues management process does not define mechanisms to promptly identify the impact of a deficiency and take timely actions to address conditions of immediate concern. Procedures exist at some divisions within the laboratory, but not all. The laboratory-wide issues management program document is silent regarding this evaluation.

Criterion 3 -- **Processes for analyzing deficiencies, individually and collectively, have been established that enable the identification of programmatic or systemic issues. Line management effectively monitors progress and optimizes the allocation of assessment resources in addressing known systemic issues.**

Criterion 3 is not met. No method is specified for providing input from the first aid database to an integrated tracking mechanism for trending, and no frequency for reviewing this database for issues is specified. With more than four laboratory-wide issue tracking mechanisms, lack of a formally defined program to combine the results of these mechanisms into one central issues management tool significantly degrades trending of issues. LA-CP-05-0381, *Los Alamos National Laboratory Contractor Assurance System Description Document* specifies that laboratory management optimize the allocation of assessment resources to address known systemic issues, but provides no details on the mechanism to be used. It assigns the trending duties to the independent assessment group, but does not specify what data is to be collected, how the data is to be obtained, what trending "bins" are to be used, how the results are reported, or periodicity of trending.

Criterion 4 -- Processes for communicating issues up the management chain to senior management have been established and based on a graded approach that considers hazards and risks. Line management receives periodic information on the status of individuals accountable for timely and effective completion of actions. Line management has executed graded mechanisms such as independent verification and performance-based evaluation to ensure that corrective action and recurrence controls are timely, complete, and effective. Closure of corrective actions and deficiencies are based on objective, technically sound, and verified evidence. The effectiveness of corrective actions is determined on a graded basis and additional actions are completed as necessary.

Criterion 4 is not met. The laboratory's formal issues management process does not define the method or periodicity for communicating issues up the management chain to senior management. The *Independent Oversight Inspection Of Environment, Safety, And Health Programs At The Los Alamos National Laboratory*, November, 2005, assessment found that deficiencies identified during previous assessment were still present after completion of corrective actions intended to address them. This indicates that either corrective action closure was premature or that the corrective actions identified were inadequate.

Criterion 5 -- Results of various feedback systems are integrated and collectively analyzed to identify repeat occurrences, generic issues, trends, and vulnerabilities at a lower level before significant problems result.

Criterion 5 is not met. Issues trending is defined within the laboratory's process, but that trending does not integrate all reporting mechanisms. Data indicates that lower-level trends, generic issues, and vulnerabilities are not being adequately identified.

Criterion 6 -- Individuals or teams responsible for corrective action development are trained in analysis techniques to evaluate significant problems using a structured methodology to identify root and contributing causes and corrective actions to prevent recurrence.

Criterion 6 is not met. The experience and qualifications for personnel conducting assurance system duties are not identified within program procedures.

Noteworthy Practices - None

Judgment of Need:

Implement actions detailed on the Action Plan for DOE Implementation Plan for DNFSB Recommendation 2004-1 - F&I Commitment 25.

Performance Objective #3:

DOE line management has established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes.

Evaluation: Performance Objective not met

Results:

This objective was evaluated by reviewing the recently conducted Independent Oversight assessment of this area (*Independent Oversight Inspection Of Los Alamos Site Office Environment, Safety, And Health Programs At Los Alamos National Laboratory*, November, 2005), and by reviewing contractor implementation documents.

This Performance Objective is not met. The Los Alamos Site Office (LASO) oversight process does not have an effective formal process for contractor assurance oversight.

Criterion 1 -- DOE line management has established a baseline line management oversight program that ensures that DOE line management maintains sufficient knowledge of site and contractor activities to make informed decisions concerning hazards, risks and resource allocation, provide direction to contractors, and evaluate contractor performance.

Criterion 1 is not met. The *Independent Oversight Inspection Of Los Alamos Site Office Environment, Safety, And Health Programs At Los Alamos National Laboratory*, November, 2005, assessment found that a baseline line management oversight program does not presently exist for all areas.

Criterion 2 -- DOE line oversight program includes assessments, operational awareness activities, performance monitoring and improvement, and assessment of contractor assurance systems. Documented program plans have been established that define oversight program activities and annual schedules of planned assessments and focus areas for operational awareness. Operational awareness activities must be documented either individually or in periodic (e.g., weekly or monthly) summaries. Deficiencies in programs or performance identified during operational awareness activities are communicated to the contractor for resolution through a structured issues management process.

Criterion 2 is not met. The *Independent Oversight Inspection Of Los Alamos Site Office Environment, Safety, And Health Programs At Los Alamos National Laboratory*, November, 2005, assessment found that, although a formal annual assessment schedule has been prepared, oversight program activities have not been adequately defined by procedures, activities are not always documented, and no defined process exists to ensure that deficiencies identified during activities are communicated to the contractor.

Criterion 3 -- DOE field element line management monitors contractor performance and assesses whether performance expectations are met; that contractors are assessing site activities adequately; self-identifying deficiencies; and, taking timely and effective corrective actions. Responsibilities for line oversight and self-assessment are assigned and managers, supervisors, and workers are held accountable for performance assurance activities. Deficiencies must be brought to the attention of contractor management and addressed in a timely manner.

Criterion 3 is not met. Responsibilities for line oversight and self-assessment are not assigned for all areas. Contractor performance is monitored and assessed against established performance expectations. However, assessment results indicate that evaluation of contractor completion of timely and effective corrective actions may be inadequate. Instances were found in which corrective actions did not correct previously identified deficiencies, and in which corrective actions were not accomplished in a timely manner. No formal process exists to ensure that deficiencies are brought to the attention of the contractor.

Criterion 4 -- DOE line management requires that findings must be tracked and resolved through structured and formal processes, including provisions for review of corrective action plans.

Criterion 4 is not met. No formal process has been defined for tracking and resolving findings. No integrated tracking mechanism exists at the Site Office to allow such tracking, although some individuals are using their own informal tracking mechanisms.

Criterion 5 -- DOE field element line management regularly assesses the effectiveness of contractor issues management and corrective action processes, lessons learned processes, and other feedback mechanisms (e.g., worker feedback). DOE line management must also evaluate contractor processes for communicating information, including dissenting opinions, up the management chain.

Criterion 5 is not met. The *Independent Oversight Inspection Of Los Alamos Site Office Environment, Safety, And Health Programs At Los Alamos National Laboratory*, November, 2005, assessment found that Site Office activity in this area has been focused almost exclusively on programmatic review. DOE self-assessments have identified weaknesses in this area that have not been addressed.

Criterion 6 -- DOE field element line management must verify that corrective actions are complete and performed in accordance with requirements before findings identified by DOE assessments or reviews are closed, and require that

deficiencies are analyzed both individually and collectively to identify causes and prevent recurrences.

Criterion 6 is not met. The *Independent Oversight Inspection Of Los Alamos Site Office Environment, Safety, And Health Programs At Los Alamos National Laboratory*, November, 2005, assessment found that Site Office verification of contractor corrective action closure was ineffective. Deficiencies noted in previous assessments have not been effectively addressed.

Criterion 7 -- DOE field element line management has established appropriate criteria for determining the effectiveness of site programs, management systems, and contractor assurance systems, and includes consideration of previous assessment results, effectiveness of corrective actions and self-assessments, and evidence of sustained management support for site programs and management and assurance systems. Review criteria are based on requirements and performance objectives (e.g., laws, regulations, DOE directives), site-specific procedures/manuals, and other contractually mandated requirements and performance objectives.

Criterion 7 is not met. The *Independent Oversight Inspection Of Los Alamos Site Office Environment, Safety, And Health Programs At Los Alamos National Laboratory*, November, 2005, assessment found that no formally defined Site Office self-assessment process exists, results from previously executed self-assessments have not been addressed, and contractor assurance programs are not adequately implemented. This demonstrates that criteria for evaluating the effectiveness of these areas are either non-existent or inadequate.

Criterion 8 -- DOE field element line management has established and maintained appropriate qualification standards for personnel with oversight responsibilities, and a clear, unambiguous line of authority and responsibility for oversight.

Criterion 8 is partially met. Although qualification standards for personnel with oversight responsibilities exist and are strictly enforced, there is no FRAM for the Site Office that reflects duties and responsibilities as presently assigned. The line of authority and responsibility for oversight is not defined for some areas.

Criterion 9 -- DOE line management periodically reviews established performance measures to ensure performance objectives and criteria are challenging and focused on improving performance in known areas of weakness.

Criterion 9 is partially met. DOE line management at the Site Office does periodically review established performance measures for the contractor to ensure that performance objectives are challenging and focused on known areas of weakness, but the *Independent Oversight Inspection Of Los Alamos Site Office Environment, Safety, And Health Programs At Los Alamos National Laboratory*, November, 2005, assessment found that this review has not driven contractor improvement. Since Site Office activities are not formally defined for all areas, performance measures for the Site Office are also either inadequate or non-existent.

Criterion 10 -- Oversight must include structured and rigorous processes for validating the accuracy of information collected during assessments. DOE field element line management requires that findings must be tracked and resolved through structured and formal processes, including provisions for review of corrective action plans.

Criterion 10 is not met. No processes to accomplish these communications have been formally established by procedure.

Criterion 11 -- An effective employee concerns program been established and implemented in accordance with DOE Directives, that encourages the reporting of employee concerns and provides thorough investigations and effective corrective actions and recurrence controls.

Criterion 11 is not met. A formal employee concerns program does not exist for the Site Office.

Noteworthy Practices - None

Judgment of Need:

Implement actions detailed on the Action Plan for DOE Implementation Plan for DNFSB Recommendation 2004-1 - F&I Commitment 25.

DNSFB Recommendation 2004-1 Implementation Plan

Site Action Plan

Commitment 25, Feedback and Improvement

Approved, Manager, Los Alamos Site Office

Note: Change Control for this Site Action Plan (SAP) resides with the Site Office Manager, with a cc to NA-10.

Objective 1 and 2

Judgment of Need 1

UC needs to perform a causal analysis on Feedback and Improvement Program deficiencies and implement interim compensatory measures for significant vulnerabilities while completing necessary actions to address findings of the causal analysis.

Action Number	Actions	Deliverable(s)	Due Date	Owner / Organization
1.1	Evaluate existing external and internal assessments, DOE accident investigations, Contractor accident investigations, and other existing reviews for identified feedback and improvement deficiencies. Recent reports are considered to be reports issued within the past two years and may include, but are not limited to, DOE Type B Accident Investigations (Acid Vapor Inhalation, Pu-238 Uptake, Americium Contamination), Office of Independent Oversight (SP) Inspection Report, ORR MSAs, SST ORR Report.	Consolidated listing of individual F&I deficiencies linked to the identifying assessment reports, and collective issues identified as a result of linking related deficiencies together.	April 5, 2006	B. Stine, LANL Associate Director for Technical Services

1.2	Complete a causal analysis of collective issues and high significance individual deficiencies.	Causal analysis report with identified contributing and root causes linked to collective issues and high significance individual deficiencies.	April 5, 2006	B. Stine, LANL Associate Director for Technical Services
1.3	Identify vulnerabilities representing significant risk of imminent personnel injury, environmental impact, security weakness, and/or ability to implement programs and projects.	LANL report submitted to LASO identifying specific vulnerabilities identified. (Submitted as a single deliverable with action 1.4 deliverable below)	April 5, 2006	B. Stine, LANL Associate Director for Technical Services
1.4	Implement compensatory measures to address vulnerabilities identified by action 1.3 above.	LANL report submitted to LASO verifying implementation of compensatory measures. (Submitted as a single deliverable with action 1.3 deliverable above)	April 5, 2006	B. Stine, LANL Associate Director for Technical Services

Responsible Manager: UC-LANL Director

Judgment of Need 2

UC needs to develop Feedback and Improvement Program Transition Plan identifying status of the program and recommendations for resolution of deficiencies and the causes of the deficiencies.

Action Number	Actions	Deliverable(s)	Due Date	Owner / Organization
2.1	UC-LANL prepare a feedback and improvement program transition plan for LANS that includes: • The F&I Program Description.* • A list of recent assessments completed (and evaluated above). • The analysis of the assessment results including individual findings and root causes. • Compensatory measures implemented. • The recommended path forward with proposed corrective actions linked to deficiencies and root causes.	Forwarding memorandum and transition plan. *Note that the F&I Program Description may be a matrix of elements of other existing programs such as CAS, ISM, ORPS, Issues Management, etc. that comprise F&I objectives and criteria implementation.	May 31, 2006	B. Stine, LANL Associate Director for Technical Services

Responsible Manager: UC-LANL Director

Judgment of Need 3

LANS needs to develop a Feedback and Improvement Program Description Document and Corrective Action Plan.

Action Number	Actions	Deliverable(s)	Due Date	Owner / Organization
3.1	LANS prepare, approve, and transmit to LASO a feedback and improvement program description document that identifies how the objectives and criteria from F&I CRAD* are met. *F&I CRAD includes those objectives and criteria evaluated and documented in the Los Alamos Site Office Assessment Report, DOE Implementation Plan for DNFSB Recommendation 2004-1 - F&I Commitment 25. They can also be found in the forthcoming DOE Oversight Manual and at http://www.2004-1.org	Forwarding memorandum and F&I Program Description Document.	June 21, 2006	TBD
3.2	LANS develop, approve, and transmit to LASO a feedback & improvement corrective action plan to address the information from the transition plan.	Forwarding memorandum and the F&I Corrective Action Plan including identification of the schedule for completion and responsible individual for each action.	June 21, 2006	TBD
3.3	LANS develop, approve, and transmit to LASO a list of F&I performance indicators for inclusion in the FY07 contract evaluation process.	Forwarding memorandum and F&I recommended performance indicators.	June 21, 2006	TBD

Responsible Manager: LANS Director

Objective 3

Judgment of Need 4

NNSA LASO needs to formally implement programs that incorporate elements of feedback and improvement for use managing the site office and providing oversight of the LANL contractors.

Action Number	Actions	Deliverable(s)	Due Date	Owner / Organization
4.1	LASO evaluate recent external and self-assessment reports for deficiencies in Feedback and Improvement. Recent reports include, but are not limited to, DOE Type B Accident Investigations (Acid Vapor Inhalation, Pu-238 Uptake, Americium Contamination), Office of Independent Oversight (SP) Inspection Report, ORR MSAs, SST ORR Report.	Consolidated listing of LASO F&I deficiencies linked to the identifying assessment reports and root causes for related deficiencies.	April 12, 2006	Gerald Schlapper, Safety and Health Manager
4.2	LASO revise and/or develop and implement processes and procedures that implement a Feedback and Improvement Program.	Issued LASO Policies and Procedures that incorporates the elements of a feedback and improvement program.	March 29, 2006	Herman LeDoux, SPT Readiness Team Manager
4.3	LASO assess the implemented processes and procedures utilizing the F&I CRAD criteria to verify incorporation into action 3.1.2 deliverables and resolution of 3.1.1 identified deficiencies.	A report transmitted to the Site Office Manager documenting the assessment of Action 3.1.2 deliverables, resolution of Action 3.1.1 deficiencies, and a crosswalk identifying where the CRAD criteria are incorporated and	June 28, 2006	Gerald Schlapper, Safety and Health Manager

		deficiencies resolved and including follow-on actions as necessary.		
4.4	LASO verifies the implementation of LANL compensatory measures implemented in accordance with action 1.4 above	LASO documentation of a review/s verifying implementation of compensatory measures.	May 3, 2006	Gerald Schlapper, Safety and Health Manager
4.5	LASO reviews and concurs with LANS corrective action plan completed in accordance with action 3.2 above.	Concurrence letter from LASO to LANS.	July 30, 2006	Gerald Schlapper, Safety and Health Manager

Responsible Manager: LASO Manager

National Nuclear Security Administration

Department of Energy
National Nuclear Security Administration
Livermore Site Office
PO Box 808, L-293
7000 East Avenue
Livermore, California 94551-0808

JAN 31 2006

MEMORANDUM FOR THOMAS P. D'AGOSTINO
ASSISTANT DEPUTY ADMISTRATOR FOR
PROGRAM INTEGRATION

FROM: for CAMILLE YUAN-SOO HOO
MANAGER

SUBJECT: Feedback and Improvement Assessment and Site Action Plan for Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1 Commitment 25
(Doc. # LSOAMTS:060015)

REFERENCES:

1) Memorandum from D'Agostino to Site Managers, Requesting the Submittal of Site Assessment Report and Site Action Plan for DNFSB Recommendation 2004-1 Commitment 25, dated November 14, 2005

2) Email from Carl Sykes to Distribution, DNFSB Commitment 25 Template, dated December 12, 2005

Attached for your review please find the Livermore Site Office Site Assessment Report and the Livermore Site Action Plan for Commitment 25 of the DNFSB Recommendation 2004-1 Implementation Plan. The Site Assessment Report and Site Implementation Plan follow the template distributed in reference 2.

If you have any questions, please contact Mrs. Trang Ha of my staff at (925) 422-3135.

Attachments
(1) Livermore Site Office Site Assessment Report Feedback & Improvement Commitment 25 – DNFSB Recommendation 2004-1
(2) DNFSB Recommendation 2004-1 Implementation Plan Site Action Plan Commitment 25, Feedback and Improvement

cc:
Carl Syke, NA-124
Wayne Shotts, LLNL, L-001
Bill Bookless, LLNL, L-668
Rex Beach, LLNL, L-470

LSOAMTS:060015:THa:amh:013106

Livermore Site Office Site Assessment Report
Feedback & Improvement Commitment 25 – DNFSB Recommendation 2004-1

Results of Assessment of the
Effectiveness of Feedback & Improvement Processes
at Lawrence Livermore National Laboratory

January 30, 2006

Objective: F&I-1: Contractor Program Documentation

Contractor Line management has established a comprehensive and integrated operational assurance system which encompasses all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions, and share in lessons learned effectively across all aspects of operation.

Evaluation

Performance Objective Partially Met

Results

This objective was evaluated through a combination of previous evaluations[1] from external organizations and the Livermore Site Office (LSO) (i.e., the 2004 Independent Oversight Inspection of ES&H Management at LLNL (2004 OA-40 assessment) conducted by the Office of Independent ES&H Oversight and Performance Assurance (now known as OA-40), the Livermore Site Office For-Cause Appraisal of the LLNL Radiation Protection Program conducted in January 18-28, 2005, etc.), and the LSO's review of a number of ES&H self assessments conducted by LLNL. Note that the evaluation of criterion was limited to only the ES&H aspect of the contractor assurance system.

LLNL has a Contractor Assurance System (CAS) Program Description that has been approved by LSO. The LLNL's CAS Program Description is being updated and reviewed/approved by LSO on an annual basis as appropriate. LLNL's safety management system is described in the LLNL Integrated Safety Management System Description (ISMSD), Version 8, May 2005. On an annual basis, the LLNL ISMSD is being revised and is subjected to a formal review/approval process by LSO.

---

[1] Examples of previous assessments:
- 2004 Office of Independent Oversight and Assurance Assessment
- 2005 LSO Radiation Protection For Cause Review
- 2006 LSO Management Self Assessments for the CDNS Review

LLNL has structured processes in place to evaluate ES&H facility conditions, processes, and performance at the department/division, directorate, and institutional levels. The evaluation also includes the work of the subcontractors. The results of LLNL's ES&H assessments are documented in the LLNL Issues Tracking System (ITS). LLNL's procedures also require periodic analysis, tracking, and trending of the data. Some information tracked in the LLNL ITS is available to LSO real time (LSO has electronic access to the data), while other information is available upon request. Performance records related to performance measures are included in the UC LLNL contract with DOE (Contract 48) and are formally documented and available for LSO's review. Other reporting requirements such as Occurrence reporting, occupational injury and illness reporting, and Price-Anderson Amendments Act (PAAA) reporting are also included in the Contract 48. These programs are being implemented by LLNL and being monitored by LSO. LLNL also has a formal Lessons Learned program. The skills, knowledge and ability (SKA) requirements for assessors from some LLNL's organizations (i.e. the ES&H Assurance Office (EAO)) follow a formal process. However, these assessors' SKA requirements are not formal and consistent across the institution.

Weaknesses were observed during previous assessments in the implementation of the LLNL's feedback and improvement processes. These weaknesses reduce the effectiveness processes (see Performance Objective F&I-2 for more details). In addition the formality of the LLNL CAS may need to be improved in some areas as LLNL implements the requirements of DOE Order 226.1.

Noteworthy Practices:

None reported

Judgments of Need:

1. Additional upgrades in the LLNL CAS may be required as a result of the issuance of DOE Order 226.1.
2. Develop and implement a formal process to ensure that ES&H assessors possess the skills, knowledge and ability (SKA) to perform their responsibilities.
3. Complete corrective actions for 2004 OA-40 assessment as appropriate

Objective: F&I-2: Contractor Program Implementation

2.1: Assessments & Performance Indicators: Contractor Line management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance.

Evaluation:

Performance Objective is partially met

Results:

All five criteria under this sub-objective were reviewed by a number of previous assessments[1]. These assessments found that the framework for ISMS including the area of Feedback and Improvement was in place; however there were a number of weaknesses identified in the implementation of the programs. Examples of weaknesses found include the following:

- Assessment plans are not being sufficiently tailored to the specific activities and facilities of Directorate organizations.
- Many assessments lack the depth, rigor, and focus on performance and safety program implementation necessary to effectively measure the adequacy of processes and performance
- Many safety programs have not been evaluated for adequacy of the processes and implementation on an institutional level.
- Documentation of some assessments and inspections was not timely and adequate.
- Analysis of ES&H data was not clearly delineated and LLNL management had failed to capitalize on the analysis and the data provided to formally address the findings.
- Deficiencies identified in the corrective actions and issues management for the radiation protection program

Corrective actions in response to findings from the previous assessments are being implemented. Management self assessments (MSA) conducted by LSO and LLNL in January 2006 in preparation for the CDNS biennial review found strong commitments from LLNL management as well as staff to improving safety performance and reducing injuries and operational incidents. Examples of improvements including:

- LLNL has made key organizational changes in 2005. LLNL's independent assessment program, managed by the Assurance Review Office (ARO) has been reorganized (now known as the ES&H Assurance Office – [EAO]) to include the functions of the Price Anderson Amendment Act (PAAA) Office including oversight of the implementation of the program and NTS reporting. The EAO has developed a procedure to select assessment topics on a risk-based approach. LLNL has also established the Office of Performance Analysis (OIPA). The OIPA pulls together the functions of Occurrence Reporting and Processing System (ORPS) and Computerized Accident/Incident Reporting System (CAIRS) reporting as well as the Lessons Learned Program under a single management structure enabling better communication and analysis of conditions that may have been otherwise missed.
- The Directorate Self-Assessment Program, LLNL ES&H Document 4.1 *Directorate ES&H Self-Assessment Program* was revised to strengthened requirements for assessment activities and documentation.
- Progress has been made in effort to revise the ES&H issues tracking requirements.

Some key corrective actions of the feedback for improvement weaknesses are still being implemented. The effectiveness of some completed corrective actions, such as the new Directorate self-assessment program, will require implementation time before it can be evaluated. LSO has some concerns on the adequacy of LLNL's requirements for causal analysis as well as the implementation of the existing requirements of the causal analysis process. LSO will continue to monitor the progress of the corrective actions for major issues and deficiencies.

Noteworthy Practices:

None reported

Judgments of Need:

1. Complete corrective actions from the 2004 OA-40 Assessment and the LSO 2005 Radiation Protection For-Cause Review.
2. Evaluate the effectiveness of the corrective actions and make additional changes/improvements if necessary.
3. Implement DOE Order 226.1.

Objective: F&I-2: Contractor Program Implementation

2.2 Operating Experience: The Contractor has developed and implemented an Operating Experience program that communicates effective practices and Lessons Learned during work activities, process reviews, and incident/event analyses to potential users and applied to future work activities.

Evaluation:

Objective is met, but judgments of need were identified.

Results:

All criteria under this sub-objective were reviewed in previous assessments[1]. LLNL's ORPS reporting process is well documented in the ISMS Description and the LLNL ES&H Manual. LLNL has documentation of identifying Lessons Learned for organizations outside the Laboratory as well as submitting Lessons Learned for consideration by the DOE Complex. Lessons Learned are electronically captured and posted by subject area to be integrated with the work planning process. Lessons Learned at the activity level, through post-job briefings are inconsistently performed. The 2004 OA-40 Assessment Report states: "Increased rigor is needed to ensure that Lessons Learned are consistently evaluated for applicability to LLNL activities and conditions and that corrective/preventive actions tailored to LLNL are identified and implemented where appropriate". The LLNL Corrective Action 1.6 provides LLNL with process improvements to strengthen this feedback.

Improvements may be required when DOE Order 210.X is finalized and issued.

Noteworthy Practices:

None reported

Judgments of Need:

1. Implement and measure the effectiveness of Corrective Action 1.6 of the OA-40 Corrective Action Plan.
2. Implement requirements of DOE Order 210.X when it is issued.

Objective F&I-2: Contractor Program Implementation

2.3: Event Reporting: Contractor line management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Evaluation:

Performance Objective is partially met.

Results:

All criteria under this sub-objective were reviewed during previous assessments[1]. The 2004 OA-40 assessment (Finding #11) found that "LLNL deficiency and issues management process and performance are not fully effective in documenting ES&H program and performance deficiencies and ensuring that effective corrective and preventive actions are developed and tracked to completion". The 2004 OA-40 assessment (Finding #12) also found that "Injury and illness investigations lack sufficient rigor to ensure that causes are identified and that appropriate, effective and preventive actions are identified and implemented." Progress has been made in bringing additional formality for the program to identify issues and report, analyze, and address operational events, accidents, and injuries through recent changes to the LLNL ES&H Manual. These improvements include changes to address root cause, effectiveness reviews and extent of condition actions that enhance the program.

LLNL has recently revised the illness and injury analysis and reporting process in response. This revision will be implemented in 2006 and improve promptness of reporting and rigor of analysis and resolution of corrective actions. The Employee Concerns Program is established, institutionalized and utilized at LLNL and additional rigor will be implemented.

The DOE Office of Enforcement conducted an assessment of the Price Anderson Amendments Act (PAAA) Program in 2004 and the corrective actions approved to address the findings are nearly all complete. PAAA reporting procedures have been upgraded and extensive training has been provided to those managers and workers who must implement the program. The LLNL PAAA Office was reorganized as discussed in sub-objective 2.1.

LLNL has filed a recurring ORPS report in 2005 that addresses under reporting of some radiological contaminations. This occurrence was primarily a result of changes in DOE Order 231.1A that were not fully captured in training for those responsible to identify conditions that could lead to the filing of an occurrence report. The training has now been revised and necessary workers and managers are being trained. Agreements were reached in December 2005 between NNSA/LSO and LLNL on the conditions to be

tracked and analyzed in accordance with DOE O 231.1A. LSO's operational awareness activities identified some weaknesses in the LLNL's causal analysis and the corrective actions tracking for some occurrence reports. LSO is continuing to work with LLNL to correct these weaknesses.

The new LLNL Office of Institutional Performance Analysis (OIPA) is bringing more consistency in the event reporting process. This Office is also assuming responsibility for quarterly ORPS analysis as required by DOE Order 231.1A and providing the insight from other non-ORPS events.

Security events are reported using a documented procedure. Implementation of the security reporting process was assessed and a report was issued on August 31, 2005.

Noteworthy Practices:

None reported

Judgments of Need:

1. Implement and measure the effectiveness of corrective actions from the OA-40 Assessment.
2. Complete the training of all employees and managers responsible for ORPS reports based on updated training plans.
3. Implement DOE Order 210.X when it is issued.

Objective F&I-2: Contractor Program Implementation

2.4: Issues Management: The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.

Evaluation:

Performance Objective is partially met. Judgments of need have been identified.

Results:

All criteria under this sub-objective were reviewed during previous assessments[1]. ES&H deficiencies and issues are captured in LLNL's Issues Tracking System (ITS) database. There is no limitation as to what can be tracked. There are minimum data elements that must be tracked. Each directorate manages their own data, and the OIPA manages the institutional data in the ITS. Deficiencies are required to be track to closure and an analysis must be performed and discussed in the annual self-assessment reports at the directorate level.

The 2004 OA-40 assessment (Finding #11) found deficiencies in the issues management process at LLNL. The 2004 OA-40 Assessment Report states: "The new issues tracking system tool for tracking ES&H deficiencies and issues provides much better flexibility and accessibility for monitoring performance and identifying trends. However, inconsistencies and weaknesses in processes and the implementation of feedback and improvement mechanisms have hindered their effectiveness in driving continuous improvement in ISM implementation." Corrective actions to address weaknesses in the issues management process are on-going. LLNL continues to improve the reporting capability of ITS to support easy analysis of individual and collective deficiencies.

ISMS Description version 8 addresses the mechanisms to promptly identify the potential impact of a deficiency and take timely actions to address conditions. The requirements of the ISMS Description flow down to ES&H Manual documents and other documents as described in ES&H Manual document 2.2 *Managing ES&H for LLNL Work.*

LLNL's new Office of Performance Analysis has been established to specifically conduct analysis of ES&H data and provide management with better and timelier analysis of ES&H issues. However, this office is not fully staffed and all procedures are not issued. Directorate managers review ITS entries and completion rates for deficiencies and issues. Periodic reports have been provided which analyze and trend available ES&H data. ES&H metrics are being developed and reports to senior management on performance of these metrics will be provided periodically by the OIPA.

LLNL has conducted quarterly analysis of ORPS recurring events per DOE O 231.1A. LLNL and NNSA/LSO finished in December 2005 an agreement on below-ORPS reportable events for analysis. LSO's operational awareness activities identified some weaknesses in the causal analysis and the corrective actions tracking for some occurrence reports. LSO is continuing to work with LLNL to correct these weaknesses. The 2006 LSO management assessment for the CDNS biennial review identified a weakness in the adequacy of LLNL's requirement as well as implementation of the existing requirements for causal analysis. Training for personnel responsible for data analysis is also needed.

Noteworthy Practices:

None reported

Judgments of Need:

1. Complete corrective actions related to the LLNL Issues Tracking System.
2. Complete staffing for the LLNL Office of Performance Analysis.

Performance Objective F&I-3: DOE Line Management Oversight

DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes

Evaluation:

Performance objective is partially Met. Judgments of need have been identified

Results:

This objective was evaluated through a combination of previous evaluations[1] from the Office of Independent ES&H Oversight (OA-40) assessment of ES&H Management Program at LLNL in 2004, and the Livermore Site Office (LSO) management self assessments conducted in January 2006 in preparation for the Chief of Defense Nuclear Safety (CDNS) biennial review.

All criteria under this objective were evaluated during previous assessments. The 2004 OA-40 found that LSO has made progress in developing oversight program direction and guidance. However, in part because of the NNSA reengineering at the time of the review, OA-40 found that many aspects of the LSO program were not fully functional or in need of revision to reflect current operations. Major findings with LSO's line oversight program from the 2004 OA-40 assessment (Finding #8 and #9) were:

- Important elements of the LSO line management oversight program are not fully established or effectively implemented or effectively implemented in the areas of memoranda of understanding, clear responsibilities and authorities, standard operating procedures, assessment schedules, employee concerns programs, the lessons learned process, technical qualification, and document storage.
- LSO operational awareness activities, assessments, facility representative reviews, and issues management process are not sufficiently rigorous to ensure continuous improvement in LLNL ES&H programs and performance.

Corrective actions are being implemented to address the findings from the 2004 OA-40 findings. LSO conducted nineteen management self assessments (MSA) in January 2006 in preparation for the CDNS biennial visit and found significant progress has been made in correcting the weaknesses identified by the 2004 OA-40 assessment. Examples of improvements made include:

- Reorganizing safety responsibilities to balance workload among the Assistant Managers
- Scheduling and implementing functional area reviews

- Requesting support (from the Service Center and other external organizations) to perform appraisals in critical areas such as the Nuclear Facilities Training and Qualification Program Assessment, the Radiation For Cause Review, Fire Protection, etc.
- Filling of critical positions such as System Engineers and Facility Representatives.
- Obtaining clearance for the Radiation Protection SME to perform oversight of nuclear operations and facilities
- Identifying critical work items for all LSO organizations and tracking deliverables performed by the responsible Assistant Managers.

Not all corrective actions for the 2004 OA-40 assessment are completed, however all actions are on schedule. Some corrective actions from the LSO 2003/2004 self-assessments have not been completed. Major deficiencies include:

- There is no integrated tool for issues management and corrective action tracking for use at the working level at this time.
- The FR Training and Qualification Program need revision.

Noteworthy Practices

None identified

Judgments of Need:

1. Complete corrective actions for the 2004 OA-40 assessment.
2. Complete corrective action for the LSO 2003/2004 self assessment.
3. Develop and implement corrective action plan for the 2006 CDNS management self assessments.

DNSFB Recommendation 2004-1 Implementation Plan

Site Action Plan

Commitment 25, Feedback and Improvement

Camille Yuan-Soo Hoo, Livermore Site Office

LSOAMTS:060015Attachment2:THa:amh:013106

Site Action Plan
F&I Commitment 25 – DNFSB Recommendation 2004-1
Livermore Site Office

Objective: F&I-1: Contractor Program Documentation

Contractor Line management has established a comprehensive and integrated operational assurance system which encompasses all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions, and share in lessons learned effectively across all aspects of operation.

Judgments of Need
Additional upgrades in the LLNL CAS may be required as a result of the issuance of DOE Order 226.1.

Action	Deliverable(s)	Due Date	Owner / Org
1. Implement DOE O 226.1	1. Revise the ISMSD to incorporate the implementation of DOE O 226.1	9/30/06	LLNL Safety and Environmental Protection (SEP) Directorate
	2. Revise the LLNL ES&H Manual as appropriate	9/30//06	LLNL Safety and Environmental Protection (SEP) Directorate
2. Develop and implement a formal process to ensure that ES&H assessors possess the skills, knowledge and ability (SKA) to perform their responsibilities.	Develop the training requirements for ES&H assessors	TBD (pending discussion with LLNL)	LLNL SEP Directorate
3. Develop corrective action plan for issues/deficiencies related to Contractor Program Documentation identified from the CDNS Management Self Assessments (SMAs)	Prepare corrective action plan for issues/findings from the CDNS SMAs	2/28/2006	LLNL SEP Directorate

Existing Corrective Actions:

Criterion	Source of Corrective Action / Identification Number	Corrective Action	Due Date	Action Owner / Organization
5	2004 OA-40 CAP – Corrective Action 10.1	Conduct line management walk-downs at the activity level by line management to certify current ISM requirements are implemented.	Completed 10/31/05	LLNL SEP Directorate
5	2004 OA-40 CAP Supplement – Corrective Action 1.2b	Verify the effectiveness of corrective actions taken in response to the findings from the line management walk-downs at the activity level	8/31/06 (tentative)	LLNL ES&H Assurance Office
5	OA-40 Corrective Action 10.2	Revise LLNL Policy on ES&H Manual 4.1 *Directorate Self Assessment Program*	Completed	LLNL Safety and Environmental Protection Directorate
5	OA-40 Corrective Action 10.4	Senior manages will ensure implementation of improved assessments during annual Directors Review	1/31/07	LLNL Deputy Director for Operations

Site Action Plan
F&I Commitment 25 – DNFSB Recommendation 2004-1
Livermore Site Office

Objective 2.1: Assessments & Performance Indicators: Contractor Line management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance

Judgments of Need

Action	Deliverable(s)	Due Date	Owner/Org
1. Implement DOE O 226.1	Revise ISMSD and ES&H Manual as necessary	9/30/06	LLNL SEP Directorate
2. Develop corrective action plan for issues/deficiencies related to Assessments & Performance Indicators identified from the CDNS Management Self Assessments (SMAs)	Prepare corrective action plan for issues/findings from the CDNS SMAs	2/28/06	LLNL SEP Directorate

Existing Corrective Actions

Criterion	Source of Corrective Action/Identification number	Corrective Action	Due Date	Action Owner/Organizations
2	OA-40 Assessment Corrective Action 10.1	Conduct field walkdowns by line management to certify current ISM requirements are implemented.	Completed	LLNL Safety and Environmental Protection Directorate
2	OA-40 Assessment Corrective Action 10.2	Revise LLNL Policy on ES&H Manual 4.1 *Directorate Self Assessment Program*	Completed 10/31/05	LLNL Safety and Environmental Protection Directorate
2	OA-40 Assessment Corrective Action 10.3	Revise ES&H Manual on self-assessments requirements.	Completed	LLNL Safety and Environmental Protection Directorate
2	OA-40 Assessment Corrective Action 10.4	Senior manages will ensure implementation of improved assessments during annual Directors Review	1/31/07	LLNL Deputy Director for Operations
3	For Cause Radiation Protection Program Assessment	Address deficiency that LLNL does not have a formal process or methodology to evaluate cumulative results of individual audit.	TBD-CAP not yet approved	LLNL Safety and Environmental Protection Document

2.2 Operating Experience: The Contractor has developed and implemented an Operating Experience program that communicates Effective Practices and Lessons Learned during work activities, process reviews, and incident/event analyses to potential users and applied to future work activities.

Judgments of Need: Implement requirements of DOE Order 210.X when it is issued.

Action	Deliverable(s)	Due Date	Owner/Org
1. Implement DOE O 210.X	Revise ISMSD and ES&H Manual as necessary	Nine months after issue of the draft Order	LLNL SEP Directorate
2. Develop corrective action plan for issues/deficiencies related to Operating Experience identified from the CDNS Management Self Assessments (SMAs)	Prepare corrective action plan for issues/findings from the CDNS SMAs	2/28/06	LLNL SEP Directorate

Existing Corrective Actions

Criterion	Source of Corrective Action/Identification number	Corrective Action	Due Date	Action Owner/Organizations
8	OA-40 Assessment Corrective Action 1.6	Strengthen feedback and improvement at the activity level	12/31/06	LLNL SEP Directorate
8	OA-40 Assessment Corrective Action 1.7	Effectiveness review of implementation of work control system	1/31/08 (tentative)	LLNL Deputy Director for Operations

Objective 2.3: Event Reporting: Contractor line management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Judgments of Need

Action	Deliverable(s)	Due Date	Owner/Org
1. Implement DOE O 226.1	Revise ISMSD and ES&H Manual as necessary	9/30/06	LLNL SEP Directorate
2. Develop corrective action plan for issues/deficiencies related to Event Reporting identified from the CDNS Management Self Assessments (SMAs)	Prepare corrective action plan for issues/findings from the CDNS SMAs	2/28/06	LLNL SEP Directorate

Existing Corrective Actions

Criterion	Source of Corrective Action/Identification number	Corrective Action	Due Date	Action Owner/Organizations
11	OA-40 Assessment Corrective Action 12.1	Revise paper version of the SAAR form	Completed	LLNL SEP Directorate
11	OA-40 Assessment Corrective Action 12.2	Revise electronic CAR form and link it with associated databases	2/14/05	LLNL SEP Directorate
11	OA-40 Assessment Corrective Action 12.3	Revise ES&H Manual	Completed	LLNL SEP Directorate
11	OA-40 Assessment Corrective Action 12.4	Verify effectiveness of changes	4/30/06	LLNL SEP Directorate

Objective 2.4 Issues Management: The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.

Judgments of Need

Action	Deliverable(s)	Due Date	Owner/Org
1. Complete staffing of OIPA	n/a	6/30/06	LLNL SEP Directorate
2. Develop corrective action plan for issues/deficiencies related to Issues Management identified from the CDNS Management Self Assessments (SMAs)	Prepare corrective action plan for issues/findings from the CDNS SMAs	2/28/06	LLNL SEP Directorate

Existing Corrective Actions

Criterion	Source of Corrective Action/Identification number	Corrective Action	Due Date	Action Owner/Organizations
13	OA-40 Assessment Corrective Action 11.1	Address timely release of deficiencies in ITS to Lab view	Completed	LLNL SEP Directorate
13	OA-40 Assessment Corrective Action 11.2	Revise ES&H Manual Document to improve ITS entry	Completed	LLNL SEP Directorate
13	OA-40 Assessment Corrective Action 11.3	Approve ES&H Manual	2/28/06	LLNL SEP Directorate
13	OA-40 Assessment Corrective Action 11.4	Modify ITS to provide more access	4/30/06	LLNL SEP Directorate
13	OA-40 Assessment Corrective Action 11.5	Effectiveness review	10/30/06	LLNL SEP Directorate

Performance Objective F&I-3: DOE Line Management Oversight
DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes

Judgments of Need

Action	Deliverable(s)	Due Date	Owner/Org
1. Develop corrective action plan for issues/deficiencies related to DOE Line Management Oversight from the CDNS Management Self Assessments (SMAs)	Prepare corrective action plan for issues/findings from the CDNS SMAs	2/28/06	LSO Technical Deputy Safety and Environment Programs

Existing Corrective Actions (only open corrective actions are listed)

Criterion	Source of Corrective Action/Identification number	Corrective Action	Due Date	Action Owner/Organizations
2, 4	OA-40 Assessment Corrective Action 8.2	Implemented LSO wide management system	12/06	LSO Assistant Manager for Business Management
2,4	OA-40 Assessment Corrective Action 8.4	Verify effectiveness of corrective actions	06/30/06	LSO Senior Safety Advisor
2	OA-40 Assessment Corrective Action 9.2	Report on a follow-up FISHE review conducted after the implementation of the training/mentoring	06/30/06	LSO Senior Safety Advisor

Department of Energy
National Nuclear Security Administration
Nevada Site Office
P.O. Box 98518
Las Vegas, NV 89193-8518

FEB 0 8 2006

Thomas P. D'Agostino, Acting Deputy Administrator for Defense Programs, NNSA/HQ
(NA-10) FORS

FEEDBACK AND IMPROVEMENT (F&I) ASSESSMENTS AND SITE ACTION PLAN (SAPs) FOR DEFENSE NUCLEAR FACILITIES SAFETY BOARD (DNFSB) RECOMMENDATION 2004-1 COMMITMENT 25

Your memorandum dated November 14, 2005.

The DNFSB issued Recommendation 2004-1, Oversight of Complex, High-Hazard Nuclear Operations, on May 21, 2004. The Department accepted the Board's recommendation on July 21, 2004, and developed its statutorily-required Implementation Plan in response to the Board's recommendation. In your November 14, 2005, memorandum you requested that each Site Office conduct or utilize previous F&I assessments and develop SAPs.

Enclosed are the NNSA Nevada Site Office (NNSA/NSO) F&I assessment and SAP. Many of the findings identified in the SAP were previously identified in an NNSA/NSO Management Self-Assessment and the Chief Defense Nuclear Safety review of nuclear operations and activities at the Nevada Test Site. A formal corrective action plan has been developed and approved by this office.

If you have any questions, please feel free to contact me at (702) 295-3211 or my point of contact, Michael A. Marelli, at (702) 295-0991.

K A Carlson

Kathleen A. Carlson
Manager

O/AMSP:KAH-6134
AOM 04-01

Enclosures:
As stated

cc w/encls:
F. B. Russo, NNSA/HQ (NA-1) FORS
C. R. Sykes, NNSA/HQ (NA-124) GTN

Enclosure 1

NNSA/NSO DNFSB 2004-1 Commitment 25 NSO Site Action Plan

No.	Issue (CRAD Area)	Issue Category	Issue Statement	Contractor or Office Assigned	Lead for Corrective Action	Closure Due Date	caWeb Ref. #	Actions to Remedy the finding
1		F	DOE O 226.1, Attachment 2, Section 2.e. requires that personnel who manage and perform assurance functions must possess experience, knowledge, skills, and abilities commensurate with their responsibilities. Although this requirement is implemented in performance documents *(refer to CRADs F&FI-1/6 and F&FI-2-2.4/6)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.	BN	Contractor Assurance & Compliance (Barbero)	**7/31/2006**	**9645**	The identified weaknesses only exist as deficient narratives in the BN CAS Program Description Document. As the actual CAS processes referenced are fully implemented in BN performance documents and work instructions and have been applied in the field, BN's planned corrective action for the issue is restricted to enhancing the narrative in the CAS Program Description Document to more adequately address the three areas. This change is scheduled to be completed and submitted for approval within 90 days following the incorporation of DOE O 226.1 into the Prime Contract or by July 31, 2006, whichever occurs first.

NNSA/NSO DNFSB 2004-1 Commitment 25 NSO Site Action Plan

No.	Issue (CRAD Area)	Issue Category	Issue Statement	Contractor or Office Assigned	Lead for Corrective Action	Closure Due Date	caWeb Ref. #	Actions to Remedy the finding
2		F	DOE O 226.1, Attachment 2, Section 1 requires the contractor to flow down the requirements of the CRD to subcontractors to the extent necessary to ensure the subcontractors compliance with requirements. Although this requirement is implemented in performance documents *(refer to CRAD F&FI-1/3)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.	BN	Contractor Assurance & Compliance (Barbero)	7/31/2006	9645	See item 1
3		F	DOE O 226.1, Attachment 2, Appendix A, Section 4 requires the implementation of processes to solicit feedback from workers and activities. Although this requirement is implemented in performance documents *(refer to CRADs F&FI-2-2.2/4)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.	BN	Contractor Assurance & Compliance (Barbero)	7/31/2006	9645	See item 1
4	F&I-3 Criteria 1	F	NSO has not scheduled and executed functional assessments in accordance with NSO M 220.XC, *NNSA/NSO Oversight Management System*, dated 12-16-03.	NSO	MSSP Brock	6/30/06		NSO will develop an integrated assessment schedule. MSSP conducts oversight of the schedule on a monthly basis.
5	F&I-3 Criteria 3,7,8	OFI	To institutionalize BN's Contractor Assurance System, NSO should capture the process within the NSO directives and include a provision for NSO personnel to negotiate and validate the performance metrics.	NSO	AMSP Hoar	9/30/06		NSO develops BCR and Format 1 for DOE O 226.1 Implementation. Presents to Contract Review Group for incorporation into Work Smart Standards.

NNSA/NSO DNFSB 2004-1 Commitment 25 NSO Site Action Plan

No.	Issue (CRAD Area)	Issue Category	Issue Statement	Contractor or Office Assigned	Lead for Corrective Action	Closure Due Date	caWeb Ref. #	Actions to Remedy the finding
6	F&I-3 Criteria 3	OFI	The Quarterly Performance Indicator could be greatly enhanced by including accomplishments of Facility Representatives having a positive influence on operations.	NSO	AMSO Seaborg	9/30/06		AMSO will evaluate its quarterly report and modify report to positively communicate positive influences by the Facility Representatives.
7	F&I-3 Criteria 4	F	NSO issues are not always effectively tracked and managed utilizing the site's issue management database (caWeb).	NSO	MSSP Brock (All AM's)	9/30/06		NSO will revise its NSO M 220.XC, *NNSA/NSO Oversight Management System* to include a process for the Management System Steering Panel to track and monitor caWeb issues.
8	F&I-3 Criteria 4	F	caWeb is not being appropriately implemented for NSO quality assurance issues.	NSO	AMSP Sanchez AMNS Parker	9/30/06		NSO management will make a more concerted effort to ensure all assessment findings are placed into caWeb.
9	F&I-3 Criteria 4	OFI	NSO/BN should consider an assessment on the caWeb system to determine if improvements to root cause identification can be made to better determine root causes.	NSO	AMSP Sanchez Marelli	8/30/06		NSO will conduct an assessment to determine if the issues management system can be improved for root cause identification.
10	F&I-3 Criteria 5	OFI	NSO does not have a program for dissenting opinions.	NSO	AMSP Brock	12/31/06		NSO will develop a NV Order for dissenting opinions.
11	F&I-3 Criteria 5	OFI	NSO has not assessed the effectiveness of the contractors/NSO issues management system, lessons learned program, and contractor assurance systems for WSI, SNJV, LANL, LLNL, and SNL.	NSO	AMSP Hoar	12/31/06		Conduct assessment of the effectiveness of caWeb. Secondly, conduct an assessment using Commitment 25 approved CRADs for WSI, SNJV, and the National Laboratories.

NNSA/NSO DNFSB 2004-1 Commitment 25 NSO Site Action Plan

No.	Issue (CRAD Area)	Issue Category	Issue Statement	Contractor or Office Assigned	Lead for Corrective Action	Closure Due Date	caWeb Ref. #	Actions to Remedy the finding
12	F&I-3 Criteria 5	F	NSO has not assessed the effectiveness of the contractors/NSO issues management system.	NSO	AMSP Hoar	9/30/06		NSO will conduct an assessment of the issues management system for BN & NSO.
13	F&I-3 Criteria 5	F	NSO has not assessed the effectiveness of the contractor's lessons learned program and other feedback mechanisms.	NSO	AMSP Niemann	2/28/06		NSO will conduct an assessment of BN's Lessons Learned and Feedback and Improvement programs.
14	F&I-3 Criteria 8	F	Several key NSO positions have not been placed under the Technical Qualification Program (TQP) per DOE M 426.1-1A, *Federal Technical Capability Program Manual.*	NSO	FTCP-Mellington (All AM's)	6/30/06		NSO FTCP conducts an independent assessment of TQP utilizing the LSO FTCP. NSO FTCP validates that each individual has been placed in the TQP and this requirement is contained in their workplans.
15	F&I-3 Criteria 8	F	NSO has not developed a qualification package for the NSO Criticality Safety Functional Area Lead.	NSO	AMSP Hoar	6/30/06		NSO will hire a Crit Safety professional within the next five months (6/30/06). Once this individual begins employment, a qualification package will be developed within 120 days.
16	F&I-3 Criteria 8	F	Safety basis review engineers and quality assurance professionals have not completed requirements for technical qualifications.	NSO	AMSP Niemann	6/30/06		NSO management has put this requirement into each of the safety basis and quality assurance professionals work plans. The plans will be monitored in April and necessary travel and training monies set aside for this training.

NNSA/NSO DNFSB 2004-1 Commitment 25 NSO Site Action Plan

No.	Issue (CRAD Area)	Issue Category	Issue Statement	Contractor or Office Assigned	Lead for Corrective Action	Closure Due Date	caWeb Ref. #	Actions to Remedy the finding
17	F&I-3 Criteria 8	F	Although the current staffing may be adequate to perform the readiness role that NSO has taken on, a full implementation of oversight of the startup and restart of nuclear operations would appear to require the qualification and availability of other site personnel.	NSO	Exec. Council – Hunemuller	9/30/06		NSO Executive Council reviews and determines which NSO staff needs to meet this requirement. NSO Executive Council dedicates travel/training dollars, updates employee's workplans, and resource balances upcoming nuclear safety reviews.
18	F&I-3 Criteria 8	OFI	The NNSA/NSO FRAM assigns Team Leaders responsibilities for ensuring training and qualification of personnel that is inconsistent with internal policies related to staffing, recruitment, hiring, and performance evaluation.	NSO	AMSP Marelli	6/30/06		The NSO FRAM will be updated per 9/9/2004 Tom D'Agostino letter of direction.
19	F&I-3 Criteria 8	OFI	NNSA/NSO personnel performing reviews of Safety Basis and quality assurance documentation and leading safety basis review teams have not completed qualification requirements.	NSO	AMSP Rivas	6/30/06		NSO management has put this requirement into each of the safety basis and quality assurance professionals work plans. The plans will be monitored in April and necessary travel and training monies set aside for this training.
20	F&I-3 Criteria 8	OFI	ORR Team Leaders requiring qualifications under the NNSA/NSO TQP program needs to be re-established and updated to reflect changes to the current organizational structure.	NSO	AMSP Rivas	6/30/06		NSO will be updating the TQP program to reflect current organization structure.

NNSA/NSO DNFSB 2004-1 Commitment 25 NSO Site Action Plan

No.	Issue (CRAD Area)	Issue Category	Issue Statement	Contractor or Office Assigned	Lead for Corrective Action	Closure Due Date	caWeb Ref. #	Actions to Remedy the finding
21	F&I-3 Criteria 8	OFI	STSM Qualification Cards should be tailored to accommodate site-specific hazards and activities.	FTCP	FTCP Mellington	9/30/06		The FTCP will tailor STSM qualification cards by 9/30 for specific hazards and activities at the NTS. The FTCP will utilize contractor Hazard Analysis for identification of hazards.

Enclosure 2

Nevada Site Office Assessment of Defense Nuclear Facilities Safety Board Finding 2004-1

TEAM MEMBER APPROVAL

I, by signature below, concur with the conclusions and recommendations of the **National Nuclear Security Administration Nevada Site Office (NNSA/NSO) Assessment of Bechtel Nevada (BN) Radiological Monitoring Instrumentation and Calibration.**

Michael A. Marelli — 2/8/06
Michael A. Marelli
NNSA/NSO
Date

Kenneth A. Hoar — 2/8/06
Kenneth A. Hoar
NNSA/NSO
Date

R. T. Brock — 2/9/06
R. T. Brock, Assistant Manager for Safety Programs
NNSA/NSO
Date

TABLE OF CONTENTS

ACRONYM LIST

AMSP	Assistant Manager for Safety Programs
A/DAMSP	Acting Deputy Assistant Manager for Safety Programs
BN	Bechtel Nevada
caWeb	Corrective Action Web (Issues Management)
CDNS	Chief Defence Nuclear Safety
CRAD	Criteria, Review, and Approach Document
CTA	Central Technical Authority
DNFSB	Defense Nuclear Facilities Safety Board
DOE	Department of Energy
FR	Facility Representative
ISM	Integrated Safety Management
LANL	Los Alamos National Laboratory
LLNL	Lawrence Livermore National Laboratory
NNSA	National Nuclear Security Administration
NSO	Nevada Site Office
NTS	Nevada Test Site
OFI	Opportunity for Improvement
SNJV	Stoller-Navarro Joint Venture
SNL	Sandia National Laboratory
WSI	Wackenhut Services Incorporated
WSS	Work Smart Standards

1.0 EXECUTIVE SUMMARY

The Defense Nuclear Facilities Safety Board (Board) issued its Recommendation 2004-1, Oversight of Complex, High-Hazard Nuclear Operations, on May 21, 2004. In its recommendation, the Board noted concerns regarding a number of safety issues, including delegations of authority for fulfilling safety responsibilities, federal technical capability, Central Technical Authorities, nuclear safety research, lessons learned from significant external events, and integrated safety management. The Department of Energy (DOE or Department) accepted the Board's recommendation on July 21, 2004. The Department provided its initial implementation plan on December 23, 2004.

The Department's implementation plan defines the actions that the Department will take in response to this recommendation. These actions fit into three broad areas:

- Strengthening Federal Safety Assurance
- Learning from Internal and External Operating Experience
- Revitalizing Integrated Safety Management (ISM) Implementation

The ISM core function, "feedback and improvement," is not yet performing as intended, according to a variety of sources. For example, the recent (July 2004) DOE Office of Independent Oversight Lessons Learned Report identified the "feedback and improvement" function as having important weaknesses and is not well established or implemented. DOE and its contractors have a variety of feedback mechanisms, including occurrence reports, self-assessments, oversight assessments, non-conformance reports, and others. In general, the Department is good at collecting "feedback, and not as good at making meaningful and lasting "improvement." For the Department's feedback mechanisms to be of benefit, deviations need to be reported and analyzed, and feedback mechanisms need to be integrated to identify problems and make improvements. Improved DOE attention to integration and use of "feedback and improvement" is very likely to generate improved attention and use by contractors as well. Effective reporting and improvement systems are essential elements of an effective safety culture, demonstrating core values of "questioning attitude" and "learning organization.

The Department developed an IP that addresses all issues. In Commitment Number 25 & 26, each site office must develop action plans to improve feedback and improvement. This requires each site office to review the implementation of "feedback and improvement" core element through disciplined line management oversight program, and provide both a summary status report to the Secretary and mid-course direction to direct reports on improving the institutionalization of ISM into the annual Departmental planning

From January 12 through 25, 2006, the A/DAMSP conducted a review of NNSA/NSO largest contractor, Bechtel Nevada (BN). A combination of conventional review techniques were used during the course of the assessment, including document reviews, personnel interviews, and field observations.

Overall, BN self-identified three issues requiring improvement. The issues self-identified by BN include:

- DOE O 226.1, Attachment 2, Section 2.e. requires that personnel who manage and perform assurance functions must possess experience, knowledge, skills, and abilities commensurate with their responsibilities. Although this requirement is implemented in performance documents *(refer to CRADs F&FI-1/6 and F&FI-2-2.4/6)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.
- DOE O 226.1, Attachment 2, Section 1 requires the contractor to flow down the requirements of the CRD to subcontractors to the extent necessary to ensure the subcontractors compliance with requirements. Although this requirement is implemented in performance documents *(refer to CRAD F&FI-1/3)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.
- DOE O 226.1, Attachment 2, Appendix A, Section 4 requires the implementation of processes to solicit feedback from workers and activities. Although this requirement is implemented in performance documents *(refer to CRADs F&FI-2-2.2/4)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.

The scopes of the listed weaknesses are limited to the incorporation of process descriptions into an administrative descriptive document (i.e., PD-3200.004) that does not impose requirements or drive work. The weaknesses do not reflect inadequate implementation of the requirements in BN performance documents.

In addition, NNSA/NSO received numerous findings related to qualification of staff, oversight, and issues management as identified in the NNSA/NSO MSA and the CDNS nuclear safety assessment. In addition, NNSA/NSO has not incorporated DOE Order 226.1, "Implementation of Department of Energy Oversight Policy" in contractors WSS.

WSI, SNJV were not assessed during this review nor the three National Laboratories: LANL, LLNL, or SNL.

2.0 INTRODUCTION

The Defense Nuclear Facilities Safety Board (Board) issued its Recommendation 2004-1, Oversight of Complex, High-Hazard Nuclear Operations, on May 21, 2004. In its recommendation, the Board noted concerns regarding a number of safety issues, including delegations of authority for fulfilling safety responsibilities, federal technical capability, Central Technical Authorities, nuclear safety research, lessons learned from significant external events, and integrated safety management. The Department of Energy (DOE or Department) accepted the Board's recommendation on July 21, 2004. The Department provided its initial implementation plan on December 23, 2004.

The Department's implementation plan defines the actions that the Department will take in response to this recommendation. These actions fit into three broad areas:

- Strengthening Federal Safety Assurance
- Learning from Internal and External Operating Experience
- Revitalizing Integrated Safety Management (ISM) Implementation

To resolve the identified issues within these areas, the Department has established a number of end-state commitments, described in this implementation plan, including the following:

- Two Central Technical Authorities (CTAs) with adequate technical support.
- Effective Implementation of Clarified DOE Oversight Model.
- Nuclear safety research function.
- Strengthened technical qualification of Federal safety assurance personnel.
- Formal safety delegation and assignment process.
- DOE Operating Experience Program, an element of the ISM "feedback and improvement" function.
- Clear expectations for ISM implementation for Federal organizations.
- Enhanced field focus on work planning and work control.
- Improved implementation of the ISM "feedback and improvement" function.

Commitment 25 & 26 require each site office to develop action plans to improve feedback and improvement. This includes reviewing the implementation of "feedback and improvement" core element through disciplined line management oversight program, and provide both a summary status report to the Secretary and mid-course direction to direct reports on improving the institutionalization of ISM into the annual Departmental planning

The reference set of expectations for reporting, integration and use of the feedback findings and improvement actions will address implementation differences between HQ program offices, field elements, and contractors. DOE organizations will use the "feedback and improvement" expectations in development/revision and implementation of DOE ISM system descriptions. Sites will develop and implement plans of action to improve their "feedback and improvement" processes to meet the expectations defined in the CRADs.

One requirement in the implementation plan is for each site office, after at least one year of experience is gained in implementing newly issued DOE ISM system descriptions, to review implementation of the "feedback and improvement" element and make necessary adjustments. Each site office will review the responses to the ISM expectations as part of the line oversight program and make adjustments to expectations and oversight, as appropriate.

The National Nuclear Security Administration/Nevada Site Office (NNSA/NSO), Office of the Assistant Manager for Safety Programs (AMSP), scheduled an assessment of Commitment 25 and 26 of the DNFSB 2004-1 implementation plan. CRADs were developed by the Department which was used to assess DOE Operating Experience Program and implementation of the ISM "feedback and improvement" function.

The assessment was conducted January 12 through January 26, 2005, by the NNSA/NSO Acting Assistant Manager for Safety Programs. A combination of conventional review techniques were used during the course of the assessment, including document reviews, personnel interviews, and field observations.

The CRADs used for this assessment contained three Performance Objectives and a total of 34 criteria. The A/DAMSP conducted interviews of personnel ranging from BN Contractor

Assurance and Compliance Manager to staff personnel.

3.0 SCOPE

The assessment scope included three Performance Objectives as identified below:

Performance Objective 1: Contractor Program Documentation

Contractor Line management has established a comprehensive and integrated operational assurance system which encompass all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions.

Performance Objective 2: Contractor Program Implementation

Assessments & Performance Indicators: Contractor Line management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance.

Operating Experience: The Contractor has developed and implemented an Operating Experience program that communicates Effective Practices and Lessons Learned during work activities, process reviews, and incident/event analyses to potential users and applied to future work activities.

Event Reporting: Contractor line management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Issues Management: The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.

Performance Objective 3: DOE Line Management Oversight

DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes.

During the field visit, two locations were identified to demonstrate implementation of WSS and company documents. The BN work location assessed were:

- Area 5 Radioactive Waste Management Site.
- Area 5 Nonproliferation Test and Evaluation Complex (NPTEC).

4.0 SCHEDULE

The assessor scheduled office work from January 12 through the 23, 2005. Field work was conducted on January 25, 2006, with reporting writing on January 26 through 31, 2006.

5.0 PROCESS

The assessment was conducted in meeting the Departments DNFSB 2004-1 commitments as identified in the DOE implementation plan. Using DOE approved CRADS, a combination of conventional review techniques were used during the course of the assessment, including document reviews, personnel interviews, and field observations.

The following is a list of the review team members:

Michael A. Marelli, Senior Advisor to the AMSP
Kenneth A. Hoar, A/DAMSP

Appendix A contains a biographical summary of Mr. Marelli and Mr. Hoar's experience and qualifications.

Below is a list of requirements, guidance and individuals interviewed using DOE approved CRADs.

REQUIREMENTS

- DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities*
- DOE Policy 450.4 *Integrated Safety Management*
- DOE Order 440.1a *Federal Employee Occupational Safety and Health Program*
- DOE Order 231.1a *Occurrence Reporting and Processing of Operations Information*
- DOE Order 414.1c *Quality Assurance*
- DOE Order 442.1a *DOE Employee Concerns Program*
- DOE P 226.1, *Department of Energy Oversight Policy*
- DOE O 226.1, *Implementation of Department of Energy Oversight Policy*
- 10 CFR 830, *Nuclear Safety Management*
- NSO M 111.XE, *Functions, Responsibilities, And Authorities Manual*
- NV O 124.X, *Planning And Budget Prioritization Of Work*
- NV O 230.XA, *DOE/NV Lessons Learned Program*
- NV M 220.XC, *NNSA/NSO Oversight Management System*
- NSO O 442.1B, *Nevada Site Office Employee Concerns*

GUIDANCE

- Draft DOE Order 210.x: *Corporate Operating Experience Program*
- DOE G 450.4-1B, *Integrated Safety Management System Guide*

INDIVIDUALS INTERVIEWED:

- Brian Babero, BN, Senior Engineer
- Patrick Sawyer, BN, NPTEC Manager
- Shawn Line, BN, NPTEC Facility Manager
- Mark Kaplan, BN, Senior Engineer
- Rob Williams, Senior Engineer
- Janet Fox, Senior Engineer
- M.W. Millard, BN, Senior Engineer
- Chris Chalupka, BN
- Garth Beers, BN, Safety & Health Manager
- Doris Burnett, BN, Principal Operations Specialist
- Robert McCook, Manager of Contractor Assurance and Compliance
- Stuart Meredith, Senior Engineer
- Andrea Gile, Senior Operations Specialist
- Craig Barnes, Manager, Contractor Assurance and Compliance
- Rhyan Andrews, Senior Engineer
- Terri Dionizio, Senior Engineer
- Mark Krauss, Senior Engineer
- Jack Todd, Manager, Contractor Assurance and Compliance
- Ray Phifer, NNSA/NSO Assistant Manager for Safeguards & Security
- Sara Rhoades-Anderson, NNSA/NSO Security Specialist
- Robert T. Brock, Assistant Manager for Safety Programs
- Daniel Rivas, NNSA/NSO Nuclear Safety Team Leader

6.0 ASSESSMENT TERMINOLOGY

The following terminology and criteria will be used in documenting the assessment results:

Finding: A non-compliance with an established BN Work Smart Standard (WSS) requirement. A finding may involve failure to "flow-down" a requirement through implementing NSO directives/ procedures, or failure to perform a required action or execute a required responsibility. A finding also involves a condition, process, or system that is inconsistent with an established BN Company Document (CD) or Company Manual (CM).

OFI: A best practice or process improvement that if applied to a particular activity could result in improved effectiveness or improved performance. OFIs extend beyond compliant processes, programs, or systems that satisfy base requirements. OFIs are based upon lessons learned from other organizational elements internal or external to BN in the implementation or application of the same or similar requirements.

Noteworthy Practice: An approach, practice, system, or process that extends beyond meeting base BN WSS, CD and/or CM requirements which has potential application to other organizational elements or functional areas because of its contribution to the effectiveness or high level of performance.

7.0 ASSESSMENT RESULTS

Appendix C contains a detailed analysis of the NNSA/NSO assessment of Bechtel Nevada. Overall, BN self-identified three issues utilizing the Department developed CRADs. One OFI was identified in that DOE Operating Experience information is not consistently communicated with all Lessons Learned Coordinators in the field. Finally, NNSA/NSO had numerous deficiencies which were previous identified in a NNSA/NSO MSA and nuclear safety assessment conducted by the CDNS organization. One finding that was not in the MSA or CDNS assessment was DOE O 226.1 is not in the contracts of BN, WSI, SNJV, LANL, LLNL, and SNL.

APPENDIX A

TEAM MEMBER BIOGRAPHY

Michael A. Marelli
SENIOR ADVISOR TO THE NNSA/NSO AMSP

Mr. Marelli is a seasoned professional with 28 year of service. He holds M.S., Health Physics and a B.S., Nuclear Engineering from the University of Florida. He has had numerous training courses including Documented Safety Analyses, Unresolved Safety Question, ISO 9000 Lead Auditor Training, ORR for Line Managers, and numerous other ES&H and Quality Assurance Courses. He worked for the University of Florida as a Project Manager for the Environmental Radiation Surveillance Program conducted for the Florida Power Corporation, Crystal River Nuclear Power Plant. He has spent the predominant portion of his career with the Department of Energy as a staff Health Physicist responsible for technical management and oversight of contractor radiation protection programs associated with the Nuclear Weapons Test program and other hazardous operations conducted at the Nevada Test Site and at DOE Headquarters. While serving at DOE/HQ, develop the health physics review criteria for Technical Safety Appraisals and Tiger Teams and participated in these nuclear facility assessments throughout the DOE complex. While serving at the Nevada Operations Office, managed numerous health physics related activities and programs including the CLIMAX spent reactor fuel Encapsulation and Temporary Storage Testing Program, Environmental Clean-up of Enewetak Atoll, Federal Radiological Management and Assessment Center (FRMAC) program development and field deployments, numerous underground nuclear test site decontamination/ decommissioning activities, satellite-linked environmental radiation detection system, site-wide environmental monitoring, film-badge to thermoluminescent dosimeter conversion, whole-body counter facility construction, and the Device Assembly Facility Safety Analysis and Design review effort. Served as a Radiological Safety Advisor and as a member of the Test Controller's Panel for over 50 nuclear weapons tests and numerous sub-critical experiments.

More recently, he has served in various supervisory and management positions with the department and the National Nuclear Security Administration. He led the development of the Nevada Site Office's implementation of Integrated Safety Management, developed the NSO Quality Assurance Program, and led the implementation of the NSO Contractor Assurance System. He as also supported NNSA/HQ in numerous leadership roles including development of NNSA's Policy on Self-Assessment, NNSA's foundation for ES&H Professional Training, and NNSA attributes of Work Control. He recently served as the Deputy Team Leader on an NSO Device Assembly Operational Readiness Review. He currently occupies a senior advisor position primarily responsible for quality assurance.

Kenneth A. Hoar

NNSA/NSO A/DAMSP

Kenneth A. Hoar has approximately 20 years of Environment, Safety and Health experience. Mr. Hoar began his working career (1985) as the Operations Manager for a full-service hazardous waste company. In this position, Mr. Hoar was responsible for the health and safety of 50 on-site workers.

Mr. Hoar held the title of Chemist (1987) while employed by Ross Abbott Laboratories. As a production chemist, Mr. Hoar was responsible for analyzing infant and medical nutritionals using various types of laboratory analytical instrumentation. In 1989, Mr. Hoar designed, equipped, staffed and managed a full service environmental Laboratory in Las Vegas, Nevada. In addition to supervising 15 laboratory personnel, Mr. Hoar was the technical liaison for the hydrocarbon burdened soil bioremediation facility. In his job capacity, Mr. Hoar was author to numerous reports, such as the Chemical Hygiene (i.e., Health & Safety Plan), Emergency Management, and Contingency Plans.

In 1992, Mr. Hoar accepted a position as the Radioactive Waste Management Specialist for Reynolds Electric and Engineering Company at the Nevada Test Site. Mr. Hoar was responsible for the collection and transportation of solid and hazardous wastes. Annual budget for landfill, wastewater treatment plant, portable toilet, pesticide and recycling operations exceeded $5M (indirect) dollars. Mr. Hoar managed 3 sanitary landfills, 3 solid waste transfer stations, a Materials Recovery Facility, 13 different wastewater treatment plants, maintenance and repair of sewer lines, 800 portable toilets, a fleet of 40 vehicles, and a staff of 40 union and management personnel.

In 1995, Mr. Hoar was hired by the U.S. Department of Energy Nevada Operations Office (DOE/NVOO) as an environmental scientist. During this period, Mr. Hoar was responsible for oversight of solid and hazardous waste operations and environmental reporting. In 1996, Mr. Hoar was hired as the Director for the DOE/NVOO Environmental Protection Division. He led an effort to integrate the Environmental Protection and Safety & Health Divisions in 1997. Since then, he has been the ES&H Director and in 2005, acted as the AMSP. Mr. Hoar is the NNSA/NSO Price Anderson Amendment Act Coordinator and served on the DOE Human Health Studies Working Group. Mr. Hoar has served or led on many internal and external initiatives. Some of these initiatives include: Type B Accident Investigation at the Tonopah Test Range; DOE/HQ initiative to reduce reports; (2) A-76 feasibility studies on environmental compliance; Re-engineering effort of the annual ES&H Management Plan; numerous IG investigations; and the Worker Safety Rule.

Mr. Hoar has a Master of Arts in Management from the University of Phoenix and a Bachelor of Science in Chemistry, Northeastern State University with minors in math, biology, psychology and engineering.

APPENDIX B

CRITERIA AND REVIEW APPROACH DOCUMENT (CRAD)

Integrated Safety Management – Feedback and Improvement

Performance Objective F&I-1: Contractor Program Documentation

Contractor Line management has established a comprehensive and integrated operational assurance system which encompass all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions, and share in lessons learned effectively across all aspects of operation.

Criteria:

1. A program description document that fully details the programs and processes that comprise the contractor assurance system has been developed, approved by contractor management, and forwarded to DOE for review and approval. The program description is reviewed and updated annually and forwarded to DOE for review and approval.

2. The contractor's assurance system includes assessment activities (self-assessments, management assessments, and internal independent assessments as defined by laws, regulations, and DOE directives such as quality assurance program requirements) and other structured operational awareness activities; incident/event reporting processes, including occupational injury and illness and operational accident investigations; worker feedback mechanisms; issues management; lessons-learned programs; and performance indicators/measures.

3. The contractor's assurance system monitors and evaluates all work performed under their contract, including the work of subcontractors.

4. Contractor assurance system data is formally documented and available to DOE line management. Results of assurance processes are periodically analyzed, complied, and reported to DOE line management as part of formal contract performance evaluation.

5. Contractors have established and implemented sufficient processes (e.g., self-assessments, corporate audits, third-party certifications or external reviews, performance indicators) for measuring the effectiveness of the contractor assurance program.

6. Requirements and formal processes have been established and implemented that ensure personnel responsible for managing and performing assurance activities possess appropriate experience, knowledge, skills and abilities commensurate with their responsibilities.

Performance Objective F&I-2: Contractor Program Implementation

2.1 Assessments & Performance Indicators: Contractor Line management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established

for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance.

Criteria:

1. Line management has established and implemented a rigorous assessment program for performing comprehensive evaluations of all functional areas, programs, facilities, and organizational elements, including subcontractors, with a frequency, scope and rigor based on appropriate analysis of risks. The scope and frequency of assessments are defined in site plans and program documents, include assessments of processes and performance-based observation of activities and evaluation of cross-cutting issues and programs, and meet or exceed requirements of applicable DOE directives.

2. Rigorous self-assessments are identified, planned, and performed at all levels periodically to determine the effectiveness of policies, requirements, and standards and the implementation status.

3. Appropriate independent internal assessments are identified, planned and performed by contractor organizations or personnel having the authority and independence from line management, to support unbiased evaluations.

4. Line managers have established programs and processes to routinely identify, gather, verify, analyze, trend, disseminate, and make use of performance measures that provide contractor and DOE management with indicators of overall performance, the effectiveness of assurance system elements, and identification of specific positive or negative trends. Approved performance measures provide information that indicates how work is being performed and are clearly linked to performance objectives and expectation established by management.

5. Line managers effectively utilize performance measures to demonstrate performance improvement or deterioration relative to identified goals, in allocating resources and establishing performance goals, in development of timely compensatory measures and corrective actions for adverse trends, and in sharing good practices and lessons learned.

2.2 Operating Experience: The Contractor has developed and implemented an Operating Experience program that communicates Effective Practices and Lessons Learned during work activities, process reviews, and incident/event analyses to potential users and applied to future work activities.

Criteria:

1. Formal processes are in place to identify applicable lessons learned from external and internal sources and any necessary corrective and preventive actions, disseminate lessons learned to targeted audiences, and ensure that lessons learned are understood and applied.

2. Line managers effectively identify, apply, and exchange lessons learned with the rest of the DOE complex. Lessons learned identified by other DOE organizations and external

sources are reviewed and applied by line management to prevent similar incidents/events.

3. Formal programs and processes have been established and implemented to solicit feedback or suggestions from workers and work activities on the effectiveness of work definition, hazard analyses and controls, and implementation for all types of work activities, and to apply lessons learned.

4. Employee concerns related to management of DOE and NNSA programs and facilities are promptly and thoroughly reported and investigated in accordance with applicable DOE directives.

2.3 Event Reporting: Contractor line management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Criteria:

1. Formal programs and processes have been established to identify issues and report, analyze, and address operational events, accidents, and injuries. Events, accidents, and injuries are promptly and thoroughly reported and investigated, including the identification and resolution of root causes and management and programmatic weaknesses, and distribution of lessons learned.

2. Reporting of operational events, accidents, and injuries are conducted in accordance with applicable nuclear, security, environment, occupational safety and health, and quality assurance requirements, applicable DOE directives, and contract terms and conditions. Trending analysis of events, accidents, and injuries are performed in accordance with structured/formal processes and applicable DOE directives.

2.4 Issues Management: The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.

Criteria:

1. Program and performance deficiencies, regardless of their source, are captured in a system or systems that provides for effective analysis, resolution, and tracking. Issues management system elements include structured processes for determination of risk, significance, and priority of deficiencies; evaluation of scope and extent of condition; determination of reportability under applicable requirements; identification of root causes; identification and documentation of corrective actions and recurrence controls to prevent recurrence; identification of individuals/organizations responsible for corrective action implementation; establishment of milestones based on significance and risk for completion of corrective actions; tracking progress; verification of corrective action completion; and validation of corrective action implementation and effectiveness.

2. Issues management processes include mechanisms to promptly identify the potential impact of a deficiency and take timely actions to address conditions of immediate concern, including stopping work, system shutdown, emergency response, reporting to management, and compensatory measures pending formal documentation and resolution of the issue.

3. Processes for analyzing deficiencies, individually and collectively, have been established that enable the identification of programmatic or systemic issues. Line management effectively monitors progress and optimizes the allocation of assessment resources in addressing known systemic issues.

4. Processes for communicating issues up the management chain to senior management have been established and based on a graded approach that considers hazards and risks. Line management receives periodic information on the status of identified deficiencies and corrective actions and holds organizations and individuals accountable for timely and effective completion of actions. Line management has executed graded mechanisms such as independent verification and performance-based evaluation to ensure that corrective action and recurrence controls are timely, complete, and effective. Closure of corrective actions and deficiencies are based on objective, technically sound, and verified evidence. The effectiveness of corrective actions is determined on a graded basis and additional actions are completed as necessary.

5. Results of various feedback systems are integrated and collectively analyzed to identify repeat occurrences, generic issues, trends, and vulnerabilities at a lower level before significant problems result.

6. Individuals or teams responsible for corrective action development are trained in analysis techniques to evaluate significant problems using a structured methodology to identify root and contributing causes and corrective actions to prevent recurrence.

Performance Objective F&I-3: DOE Line Management Oversight

DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes.

Criteria:

1. DOE line management has established a baseline line management oversight program that ensures that DOE line management maintains sufficient knowledge of site and contractor activities to make informed decisions concerning hazards, risks and resource allocation, provide direction to contractors, and evaluate contractor performance.

2. DOE line oversight program includes assessments, operational awareness activities, performance monitoring and improvement, and assessment of contractor assurance systems. Documented program plans have been established that define oversight program

activities and annual schedules of planned assessments and focus areas for operational awareness. Operational awareness activities must be documented either individually or in periodic (e.g., weekly or monthly) summaries. Deficiencies in programs or performance identified during operational awareness activities are communicated to the contractor for resolution through a structured issues management process.

3. DOE line management monitors contractor performance and assesses whether performance expectations are met; that contractors are assessing site activities adequately; self-identifying deficiencies; and, taking timely and effective corrective actions. Responsibilities for line oversight and self-assessment are assigned and managers, supervisors, and workers are held accountable for performance assurance activities. Deficiencies must be brought to the attention of contractor management and addressed in a timely manner.

4. DOE line management requires that findings must be tracked and resolved through structured and formal processes, including provisions for review of corrective action plans.

5. DOE line management regularly assess the effectiveness of contractor issues management and corrective action processes, lessons learned processes, and other feedback mechanisms (e.g., worker feedback). DOE line management must also evaluate contractor processes for communicating information, including dissenting opinions, up the management chain.

6. DOE line management must verify that corrective actions are complete and performed in accordance with requirements before findings identified by DOE assessments or reviews are closed, and requires that deficiencies are analyzed both individually and collectively to identify causes and prevent recurrences.

7. DOE line management has established appropriate criteria for determining the effectiveness of site programs, management systems, and contractor assurance systems, and includes consideration of previous assessment results, effectiveness of corrective actions and self-assessments, and evidence of sustained management support for site programs and management and assurance systems. Review criteria are based on requirements and performance objectives (e.g., laws, regulations, DOE directives), site-specific procedures/manuals, and other contractually mandated requirements and performance objectives.

8. DOE line management has established and maintained appropriate qualification standards for personnel with oversight responsibilities, and a clear, unambiguous line of authority and responsibility for oversight.

9. DOE Line management periodically reviews established performance measures to ensure performance objectives and criteria are challenging and focused on improving performance in known areas of weakness.

10. DOE line management has established effective processes for communicating line oversight results and other issues up the DOE line management chain, using a graded approach based on the hazards and risks. Established processes include provisions for communicating and documenting dissenting opinions. Formal structured processes for resolving disputes for oversight findings and other significant issues have been implemented, and include provisions for independent technical reviews for significant findings.

11. An effective employee concerns program been established and implemented in accordance with DOE Directives that encourages the reporting of employee concerns and provides thorough investigations and effective corrective actions and recurrence controls.

APPROACH:

Review and evaluate policies, procedures, records, correspondence, and reports documenting the ISM program. Interview line managers, their staff and managers of support organizations and their staff to determine implementation status.

APPENDIX C

Assessment Results

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
F&FI-1	**Contractor Program Documentation** Contractor Line management has established a comprehensive and integrated operational assurance system which encompass all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions, and share in lessons learned effectively across all aspects of operation.				
F&FI-1/1	A program description document that fully details the programs and processes that comprise the contractor assurance system has been developed, approved by contractor management, and forwarded to DOE for review and approval. The program description is reviewed and updated annually and forwarded to DOE for review and approval.	DOE O 226.1, Attachment 2, 2.c.	**PD-3200.004 Discussion Location:** Entire document **Implementation Documents:** • OP-3200.038, Contractor Assurance and Compliance System (CAS) Program Description Document Development and Maintenance **Supplemental Discussion:** Regarding the annual update, the description document was initially issued on 9/22/03 and revised and reissued on 9/30/04, 12/29/04, and 12/6/05. Revisions prior to 12/6/05 were provided to NSO as deliverables for fee measure. NSO initially reviewed and approved the CAS Program Description Document in NSO to NA-2 Memorandum 000129585 on 11/16/04. The formal process for annual update and formal transmittal was institutionalized on 9/6/05 in OP-3200.038 and the first transmittal under this process was provided on 1/13/06 as an attachment to BN to NSO letter E000-06-CR-020. **Issues:** None	☒	☐
F&FI-1/2	The contractor's assurance system includes assessment activities (self-assessments, management assessments, and internal independent assessments as defined by laws, regulations, and DOE directives such as quality assurance program requirements) and other structured operational awareness activities; incident/event reporting processes, including occupational injury and illness and operational accident investigations; worker feedback mechanisms; issues management; lessons-learned programs; and performance indicators/measures.	DOE O 226.1, Attachment 2, 2.b.	**PD-3200.004 Discussion Location:** Entire document **Implementation Documents:** • CD-0400.002, Occurrence Reporting and Notification Process • CD-2000.008, Operational Readiness Reviews • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.008, Conduct of Critiques • CD-3200.009, Root Cause Analysis • CD-3200.010, Management Assessment • CD-3200.013, Lessons Learned Program • CD-3200.016, Readiness Assessment • CD-3200.017, Issue Reporting • CD-3200.018, Developing Corrective Action Plans • CD-3200.019, Quarterly Analysis Reporting • CD-4000.003, Pre-Job Briefing and Post-Job Debriefings • CM-0444.001-002, Environment, Safety, and Health Committees • CM-0444.001-006, Formal Workplace Inspection Program (FWIP) • CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
			• CM-0444.001-200, Organizational Interface for Worker Protection • OP-3200.002, Independent Assessment • OP-3200.005, Site Lessons Learned Coordinator • OP-3200.030, Companywide Issue Tracking Data Processing • OP-3200.034, Surveillance • OP-3200.039, Operational Awareness Review • OP-3700.011, Facility Security Survey/Self-Assessment Corrective Action Planning • OP-3700.012, Corrective Action Plans for Security Infractions • PD-3200.003, Self-Assessment Program • PY-E300.002, Internal Audit Policy **Supplemental Discussion:** None **Issues:** None		
F&FI-1/3	The contractor's assurance system monitors and evaluates all work performed under their contract, including the work of subcontractors.	DOE O 226.1, Attachment 2, 1. and Appendix A, Section 1.f.	**PD-3200.004 Discussion Location:** Page 5, Scope. Specific discussion subcontractors has not been incorporated although that work is clearly bounded by the document's general Scope statement and implementing procedures. **Implementation Documents:** Refer to F&FI-1/2 for general oversight documents. Specific documents pertaining to subcontractor oversight follow: • OP-2113.001, Subcontract Technical Representative • OP-2113.002, Subcontracts Management • Subcontractor Technical Representative Handbook • PY-E300.002, Internal Audit Policy **Supplemental Discussion:** This system applies to all areas of BN performance including programs, projects, operations, and business function. Except where specifically noted, there is distinction drawn between BN and subcontractor performance and requirements. Specific oversight of subcontractor performance is addressed in the STR Handbook. **Issues:** DOE O 226.1, Attachment 2, Section 1 requires the contractor to flow down the requirements of the CRD to subcontractors to the extent necessary to ensure the subcontractors compliance with requirements. Although this requirement is implemented in performance documents *(refer to CRAD F&FI-1/3)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.	☐	☒
F&FI-1/4	Contractor assurance system data is formally documented and available to DOE line management. Results of assurance processes are periodically analyzed, complied,	DOE O 226.1, Attachment 2, 2.h.	**PD-3200.004 Discussion Location:** Page 6, Assurance Expectations Page 17, Conveying Comprehensive Assurance Information to NNSA/NSO **Implementation Documents:**	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion	
				Y	N
	and reported to DOE line management as part of formal contract performance evaluation.		• CD-0400.002, Occurrence Reporting and Notification Process • CD-2000.008, Operational Readiness Reviews • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.009, Root Cause Analysis • CD-3200.010, Management Assessment • CD-3200.013, Lessons Learned Program • CD-3200.016, Readiness Assessment • CD-3200.017, Issue Reporting • CD-3200.019, Quarterly Analysis Reporting • CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting • OP-3200.002, Independent Assessment • OP-3200.034, Surveillance • OP-3200.039, Operational Awareness Review • PY-E300.002, Internal Audit Policy **Supplemental Discussion:** Information is conveyed to NNSA/NSO primarily through the following four mechanisms: • Companywide issues tracking system • Quarterly analysis reports • Performance Evaluation Plan (or NSO-directed alternative format) • Annual assurance statement In all cases, NNSA/NSO personnel are given free and unencumbered access to any CAS information. Beginning in FY04 CAS has been recognized as a core BN process and its implementation has been given significant attention as a Performance Measure. Performance of specific elements of interest to NSO is under monthly evaluation in the Fee Measure Database, quarterly evaluation in the Quarterly Analysis Report, and annual performance is evaluated under the Performance Evaluation Plan or NSO-directed alternative. **Issues:** None		
F&FI-1/5	Contractors have established and implemented sufficient processes (e.g., self-assessments, corporate audits, third-party certifications or external reviews, performance indicators) for measuring the effectiveness of the contractor assurance program.	DOE O 226.1, Attachment 2, Appendix A, Section 1.d and 1.e.	**PD-3200.004 Discussion Location:** Entire document **Implementation Documents:** • Refer to F&FI-1/2 • Integrated Self-Assessment Schedule **Supplemental Discussion:** Refer to F&FI-1-1/2, 2-2.1/1, 2.1/3, 2.1/4, 2.1/5, 2.2/1, and 2.2/2. **Issues:** None	☒	☐
F&FI-1/6	Requirements and formal processes have been established and implemented that ensure personnel responsible for managing and performing	DOE O 226.1, Attachment 2, 2.e.	**PD-3200.004 Discussion Location:** Specific discussion of this element is not provided in PD-3200.004. General discussion of training processes and training program for BN employees provided on Page 15, Personnel Qualification and	☐	☒

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
	assurance activities possess appropriate experience, knowledge, skills and abilities commensurate with their responsibilities		Training. **Implementation Documents:** • Course # 1G000562, Management Assessment Briefing • OP-2110.115, Training, Qualification, and Certification of Inspection Personnel • OP-2110.128, Certification and Qualification of Quality Control Engineers • OP-2110.206, Qualification & Certification of Nondestructive Testing Personnel • OP-2113.001, Subcontract Technical Representative • OP-3200.005, Site Lessons Learned Coordinator • OP-3200.006, Qualification and Certification of Assessment Personnel • OP-3200.035, Qualifying Critique Directors and Causal Analysts • PY-E300.002, Internal Audit Policy • Subcontract Technical Representative Handbook • Training Program # PA00100, ORR/RA Team Leader • Training Program # PA00110, ORR/RA Team Member **Supplemental Discussion:** None **Issues:** DOE O 226.1, Attachment 2, Section 2.e. requires that personnel who manage and perform assurance functions must possess experience, knowledge, skills, and abilities commensurate with their responsibilities. Although this requirement is implemented in performance documents *(refer to CRADs F&FI-1/6 and F&FI-2-2.4/6)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.		
F&FI-2-2.1	**Contractor Program Implementation** Assessments & Performance Indicators: Contractor Line management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance.				
F&FI-2-2.1/1	Line management has established and implemented a rigorous assessment program for performing comprehensive evaluations of all functional areas, programs, facilities, and organizational elements, including subcontractors, with a frequency, scope and rigor based on appropriate analysis of risks. The scope and frequency of assessments are defined in site plans and program documents, include assessments of processes and performance-based	DOE O 226.1, Attachment 2, Appendix A, Section 2.a and b.	**PD-3200.004 Discussion Location:** Page 12, Systemic Assessments **Implementation Documents:** • CD-2000.008, Operational Readiness Reviews • CD-3200.010, Management Assessment • CD-3200.016, Readiness Assessment • OP-3200.034, Surveillance • OP-3200.039, Operational Awareness Review • PD-3200.003, Self-Assessment Program • PY-E300.002, Internal Audit Policy **Supplemental Discussion:** The line management assessment program is focused upon the performance of Management Assessments (MAs). MAs are formally conducted and	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
	observation of activities and evaluation of cross-cutting issues and programs, and meet or exceed requirements of applicable DOE directives.		documented by the Responsible Managers to evaluate how well their organization is performing. These are formal line management evaluations credited as meeting the expectations of 10CCFR 830.122 (i) and DOE O 414.1C, I2.c.(1). The process starts with deliberate quality assurance planning and is based upon facility, project, or support activity specific factors integrated with the BN risk management processes according to CD-3200.020 and is documented in the Risk Registry maintained by Contractor Assurance & Complaince organization. Typically these MAs focus on controls and processes used to mitigate or prevent adverse occurrence. The frequency, depth, and breadth of these assessments will place emphasis on the higher risk activities and makes no distinction between BN and subcontractor performance. Other topics for consideration in the MA schedule include contractual commitments, verifications of PAAA non reportable non-compliances, lessons learned, and things of interest to senior management. Once established, the list of assessments is forwarded to CA&C for incorporation into the Integrates Self-Assessment Schedule (ISAS). Although CA&C maintains the schedule, the content, performance, and any changes to the schedule are determined by the responsible line management organization. Line management performs management assessments to the schedule. CD-3200.010 provides the guidance to support planning, conducting, documenting, and evaluating the assessments. In addition, CA&C reviews the majority of the MA reports and provides feedback to line management associated with the content, format, and consistency of the report quality. This information is then used by line management to enhance the reporting of subsequent MAs. **Issues:** None		
F&FI-2-2.1/2	Rigorous self-assessments are identified, planned, and performed at all levels periodically to determine the effectiveness of policies, requirements, and standards and the implementation status.	DOE O 226.1, Attachment 2, Appendix A, Section 2.a and b.	**PD-3200.004 Discussion Location:** **Implementation Documents:** Refer to F&FI-2-2.1/1 **Supplemental Discussion:** Refer to F&FI-2-2.1/1 **Issues:** None	☒	☐
F&FI-2-2.1/3	Appropriate independent internal assessments are identified, planned and performed by contractor organizations or personnel having the authority and independence from line management, to support unbiased evaluations.	DOE O 226.1, Attachment 2, Appendix A, Section 2.a and b.	**PD-3200.004 Discussion Location:** Page 12, Systemic Assessments **Implementation Documents:** • CD-2000.008, Operational Readiness Reviews • CD-3200.016, Readiness Assessment • OP-3200.002, Independent Assessment • OP-3200.034, Surveillance • OP-3200.039, Operational Awareness Review	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
			• PD-3200.003, Self-Assessment Program • PY-E300.002, Internal Audit Policy **Supplemental Discussion:** The identification, planning and performance of nuclear readiness reviews are adequately implemented in CD-3200.016 and CD-2000.008. These nuclear processes are driven by DOE Order 425.1B/C, and are adequately covered in these procedures. Some DNFSB concerns have arisen across the DOE complex regarding specifying the performance of less rigorous reviews than those specified in 425.1B/C. These concerns were discovered in the recent CDNS nuclear operations review at the NTS, and manifested in Finding SNF.1-1/F. BN will evaluate changes required to the above CDs based on changes to the NSO driver addressed in the Finding. That said, no evidence exists that suggests that any BN nuclear activities failed to receive the appropriate level of review prior to startup or restart. OP-3200.002 defines the BN process for selection, planning and conduct of Independent Assessments. Independence of the process as stated in the criterion is assured by the nature of the reporting relationship of the BN Independent Assessment group to the BN Assessment Manager to the BN Contractor Assurance and Compliance Manager up through the BN General Manager. Planning and performance of Independent Assessments is clearly defined in OP-3200.002, which specifies in detail the contents of such documents as assessment plans, summary of assessment reports and final reports. The question of identification of assessment topics is also addressed, in high level fashion, in OP-3200.002. Some enhancements to the process of selection of assessment topics is in order, in that no pre-defined baseline exists for independent assessments. It is the intent of the assessment group to establish, as a baseline, periodic assessments of nuclear safety management programs, which also include 'spillover' to non-nuclear work. BN has demonstrated good topic selection that results in the discovery of significant program weaknesses such as in explosive safety, and hoisting and rigging. **Issues:** None		
F&FI-2-2.1/4	Line managers have established programs and processes to routinely identify, gather, verify, analyze, trend, disseminate, and make use of performance measures that provide contractor and DOE management with indicators of overall performance, the effectiveness of assurance system elements, and identification of specific positive or negative trends.	DOE O 226.1, Attachment 2, Appendix A, Section 7.	**PD-3200.004 Discussion Location:** Page 7, Functional Program Page 15, Performance Metrics Page 23, Project Management **Implementation Documents:** • CD-3200.019, Quarterly Analysis Reporting • OP-3200.030, Companywide Issue Tracking Data Processing • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** None	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
	Approved performance measures provide information that indicates how work is being performed and are clearly linked to performance objectives and expectation established by management.		**Issues:** None		
F&FI-2-2.1/5	Line managers effectively utilize performance measures to demonstrate performance improvement or deterioration relative to identified goals, in allocating resources and establishing performance goals, in development of timely compensatory measures and corrective actions for adverse trends, and in sharing good practices and lessons learned	DOE O 226.1, Attachment 2, Appendix A, Section 7.	**PD-3200.004 Discussion Location:** Page 7, Functional Program Page 15, Performance Metrics Page 23, Project Management **Implementation Documents:** • CD-3200.019, Quarterly Analysis Reporting • OP-3200.030, Companywide Issue Tracking Data Processing • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** See F&FI-2-2.1/4 **Issues:** None	☒	☐
F&FI-2-2.2	**Contractor Program Implementation** Operating Experience: The Contractor has developed and implemented an Operating Experience program that communicates Effective Practices and Lessons Learned during work activities, process reviews, and incident/event analyses to potential users and applied to future work activities.				
F&FI-2-2.2/1	Formal processes are in place to identify applicable lessons learned from external and internal sources and any necessary corrective and preventive actions, disseminate lessons learned to targeted audiences, and ensure that lessons learned are understood and applied.	DOE O 226.1, Attachment 2, Appendix A, Section 6.	**PD-3200.004 Discussion Location:** Page 21, Lessons Learned **Implementation Documents:** • CD-3200.013, Lessons Learned Program • OP-3200.005, Site Lessons Learned Coordinator • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** • Improvements made to lessons learned program during fiscal year 05 made positive changes to the safety culture of the Nevada Test Site: • Appointed 35 lessons learned coordinators who received, wrote, distributed lessons and return lessons learned feedback forms. • Increased the number of lessons written to 67 in FY 05 from 30 written in fiscal year 04. • Increased the number of feedback forms to over 1,600 in FY 05 from 250 in FY 04. • Established mandatory requirement to write a lessons learned for any event that resulted in a Critique and any follow-on Root Cause Analysis. • Senior Management committed to the communication of lessons learned, Occurrence Reports, Operational Experience Summaries, etc. with feedback documentation to the Lessons Learned Point of Contact. • Work Management reviewed External and	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
			Internal lessons learned and incorporated appropriate lessons into their work packages. • Training Department incorporated appropriate information from lessons learned into their lesson plans, slides, student handouts, etc. **Issues:** None		
F&FI-2-2.2/2	Line managers effectively identify and apply lessons learned. Line managers exchange lessons learned with the rest of the DOE complex Lessons learned identified by other DOE organizations and external sources are reviewed and applied by line management to prevent similar incidents/events.	DOE O 226.1, Attachment 2, Appendix A, Section 6.	**PD-3200.004 Discussion Location:** Page 21, Lessons Learned **Implementation Documents:** • CD-3200.013, Lessons Learned Program • OP-3200.005, Site Lessons Learned Coordinator • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** Refer to F&FI-2-2.2/1 **Issues:** None	☒	☐
F&FI-2-2.2/3	Formal programs and processes have been established and implemented to solicit feedback or suggestions from workers and work activities on the effectiveness of work definition, hazard analyses and controls, and implementation for all types of work activities, and to apply lessons learned.	DOE O 226.1, Attachment 2, Appendix A, Section 4	**PD-3200.004 Discussion Location:** Page 14, Continuous Improvement Page 21, Lessons Learned, Page 24, Work Control **Implementation Documents:** • CD-3200.013, Lessons Learned Program • CD-4000.003, Pre-Job Briefing and Post-Job Debriefings • CM-0444.001-002, Environment, Safety, and Health Committees • CM-0444.001-200, Organizational Interface for Worker Protection • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** None **Issues:** DOE O 226.1, Attachment 2, Appendix A, Section 4 requires the implementation of processes to solicit feedback from workers and activities. Although this requirement is implemented in performance documents *(refer to CRADs F&FI-2-2.2/4)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.	☐	☒
F&FI-2-2.2/4	Employee concerns related to management of DOE and NNSA programs and facilities are promptly and thoroughly reported and investigated in accordance with applicable DOE directives.	DOE O 226.1, Attachment 2, Appendix A, Section 4	**PD-3200.004 Discussion Location:** Page 20, Internal Audits Page 20, Employee Hotline **Implementation Documents:** PY-E300.001, Ethics and Business Conduct PY-E300.002, Internal Audit Policy OI-0444.004, Handling Safety Hotline Calls **Supplemental Discussion:** BN has implemented the Safety and Ethics Hotlines plus it responds to DOE inquiries initiated on the DOE Waste, Fraud, and Abuse Hotline.	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
			Issues: None		
F&FI-2-2.3	**Contractor Program Implementation** Event Reporting: Contractor line management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.				
F&FI-2-2.3/1	Formal programs and processes have been established to identify issues and report, analyze, and address operational events, accidents, and injuries. Events, accidents, and injuries are promptly and thoroughly reported and investigated, including the identification and resolution of root causes and management and programmatic weaknesses, and distribution of lessons learned.	DOE O 226.1, Attachment 2, Appendix A, Section 5	**PD-3200.004 Discussion Location:** Page 18, Cause Analysis Page 18, Critiques Page 20, Issues Management Page 21, Lessons Learned Page 22, Occurrence Reporting and Notification Page 22, Price-Anderson Amendments Act **Implementation Documents:** • CD-0400.002, Occurrence Reporting and Notification Process • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.008, Conduct of Critiques • CD-3200.009, Root Cause Analysis • CD-3200.013, Lessons Learned Program • CD-3200.017, Issue Reporting • CD-3200.018, Developing Corrective Action Plans • CD-4000.003, Pre-Job Briefing and Post-Job Debriefings • CM-0444.001-002, Environment, Safety, and Health Committees • CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting • CM-0444.001-200, Organizational Interface for Worker Protection • OP-3200.005, Site Lessons Learned Coordinator • OP-3200.030, Companywide Issue Tracking Data Processing • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** The BN Occurrence Reporting program applies to all areas of BN performance including Subcontractor performance. The process starts with an event/incident that meets the reporting criteria of DOE M 231.1-2, *Occurrence Reporting and Processing of Operations Information*, this then initiates interaction with the companywide issue tracking system, critique/fact-finding, causal analysis, corrective action plans, lessons learned, trending, and potentially PAAA reporting processes. The BN Occurrence Reporting Administrator is an active participant in various aspects of these processes, provides support to NNSA/NSO and other NTS Tenant Organizations. **Issues:** None	☒	☐
F&FI-2-2.3/2	Reporting of operational events, accidents, and injuries are conducted in accordance with applicable nuclear, security, environment, occupational safety and health, and quality assurance requirements, applicable DOE	DOE O 226.1, Attachment 2, Appendix A, Section 1.b.(2) and Appendix A,	**PD-3200.004 Discussion Location:** Page 18, Cause Analysis Page 18, Critiques Page 20, Issues Management Page 21, Lessons Learned Page 22, Occurrence Reporting and Notification Page 22, Price-Anderson Amendments Act	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
	directives, and contract terms and conditions. Trending analysis of events, accidents, and injuries are performed in accordance with structured/formal processes and applicable DOE directives.	Section 3	**Implementation Documents:** • CD-0400.002, Occurrence Reporting and Notification Process • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.008, Conduct of Critiques • CD-3200.009, Root Cause Analysis • CD-3200.013, Lessons Learned Program • CD-3200.017, Issue Reporting • CD-3200.018, Developing Corrective Action Plans • CD-3200.019, Quarterly Analysis Reporting • CD-4000.003, Pre-Job Briefing and Post-Job Debriefings • CM-0444.001-002, Environment, Safety, and Health Committees • CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting • CM-0444.001-200, Organizational Interface for Worker Protection • OP-3200.005, Site Lessons Learned Coordinator • OP-3200.030, Companywide Issue Tracking Data Processing • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** BN Occurrence Reports are trended on a quarterly basis according to the guidelines established in DOE G231.1-1, *Occurrence Reporting and Performance Analysis Guide* and compared to the DOE complex for the same period. ES&H provides trending for safety related events/incidents. The Supplemental Information Tracking System (SITS) is currently under development. **Issues:** None		
F&FI-2-2.4	**Contractor Program Implementation** Issues Management: The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.				
F&FI-2-2.4/1	Program and performance deficiencies, regardless of their source, are captured in a system or systems that provides for effective analysis, resolution, and tracking. Issues management system elements include structured processes for: • Determination of risk, significance, and priority of deficiencies. • Evaluation of scope and extent of condition. • Determination of reportability under applicable requirements. • Identification of root causes.	DOE O 226.1, Attachment 2, Appendix A, Section 1.b.(4) and Appendix A, Section 5	**PD-3200.004 Discussion Location:** Page 20, Issues Management Page 22 Occurrence Reporting and Notification Page 22, Price-Anderson Amendments Act Process Page 27, Tracking and Trending **Implementation Documents:** • CD-0400.002, Occurrence Reporting and Notification Process • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.008, Conduct of Critiques • CD-3200.009, Root Cause Analysis • CD-3200.017, Issue Reporting • CD-3200.018, Developing Corrective Action Plans	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
	• Identification and documentation of corrective actions and recurrence controls to prevent recurrence. • Identification of individuals/organizations responsible for corrective action implementation. • Establishment of milestones based on significance and risk for completion of corrective actions. • Tracking progress. • Verification of corrective action completion. • Validation of corrective action implementation and effectiveness.		• CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting • OP-OP-3200.030, Companywide Issue Tracking Data Processing • OP-3700.012, Corrective Action Plans for Security Infractions • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** None **Issues:** None		
F&FI-2-2.4/2	Issues management processes include mechanisms to promptly identify the potential impact of a deficiency and take timely actions to address conditions of immediate concern, including stopping work, system shutdown, emergency response, reporting to management, and compensatory measures pending formal documentation and resolution of the issue.	DOE O 226.1, Attachment 2, Appendix A, Section 5.b.	**PD-3200.004 Discussion Location:** Page 20, Issues Management Page 22 Occurrence Reporting and Notification Page 22, Price-Anderson Amendments Act Process Page 27, Tracking and Trending **Implementation Documents:** • CD-0400.002, Occurrence Reporting and Notification Process • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.008, Conduct of Critiques • CD-3200.009, Root Cause Analysis • CD-3200.017, Issue Reporting • CD-3200.018, Developing Corrective Action Plans • CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting • OP-OP-3200.030, Companywide Issue Tracking Data Processing • OP-3700.012, Corrective Action Plans for Security Infractions • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** None **Issues:** None	☒	☐
F&FI-2-2.4/3	Processes for analyzing deficiencies, individually and collectively, have been established that enable the identification of programmatic or systemic issues. Line management effectively monitors progress and optimizes the allocation of assessment resources in addressing known systemic issues.	DOE O 226.1, Attachment 2, Appendix A, Section 5.c.	**PD-3200.004 Discussion Location:** Page 20, Issues Management Page 22 Occurrence Reporting and Notification Page 22, Price-Anderson Amendments Act Process Page 27, Tracking and Trending **Implementation Documents:** • CD-0400.002, Occurrence Reporting and Notification Process • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.008, Conduct of Critiques	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
			• CD-3200.009, Root Cause Analysis • CD-3200.017, Issue Reporting • CD-3200.018, Developing Corrective Action Plans • CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting • OP-OP-3200.030, Companywide Issue Tracking Data Processing • OP-3700.012, Corrective Action Plans for Security Infractions • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** None **Issues:** None		
F&FI-2-2.4/4	Processes for communicating issues up the management chain to senior management have been established and based on a graded approach that considers hazards and risks. Line management receives periodic information on the status of identified deficiencies and corrective actions and holds organizations and individuals accountable for timely and effective completion of actions. Line management has executed graded mechanisms such as independent verification and performance-based evaluation to ensure that corrective action and recurrence controls are timely, complete, and effective. Closure of corrective actions and deficiencies are based on objective, technically sound, and verified evidence. The effectiveness of corrective actions is determined on a graded basis and additional actions are completed as necessary.	DOE O 226.1, Attachment 2, Section 5.d.	**PD-3200.004 Discussion Location:** Page 20, Issues Management Page 22 Occurrence Reporting and Notification Page 22, Price-Anderson Amendments Act Process Page 27, Tracking and Trending **Implementation Documents:** • CD-0400.002, Occurrence Reporting and Notification Process • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.008, Conduct of Critiques • CD-3200.009, Root Cause Analysis • CD-3200.017, Issue Reporting • CD-3200.018, Developing Corrective Action Plans • CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting • OP-OP-3200.030, Companywide Issue Tracking Data Processing • OP-3700.012, Corrective Action Plans for Security Infractions • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** None **Issues:** None	☒	☐
F&FI-2-2.4/5	Results of various feedback systems are integrated and collectively analyzed to identify repeat occurrences, generic issues, trends, and vulnerabilities at a lower level before significant problems result.	DOE O 226.1, Attachment 2, Section 5.c.	**PD-3200.004 Discussion Location:** Page 27, Tracking and Trending **Implementation Documents:** • CD-0400.002, Occurrence Reporting and Notification Process • CD-3200.007, Price-Anderson Amendments Act Process • CD-3200.009, Root Cause Analysis • CD-3200.013, Lessons Learned Program • CD-3200.017, Issue Reporting • CD-3200.019, Quarterly Analysis Reporting	☒	☐

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
			• CM-0444.001-007, Accident/Incident Notifying, Investigating, and Reporting • OP-3200.005, Site Lessons Learned Coordinator • OP-3200.030, Companywide Issue Tracking Data Processing • PD-3200.003, Self-Assessment Program **Supplemental Discussion:** None **Issues:** None		
F&FI-2-2.4/6	Individuals or teams responsible for corrective action development are trained in analysis techniques to evaluate significant problems using a structured methodology to identify root and contributing causes and corrective actions to prevent recurrence.	DOE O 226.1, Attachment 2, 2.e.	**PD-3200.004 Discussion Location:** Specific discussion of this element is not provided in PD-3200.004. General discussion of training processes and training program for BN employees provided on Page 15, Personnel Qualification and Training. **Implementation Documents:** • CD-3200.008, Conduct of Critiques • CD-3200.009, Root Cause Analysis • OP-3200.007, Conduct of Critiques and Fact-Finding Meetings • OP-3200.033, Root Cause Analysis • OP-3200.035, Qualifying Critique Directors and Causal Analysts **Supplemental Discussion:** None **Issues:** DOE O 226.1, Attachment 2, Section 2.e. requires that personnel who manage and perform assurance functions must possess experience, knowledge, skills, and abilities commensurate with their responsibilities. Although this requirement is implemented in performance documents *(refer to CRADs F&FI-1/6 and F&FI-2-2.4/6)*, PD-3200.004 does not contain a specific discussion of how BN meets this requirement.	☐	☒

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion Y	Meets Criterion N
FI-3	**DOE Line Management Oversight:** DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes.				
F&I-3 Criteria 1	DOE line management has established a baseline line management oversight program that ensures that DOE line management maintains sufficient knowledge of site and contractor activities to make informed decisions concerning hazards, risks and resource allocation, provide direction to contractors, and evaluate contractor performance.	NV M 220.XC NV O 124.X	Annually, as part of the budgetary preparation, the contractor prepares the ES&H Management Plan. In the plan, hazards are identified and a risk ranking assigned. The NSO Executive Council reviews the information and determines the level of risk the organization is willing to accept. Finding: NSO has not scheduled and executed functional assessments in accordance with NSO M 220.XC, *NNSA/NSO Oversight Management*	☐	☒

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion	
				Y	N
			System, dated 12-16-03.		
F&I-3 Criteria 2	DOE line oversight program includes assessments, operational awareness activities, performance monitoring and improvement, and assessment of contractor assurance systems. Documented program plans have been established that define oversight program activities and annual schedules of planned assessments and focus areas for operational awareness. Operational awareness activities must be documented either individually or in periodic (e.g., weekly or monthly) summaries. Deficiencies in programs or performance identified during operational awareness activities are communicated to the contractor for resolution through a structured issues management process.	NV M 220.XC	NSO has not scheduled and executed functional assessments in accordance with NSO M 220.XC, *NNSA/NSO Oversight Management System*, dated 12-16-03.	☐	☒
F&I-3 Criteria 3	DOE line management monitors contractor performance and assesses whether performance expectations are met; that contractors are assessing site activities adequately; self-identifying deficiencies; and, taking timely and effective corrective actions. Responsibilities for line oversight and self-assessment are assigned and managers, supervisors, and workers are held accountable for performance assurance activities. Deficiencies must be brought to the attention of contractor management and addressed in a timely manner.	NSO M 111.XE NV O 230.XA NV M 220.XC DOE O 226.1	**Discussion:** Finding and OFI identified in CDNS review. OFI: To institutionalize BN's Contractor Assurance System, NSO should capture the process within the NSO directives and include a provision for NSO personnel to negotiate and validate the performance metrics. OFI: The Quarterly Performance Indicator could be greatly enhanced by including accomplishments of FRs having a positive influence on operations.	☐	☒
F&I-3 Criteria 4	DOE line management requires that findings must be tracked and resolved through structured and formal processes, including provisions for review of corrective action plans.	NSO M 111.XE NV O 230.XA	Finding: NSO issues are not always effectively tracked and managed utilizing the site's issue management database (caWeb). Finding: caWeb is not being appropriately implemented for NSO quality assurance issues. OFI: NSO/BN should consider an assessment on the caWeb system to determine if improvements to root cause identification can be made to better determine root causes.	☐	☒

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion	
				Y	N
F&I-3 Criteria 5	DOE line management regularly assess the effectiveness of contractor issues management and corrective action processes, lessons learned processes, and other feedback mechanisms (e.g., worker feedback). DOE line management must also evaluate contractor processes for communicating information, including dissenting opinions, up the management chain.	NSO M 111.XE NV O 230.XA	Issues: OFI: NSO does not have a program for dissenting opinions. Finding: NSO has not assessed the effectiveness of the contractors/NSO issues management system. Finding: NSO has not assessed the effectiveness of the contractor's lessons learned program and other feedback mechanisms. OFI: NSO has not assessed the effectiveness of the contractors/NSO issues management system, lessons learned program, and contractor assurance systems for WSI, SNJV, LANL, LLNL, and SNL.	☐	☒
F&I-3 Criteria 6	DOE line management must verify that corrective actions are complete and performed in accordance with requirements before findings identified by DOE assessments or reviews are closed, and requires that deficiencies are analyzed both individually and collectively to identify causes and prevent recurrences.	NSO M 111.XE NV O 230.XA NV M 220.XC	See Findings above. F&I-3, Criterions 3-5.	☐	☒
F&I-3 Criteria 7	DOE line management has established appropriate criteria for determining the effectiveness of site programs, management systems, and contractor assurance systems, and includes consideration of previous assessment results, effectiveness of corrective actions and self-assessments, and evidence of sustained management support for site programs and management and assurance systems. Review criteria are based on requirements and performance objectives (e.g., laws, regulations, DOE directives), site-specific procedures/manuals, and other contractually mandated requirements and performance objectives.	NSO M 111.XE NV O 230.XA NV M 220.XC DOE O 226.1	See Findings above. F&I-3, Criterions 1-3. OFI: To institutionalize BN's Contractor Assurance System, NSO should capture the process within the NSO directives and include a provision for NSO personnel to negotiate and validate the performance metrics.	☐	☒
F&I-3 Criteria 8	DOE line management has established and maintained appropriate qualification standards for personnel with oversight responsibilities, and a clear, unambiguous line of authority and responsibility for oversight.	NSO M 111 NV O 230.XA NV M 220.XC DOE O 226.1	Finding: Several key NSO positions have not been placed under the Technical Qualification Program (TQP) per DOE M 426.1-1A, *Federal Technical Capability Program Manual.* Finding: No NSO staff member is qualified under the internal (NSO) authorization basis (AB) qualification card, or the Nuclear Safety	☐	☒

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion	
				Y	N
			Specialist TQP qualification card that is performing as a SBRT Team Leader. Finding: NSO has not developed a qualification package for the NSO Criticality Safety Functional Area Lead. Finding: Safety basis review engineers and quality assurance professionals have not completed requirements for technical qualifications. Finding: Although the current staffing may be adequate to perform the readiness role that NSO has taken on, a full implementation of oversight of the startup and restart of nuclear operations would appear to require the qualification and availability of other site personnel. Finding: The NNSA/NSO FRAM assigns Team Leaders responsibilities for ensuring training and qualification of personnel that is inconsistent with internal policies related to staffing, recruitment, hiring, and performance evaluation. OFI: NNSA/NSO personnel performing reviews of SB documentation and leading safety basis review teams have not completed qualification requirements. OFI: ORR Team Leaders requiring qualifications under the NNSA/NSO TQP program needs to be re-established and updated to reflect changes to the current organizational structure. OFI: STSM Qualification Cards should be tailored to accommodate site-specific hazards and activities.		
F&I-3 Criteria 9	DOE Line management periodically reviews established performance measures to ensure performance objectives and criteria are challenging and focused on improving performance in known areas of weakness.	DOE O 226.1	See Findings above. F&I-3, Criteria 3.	☐	☒
F&I-3 Criteria 10	DOE line management has established effective processes for communicating line oversight results and other issues up the DOE line management chain, using a graded approach based on the hazards and risks. Established processes include provisions for communicating and documenting dissenting opinions. Formal structured processes for resolving	NSO M 111.XE NV M 220.XC DOE O 226.1	See F&I-3, Criteria 5	☐	☒

Assessment Criteria					
#	Criterion	Source of Criterion	Discussion	Meets Criterion	
				Y	N
	disputes for oversight findings and other significant issues have been implemented, and include provisions for independent technical reviews for significant findings.				
F&I-3 Criteria 11	An effective employee concerns program been established and implemented in accordance with DOE Directives that encourages the reporting of employee concerns and provides thorough investigations and effective corrective actions and recurrence controls.	NSO M 111.XE NSO O 442.1B	NNSA/NSO has established an effective employee concerns program utilizing NSO O 442.1B. During recent OA reviews, employee concerns program was not assessed due to the fact the program appears to be operating efficiently.	☒	☐

~~OFFICIAL USE ONLY~~

~~(OUO)~~

Note: If you need a copy of this document, please contact Elisha Demerson at (806) 477-3180.

~~OFFICIAL USE ONLY~~

~~(OUO)~~

National Nuclear Security Administration
Sandia Site Office
P.O. Box 5400
Albuquerque, New Mexico 87185-5400

FEB 1 6 2006

MEMORANDUM FOR: Thomas D'Agostino, Assistant Deputy Administrator for Program Integration, NA-10, HQ

FROM: Patty Wagner, Manager Patty Wagner

SUBJECT: Feedback and Improvement Assessments and Site Action Plans for Defense Nuclear Facility Safety Board (DNFSB) Recommendation 2004-1 Commitment 25

In response to your letter dated November 14, 2005, same subject, please find attached the Sandia National Laboratories (SNL) and Sandia Site Office (SSO) responses. The site assessment reports and site action plans were developed using the requested format and templates.

SSO is currently conducting a self-assessment prior to the Chief Defense of Nuclear Safety (CDNS) Review in June 2006. Feedback and Improvement is one of the functional areas undergoing a full scope review per the CDNS review criteria. Although the report is not finalized, I expect findings in the Feedback and Improvement area for SSO and SNL. Any findings will have corrective actions and be tracked to completion.

If you have any questions, please contact me on 505-845-6036 or Dan Pellegrino of my staff on 505-845-5398.

2 Attachments:
Memo, Stichman/Wagner, dated 2/10/05
(Assessment and SAP for PO1 & 2)
SSO Assessment and SAP for PO3

cc w/attachments:
C. Sykes, NNSA/NA-124/HQ
J. Stichman, SNL/NM
J. Polito, 10700, MS-0130, SNL/NM
S. Pickering, 10740, MS-0918, SNL/NM
M. Wood, SSO/CABM
J. Loftis, SSO/S&S
J. Todd, SSO/NF&SB
M. McFadden, SSO/F&PM
K. Zamora, SSO/O&A
G. Schmidtke, SSO/O&A
L. Adcock, SSO/S&T
D. Pellegrino, SSO/DP&QA
D. Dilley, SSO/O&A
A. Trujillo, SSO/DP&QA

Sandia National Laboratories

Operated for the U.S. Department of Energy's
National Nuclear Security Administration
by **Sandia Corporation**

Dr. John H. Stichman
Executive Vice President
Deputy Laboratories Director

P.O. Box 5800
Albuquerque, NM 87185-0109

P.O. Box 969
Livermore, CA 94551-0969

Phone: (505) 844-3621
(505) 845-9800 (Assistant)
Fax: (505) 844-1120
Internet: jhstich@sandia.gov

February 10, 2006

Correspondence Control#: 06_251_SNL_02-10-2006

Ms. Patty Wagner
Manager, Sandia Site Office
National Nuclear Security Administration (NNSA)
U. S. Department of Energy (DOE)
P. O. Box 5400
Albuquerque, NM 87185-5400

Dear Ms. Wagner:

Subject: Feedback and Improvement and Site Action Plan for Defense Nuclear Facility Safety Board (DNFSB) Recommendation 2004-1 Commitment 25.

Ref: 1) Memo from Patty Wagner to John Stichman, dated December 14, 2005, same subject.
2) Memo from John Stichman to Patty Wagner, dated January 17, 2006, same subject.

Representatives of Sandia met with representatives of your office on February 8, 2006 to receive feedback on our DNFSB Commitment 25 Site Action Plan submittal of January 17, 2006. Per that conversation, the following revised Site Action Plan is submitted.

Within the response, Sandia has cited recent reviews (2005 Sandia Performance Evaluation Report (PER), the OA-40 Assessment, and SSO ISMS Institutional Assessments), and the respective corrective action plans. We have verified the dates and commitments within the referenced corrective action plans. We appreciate the opportunity to supply additional information in support of our action plan.

Attachments:

1) Sandia Site Assessment Report, F&I Commitment 25- DNFSB Recommendation 2004-1, Revised- dated February 9, 2006.
2) Sandia Site Action Plan, F&I Commitment 25- DNFSB Recommendation 2004-1, Revised- dated February 9, 2006.

ATTACHMENT

SNL RESPONSE

PERFORMANCE OBJECTIVE 1 & 2

RESPONSE & ACTION PLAN

DNSFB Recommendation 2004-1 Implementation Plan

Site Action Plan

Commitment 25, Feedback and Improvement

Approved, Manager, Sandia Site Office

Note: Change Control for this Site Action Plan (SAP) resides with the Site Office Manager, with a cc to NA-10.

Performance Objective F&I-1: Contractor Assurance Program Documentation

Judgment of Need #1: Contractor Assurance Program Documentation

The FY06 Performance Evaluation Plan (PEP) establishes expectations for further improvements to Sandia's CAS.

Existing Corrective Actions:

Criterion	Source of Corrective Action / Identification Number	Corrective Action	Due Date	Action Owner / Organization
4	FY 06 Performance Evaluation Plan (PEP), PO11, addresses enhancements to the Contractor Assurance System.	Sandia will provide evidence of the effectiveness, compliance and institutionalization of the Sandia Contractor Assurance System. • Analysis of ILMS-related business rules • Create Enterprise Risk Management business rule • Revise Corrective Action business rule • Identify and develop tools to support the ILMS family of business rules	9/30/06 12/05 3/10/06 3/31/06 7/30/06	S. Pickering/SNL

Objective F&I-2: Contractor Program Implementation

Judgment of Need #2.1: Assessments & Performance Indicators

Sandia needs to mature the self-assessment program to encompass compliance as well as operating experience observations to reduce the number of external findings discovered.

Sandia needs to implement a comprehensive laboratory-wide (ES&H) performance measures process as part of achieving an effective continuous improvement process.

Sandia is working under a corrective action plan relating to self-assessment in response to the OA audit, and is addressing performance indicators in PO11 of the FY05 PEP.

Existing Corrective Actions:

Criterion	Source of Corrective Action / Identification Number	Corrective Action	Due Date	Action Owner / Organization
1	SNLNM-OA-2005-ES&H-14 "SNL has not established a program of effective assessment activities with sufficient scope and rigor to ensure that ES&H performance at all levels and in all organizations is consistently and accurately evaluated."	1. Identify root causes of SA. 2. Define expectations for SA program. 3. Perform Value Stream Analysis (VSA) on self assessment process. Define corporate processes for implementation. 4. Incorporation of new process in Chapter 22A. 5. Communicate new SA process and rollout dates for implementation. 6. Prototype process/tools.	Complete Complete Complete Complete Complete Complete	K. McCaughey/SNL

		7. Start line SAs to defined SA schedule. 8. Validate the effectiveness of new process based on results, lab-wide implementation (actionable data) and scorecard improvements.	Complete 6/30/06	
5	SSO/2005-ISMS-1/Finding # 4.1.1 "At the time of this assessment, SNL has not implemented a comprehensive laboratory-wide (institutional) performance measures (indicator) process as part of achieving an effective continuous improvement process (e.g., within the self-assessment process)."	1. Create an institutional, systems approach to ES&H leading and lagging indicators by consolidating previous SNL efforts with the most current industry best practices. (Deliverable: White paper describing institutional, systems approach) 2. Institutional, systems approach proof-of-concept: develop a meaningful set of "ES&H Vital Few" leading indicators for Integrated Enabling Services (IES). (Deliverable: Vital Few slides) 3. Phase 1- Initial development: Using "Fluor-Board" statistical process control (SPC) methodology, develop Injury & Illness leading indicators that correlate with current lagging indicators (TRCR, DACR). Illustrate leading/lagging indicators with SPC charts at the Corporate, Division, and Center levels (Deliverable: Presentation to SNL ES&H stakeholders) 4. Phase 1-Deployment: Re-design ES&H Metrics web page to include I&I leading and lagging indicator SPC charts with "drill down" from Corporate to Division and Center levels. Link to ES&H Metrics page from main SNL homepage. (Deliverable: Updated ES&H Metrics	Complete Complete Complete	A. Bendure/SNL

		web page with "one button" access from Techweb)	3/31/06	
		5. Phase 1-Implementation: implement institutional ES&H leading and lagging indicators with management as the systems approach integrated with IES/ES&H Assurance Model & Plan. (Deliverables: Updated risk matrices posted on IES web page as well as 10312 web page, and deployment memo/email from LLT to all SNL management stressing expectations)	5/31/06	
		6. Phase 2- Process Improvement: Evaluate Phase 1 success and refine process as needed. Use refined I&I leading/lagging indicators as a model to explore leading indicators for the remainder of the current ES&H Performance Targets (Haz Waste, Solid Waste, NOVs, Fines & Penalties). Use SPC methodology and charts as applicable. Develop recommendations and outline plan for continuous ES&H Performance Indicator process improvement. (Deliverables: Iterative (monthly?) updates to all elements of Phase 1 ES&H Performance Indicators & Final report with recommendations and plan outline for path forward)	7/31/06	
		7. Validation: Self Assessment to validate effectiveness of corrective actions. (Deliverable: TBD)	8/31/06	
2	FY 06 Performance Evaluation Plan (PEP), PO11, addresses enhancements to the Contractor Assurance System.	Sandia will demonstrate that Sandia self-assessments comply with all applicable requirements and are robust, rigorous, risk-based, and effective, as	9/30/06	S. Pickering/SNL

		demonstrated through: independent assessments, performance metrics, and a reduction in externally identified findings and repeat findings. • Sandia will establish schedules for self assessments in ES&H, S&S, and several policy areas • Sandia will provide quarterly updates to SSO on self assessment status and results.	2/28/06 (quarterly)	

Judgment of Need 2.2: Operating Experience

Sandia needs to more thoroughly review and understand the opportunities for improvement to their corporate feedback and improvement systems. Preliminary review will be conducted by the Quality Assurance organization, with potential follow-up within the mechanism of the Corporate Issues Management system.

Action	Deliverable(s)	Due Date	Owner / Org
Sandia will conduct an analysis of reviews, assessments and audits, seeking opportunities for improvement to the Feedback and Improvement systems.	1. White paper analysis of prior audits, appraisals, reviews, and assessments that offer critique or comment of SNL feedback and improvement systems	5/1//06	B. Boyle/10743
	2. If warranted, submit potential corporate issue for consideration of the Corporate Issues Management Board regarding needed improvements to Feedback and Improvement system, and ensure coordination with actions taken towards implementation of DOE O 210.x	6/1/06	B. Boyle/10743

Judgment of Need 2.3: Event Reporting

Sandia needs to continue to make improvements in the programs that provide early notification to NNSA/Sandia Site Office (SSO) in the event of problems within business and operational areas that may affect mission success. NNSA reputation, or adversely affect protection of the worker, public, environment or national security assets, including timely notification of occurrences. This year-long objective is included in the FY06 PEP.

Existing Corrective Actions:

Criterion	Source of Corrective Action / Identification Number	Corrective Action	Due Date	Action Owner / Organization
2	FY 06 Performance Evaluation Plan (PEP), PO8, addresses enhancements to business and operational support, including event reporting.	Sandia will provide early notification to NNSA/SSO in the event of problems within business and operational areas that may affect mission success, NNSA reputation, or adversely affect protection of the worker, public, environment or national security assets, including timely notification of occurrences. • PO8.2.1 regarding event reporting has been assigned a Director-owner and a VP to approve/monitor Sandia's early notification process. Monthly status meetings are held.	9/30/06 (monthly)	Tom Blejwas/SNL

Judgment of Need 2.4: Issues Management

Sandia needs to mature their Issues Management System over the next year, as required by the FY06 PEP. Sandia also needs to address the specific expectation of OA to rigorously categorize and evaluate safety deficiencies in a timely manner.

Existing Corrective Actions:

Criterion	Source of Corrective Action / Identification Number	Corrective Action	Due Date	Action Owner / Organization
1	FY 06 Performance Evaluation Plan (PEP), PO11, addresses enhancements to the Contractor Assurance System, including issues management.	Issues and corrective action requirements are implemented and appropriate follow-up, trending, and tracking occurs; resulting in improved Sandia performance. • Charter Corporate Issues Management Board and meet (nominally) monthly to consider issues, advise Chair, and review status of existing issues. • Refine and clarify the Issues Management process, and update associated business rule	9/30/06 3/1/06 4/1/06	Pickering/SNL
2,4	SNLNM-OA-2005-ES&H-15 "SNL has not established an effective corrective actions program that ensures that safety deficiencies are appropriately documented, rigorously categorized, and evaluated in a timely manner, with root causes and extent of condition accurately identified, and appropriate recurrence controls identified."	1. Develop an institutional ES&H Corrective Action Management Program (CAMP). 2. Establish an institutional ES&H tracking process by using the Corporate Corrective Action Tracking System (CATS) for ES&H deficiencies. 3. Implement an institutional corporate	Complete Complete	F. Alton/ SNL

		document and a formal procedure to address corporate ES&H deficiencies.	Complete	
		4. Implement a change to the corporate CPR001.3.11 to require CAMP plan as the institutional document to be used to track and respond to ES&H deficiencies.	Complete	
		5. Provide managers and VPs monthly status reports on open/closed findings and quarterly metrics showing total number of corrective actions due and completed on time.	Complete	
		6. Verify effectiveness of the CAMP process by conducting a self assessment to ensure a robust, mature, institutional program exists and effectively deployed across the laboratory.	3/15/06	

Site Assessment Report
F&I Commitment 25 – DNFSB Recommendation 2004-1

Results of Assessment of the
Effectiveness of Feedback & Improvement Processes
at *Sandia National Laboratories*

February 10, 2006

Performance Objective #F&I-1: Contractor Assurance Program Documentation

Evaluation: Performance Objective met, but judgment of need identified.

This objective was evaluated using the results of the NNSA FY2005 Performance Evaluation Report (PER). NNSA/SSO reported that PI-1, Contractor Assurance System, was "good".

Results: The NNSA 2005 PER noted that "PI-1 was instituted to continue to provide an incentive to Sandia to continue deployment and implementation of a Contractor Assurance System (CAS) as a stretch goal."[1] In summary, the PER notes that "the framework of Sandia's CAS/ILMS presents a sound, systematic approach, and is responsive to the primary requirements presented in clause H-3 of the contract. No major gaps were found in the deployment of ILMS and its associated systems in the SMUs."[2]

Discussion: Sandia National Laboratories' Contractor Assurance System Description Document (required by Sandia's prime contract, Contract No. DE-AC04-94AL85000, and controlled document number WFS092158) was approved by the Sandia Board of Directors on January 28, 2004. Sandia is in compliance with Clause H-3 of our contract with NNSA which specifies requirements regarding our Contractor Assurance System.

Sandia's CAS requirements include self-assessment (process assessment and performance indicators, and management assessments and surveillances), independent assessment, and oversight and management. The Sandia business policies/rules address specific mechanisms such as occupational injury and illness reporting, accident investigations, issues management, and lessons learned.

Sandia's process for investigating illnesses, injuries, and operational accidents is defined in Chapter 18 of the Sandia Environment, Safety, & Health (ES&H) Manual. Sandia uses Root Cause Analysis methodology as part of the investigation process. The RCA methodology is described in Chapter 22, Section B, of the ES&H Manual. Corrective action development, tracking, verification, and validation process is defined in Chapter 22, Section D, of the ES&H Manual.

Sandia's Issues Management process is described in Corporate Issues Management Process (CPR001.3.9)

Sandia's Lessons Learned program is described in a Lessons Learned program document (http://www-irn.sandia.gov/esh/lessonslearned_prgrm/program_doc.htm) and in Chapter 22, Section C, of the ES&H Manual (http://www-irn.sandia.gov/corpdata/esh-manuals/mn471001/s22c.htm).

Noteworthy Practices:

Judgment of Need: The FY06 Performance Evaluation Plan (PEP) establishes expectations for further improvements to Sandia's CAS.

Performance Objective #F&I-2.1: Assessments & Performance Indicators

Evaluation: Performance Objective partially met.

This objective was evaluated using the results of the 2005 OA-40 Assessment of ES&H, the 2005 SSO Institutional Assessment of the Performance Indicator Program Process, and the NNSA FY2005 Performance Evaluation Report (PER).

Results: OA reported that Core Function #5, Feedback and Continuous Improvement, "needs improvement". SSO's assessment of ES&H Performance Indicators found deficiencies, and NNSA/SSO reported that PI-1, Contractor Assurance System, was "good".

The OA-40 Assessment of ES&H at Sandia notes that "line self-assessments of safety programs and performance are not rigorously planned or performed... and that most of the process and implementation deficiencies identified in prior OA inspections continue to exist."[3]

The SSO ES&H Performance Indicator Assessment found that "at the time of this assessment, SNL has not implemented a comprehensive laboratory-wide (institutional) performance measures (indicator) process as part of achieving an effective continuous improvement process (e.g. within the self-assessment process)."[4]

The NNSA PER noted that "[c]ontinued improvement is needed in the systematic performance of self-assessments and self-identification of areas of non-compliance and poor performance...[a] more rigorous approach to assessing laboratory performance against applicable requirements is required to ensure that self-assessments are a good predictor of laboratory performance."[5] The PER makes note of "the lack of consistent performance and reliable performance data"[6].

Discussion: Sandia's CAS includes assurance models developed by executive management (Lab and SMU) and policy areas, as well as comprehensive internal, independent evaluations performed by the Audit Center. The annual audit calendar is developed according to a rigorous process within the Audit Center that is based on risk evaluation. The Charter of the Independent Audit Center is signed by Sandia's President and Executive Vice-President. This charter authorizes the audit organization full and unrestricted access to all personnel, records, properties and other information sources required to carry out their mission. The Center provides assurance to SNL management and Board of Directors by performing essential independent and objective audits, and advisory services.

The Director of the Independent Audit Center reports directly to the Executive Vice-President, and has full and private access to Sandia's Board of Directors, its Audit and Ethics Subcommittee, and senior management in order to ensure a climate in which audit issues are dealt with in a timely and effective manner.

The assurance models identify internal and external independent assessments, process assessments and performance indicators. Self-assessments are identified, planned and

performed within Sandia according to a risk evaluation. In FY06, Sandia has begun regular Policy Area Self Assessments to monitor both adequacy of policy and implementation.

Sandia management utilizes performance measures to keep informed. In addition to the Assurance Models and the activities described therein and posted on the AIS, "Vital Few" metrics are measured and reported monthly to senior management. The Vital Few Metrics are reviewed quarterly by the Lab Leadership Team (LLT).

Comprehensive corrective action plans were written to address the OA findings, and are being managed through the SSO and OA. Further improvements to Sandia's CAS (particularly self-assessments and performance indicators) that are expected by NNSA/SSO are documented in PO11 in the FY06 PEP.

Noteworthy Practices:

Judgment of Need: Sandia needs to mature the self-assessment program to encompass compliance as well as operating experience observations to reduce the number of external findings discovered.

Sandia is working under a corrective action plan relating to self-assessment in response to the OA audit, and is addressing performance indicators in a CAP for the SSO audit of ES&H performance indicators.

Performance Objective #F&I-2.2: Operating Experience

Evaluation: Performance Objective partially met.

This objective was evaluated using the results of the 2005 OA-40 Assessment of ES&H and the NNSA FY2005 Performance Evaluation Report (PER).

Results: OA reported that Core Function #5, Feedback and Continuous Improvement, "needs improvement". NNSA/SSO reported that PI-1, Contractor Assurance System, was "good". OA's discussion of lessons learned is within their listing of "opportunities for improvement", where they suggest that SNL should "clarify and establish at an institutional level the ownership of these feedback and improvement programs and the responsibility and accountability mechanisms for ensuring that these programs are effectively implemented by line and support organizations."[7]

Discussion: Sandia maintains a Lessons Learned web site that presents users with many opportunities to obtain lessons learned information throughout Sandia, the DOE Complex, NASA, the US Armed Services, OSHA, NIOSH, and the Consumer Product Safety Commission. Sandia also publishes the "Porcelain Press" (PP) monthly which is an informational newsletter containing articles related to safety and security at home and work, and other topics of interest to Sandians. The Lessons Learned website provides instructions and a template for managers and staff to submit lessons learned.

In addition to Lessons Learned information available on the website, Lessons Learned within the DOE Complex are made available to Sandia workers and management via an email subscription service which allows subscribers to target Lessons Learned applicable to their work to be delivered to them via email.

Sandia has established formal programs and processes and multiple avenues to collect and respond to worker suggestions. These programs and processes are described in the Feedback and Improvement Program document and Chapter 18, Section A, of the ES&H Manual.

Sandia maintains a Corporate Ombuds Office, a Corporate Ethics Office and website, and a Diversity, EEO, and Affirmative Action Department and website. Sandia also maintains a Corporate Investigations Office which has as its mission to deter, detect, and investigate security concerns of waste, fraud, abuse, theft of property and information, other criminal activities, and violence or threat of violence in workplace associated with Sandia National Laboratories, to serve as conduit to DOE Personnel Security for documented derogatory information, and to inquire into generalized uncorroborated allegations to validate or invalidate the information and determine if further referral or action is warranted.

Noteworthy Practices:

Judgment of Need: Sandia needs to more thoroughly review and understand the opportunities for improvement to their corporate feedback and improvement systems.

Preliminary review will be conducted by the Quality Assurance organization, with potential follow-up within the mechanism of the Corporate Issues Management system.

Performance Objective #F&I-2.3: Event Reporting

Evaluation: Performance Objective partially met.

This objective was evaluated using the results of the NNSA FY2005 Performance Evaluation Report (PER).

Results: NNSA/SSO reported that PI-1, Contractor Assurance System, was "good". The PER discusses Sandia's deficiencies in event reporting. "Sandia had difficulty meeting the 24-hour requirement for notification to SSO for ES&H related occurrences."[8]

As a result, the FY06 PEP has a performance target (8.2.1) "Sandia will provide early notification to NNSA/Sandia Site Office (SSO) in the event of problems within business and operational areas that may affect mission success. NNSA reputation, or adversely affect protection of the worker, public, environment or national security assets, including timely notification of occurrences."[9]

Discussion: Sandia maintains an occurrence reporting project office (http://www-irn.sandia.gov/esh/om_prgrm/) that is responsible for reporting occurrences in accordance with DOE requirements. Reporting requirements are defined in Chapter 18, Section C, of the ES&H Manual (http://www-irn.sandia.gov/corpdata/esh-manuals/mn471001/s18c.htm). Sandia and the NNSA/SSO office have established a joint committee that reviews and trends occurrences and lessons learned quarterly. Sandia has also established a peer review process that helps ensure the accuracy and validity of technical analyses (http://www-irn.sandia.gov/iss/depts/perfassurance/tech_analyses/prprocess.htm).

Noteworthy Practices: Sandia has established an integrated, comprehensive process to report, analyze, and address operational events, accidents, injuries, near misses, and risks to Sandia's reputation in a timely manner (http://oops.sandia.gov/). This process includes root cause analysis and the creation and closure of corrective actions to issues that are identified from the analysis.

Judgment of Need: Sandia needs to continue to make improvements in the programs that provide early notification to NNSA/Sandia Site Office (SSO) in the event of problems within business and operational areas that may affect mission success, NNSA reputation, or adversely affect protection of the worker, public, environment or national security assets, including timely notification of occurrences. This year-long objective is included in the FY06 PEP.

Performance Objective #F&I-2.4: Issues Management

Evaluation: Performance Objective partially met.

This objective was evaluated using the results of the 2005 OA-40 Assessment of ES&H and the NNSA FY2005 Performance Evaluation Report (PER).

Results: OA reported that Core Function #5, Feedback and Continuous Improvement, "needs improvement". NNSA/SSO reported that PI-1, Contractor Assurance System, was "good".

SSO states that "The Issues Management System (IMS) is not consistently being used to track "corporate wide" issues...SSO could not find empirical data to support a systematic trending and tracking of lower level findings."[10]

The OA assessment noted that "SNL's corrective action plan for the 2003 OA inspection finding regarding corrective action program deficiencies was limited to establishment of processes for conducting analyses to identify and address cross-cutting, systemic issues rather than addressing the broader processes for managing the resolution of identified safety deficiencies."[11]

Discussion: Sandia utilizes several complementary systems to ensure that deficiencies are identified and corrected. The OOPs process discussed above captures all items of potential concern. In addition, CPR001.3.9 Corporate Issues Management Process addresses systemic problems that cannot be resolved by local management. Corporate Issues and findings from external reviews are tracked and reviewed with executive management on a monthly basis. Through these processes, and with the assistance of subject matter experts in the ES&H and Corporate Quality offices, all the criteria are met, with some specific issues noted in the evaluations.

Sandia's ES&H Assurance, Planning, and BBS Department (http://www-irn.sandia.gov/iss/depts/perfassurance/) has the responsibility to monitor, analyze, and report Sandia's safety performance. A data warehouse is currently being developed by this department that will house all safety-related information concerning workers, operations, facilities, and activities at Sandia. The warehouse will allow more extensive and efficient analysis and trending of safety data. As a precursor to the warehouse, Sandia developed an injury and illness predictive model (IIPM) which was used to evaluate the possible correlation of some 240 factors to reported injury and illness (Presentation). The evaluation identified eight primary factors (for example, training currency) that correlated with reported injuries and illnesses. The results of the evaluation are being used to identify and improve organizations in which the actionable factors from the evaluation were identified as needing improvement. Similarly, the IIPM was used to identify 13 factors that correlated to repetitive motion injuries. These factors were then used in a Labs-wide screen of workers to identify workers that could be at risk of a repetitive motion injury, and to recommend actions to reduce that risk.

Sandia utilizes the Corrective Action Tracking System (CATS) for most corrective action activities. Training in Causal Analysis and Mistake Proofing (CAMP) is recommended for managers and key individuals who facilitate the use of the database. Additionally, there is a business rule CPR001.3.11 Corporate Corrective Action Development and Tracking Process that provides guidance.

Noteworthy Practices:

Judgment of Need: Sandia needs to mature their Issues Management System over the next year, as required by the FY06 PEP. Sandia also needs to address the specific expectation of OA to rigorously categorize and evaluate safety deficiencies in a timely manner.

---

[1] NNSA Fiscal Year 2005 Performance Evaluation Report of Sandia Corporation for the Management and Operation of SANDIA NATIONAL LABORATORIES Contract No. DE-AC04-94-AL85000, December 8, 2005, pg. 76.
[2] Ibid, pg. 80.
[3] Independent Oversight Inspection of Environment, Safety, and Health Programs at the Sandia National Laboratories, May 2005, Volume I, pg 12.
[4] SSO Institutional Assessment of the Performance Indicator Program Process, Finding #4.1.1.
[5] FY05 PER, pg. 78.
[6] Ibid, pg. 80.
[7] OA, Volume II, pg. 68.
[8] PEP, pg. 57.
[9] FY2006 Performance Evaluation Plan (PEP) for Sandia, pg. 25.
[10] FY2005 PER, pg 79.
[11] OA, Volume I, pg. 8.

ATTACHMENT

SSO RESPONSE

PERFORMANCE OBJECTIVE 3

RESPONSE & ACTION PLAN

Performance Objective F&I-3: **DOE Line Management Oversight**

DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes.

Evaluation: Performance Objective met, but two judgments of needs identified.

This objective was also evaluated using the results of the FY05 OA review, the FY05 NA121.3 QAS1.0 of SSO, and SSO self-assessments.

Criteria:

1. DOE line management has established a baseline line management oversight program that ensures that DOE line management maintains sufficient knowledge of site and contractor activities to make informed decisions concerning hazards, risks and resource allocation, provide direction to contractors, and evaluate contractor performance.

   - SSO maintains operational awareness and performs various types of assessments to maintain sufficient knowledge of SNL activities. SSO documents our evaluation of Sandia performance annually though the Performance Evaluation process. Additionally, SSO meets with Sandia on at least a quarterly basis to formally discuss Sandia performance through Joint Performance Review Teams and the Joint Performance Council. Other formal assessments contractor performance against the orders and directives in the SNL contract occur routinely in many areas (examples are safeguards and security (S&S), weapon quality, safety basis, and ES&H). SSO's Facility Representatives (FRs) and ES&H Subject Matter Experts collect information and conduct surveillances. Informal assessments occur through operational awareness activities to include processing of work authorizations, facility walkthroughs, review of work products, active participation in program meetings, and review of data. Key personnel within SSO have been trained as Senior Technical Safety Managers (STSM).

     SSO is currently in the process of reviewing our oversight functions in light of DOE Order 226.1. SSO is working to develop a procedure in response to 226.1 that will include a risk based approach to oversight.

2. DOE line oversight program includes assessments, operational awareness activities, performance monitoring and improvement, and assessment of contractor assurance systems. Documented program plans have been established that define oversight program activities and annual schedules of planned assessments and focus areas for operational awareness. Operational awareness activities must be documented either individually or in periodic (e.g., weekly or monthly) summaries. Deficiencies in programs or performance identified during

operational awareness activities are communicated to the contractor for resolution through a structured issues management process.

SSO performs oversight functions as described in DOE Order 226.1. Oversight plans describing assessment frequency are done for S&S, Business, Weapon Quality, Documented Safety Analysis reviews, Project Management, FR surveillance, and ES&H. All SSO organizations perform operational awareness activities. Additionally, oversight and awareness is gained through the SSO validation of SNL corrective actions to formal recommendations. These activities are documented in many ways: monthly summary reports to the Manager; notes from key conference calls or meetings; or staff notebooks. Deficiencies, if warranted, are communicated to SNL though the SSO chain of command. If the deficiency has site-side implications then it would be entered into the SSO Corrective Action Tracking System (CATS) system. Review and closure of the issue by SSO would be done.

3. DOE line management monitors contractor performance and assesses whether performance expectations are met; that contractors are assessing site activities adequately; self-identifying deficiencies; and, taking timely and effective corrective actions. Responsibilities for line oversight and self-assessment are assigned and managers, supervisors, and workers are held accountable for performance assurance activities. Deficiencies must be brought to the attention of contractor management and addressed in a timely manner.

SSO monitors the SNL contract on a continual basis. This is addressed in our annual Performance Evaluation Plan (PEP), and SSO PEP/Performance Evaluation Report (PER) procedure. In support of the PEP/PER process, key SSO managers conduct Joint Performance Review Team meetings with Sandia on at least a quarterly basis to discuss Sandia's performance. The results of these meetings are presented to NNSA-HQs, SSO and SNL senior-level through the quarterly Joint Performance Council meetings. Additionally, SSO prepares an annual Performance Evaluation Report which is reviewed and approved by the NNSA Administrator. In accordance with the provisions of the SNL contract, Sandia is to develop and implement an effective Contractor Assurance System (CAS). One element of CAS is for SNL to conduct self-assessments. SSO also conducts other types of oversight in accordance with the responsibilities and requirements presented in the SSO FRAM. Deficiencies are communicated to SNL, and tracked mainly via SNL CATS. SNL has over 18 corrective action tracking systems – a problem that SNL is working in 2006.

4. DOE line management requires that findings must be tracked and resolved through structured and formal processes, including provisions for review of

corrective action plans.

The FY05 OA review identified corrective action tracking and issues management as an area needing attention.

> The SSO procedure titled Corrective Action Management requires findings be tracked and validated for closure. The tool to capture the elements of a corrective action lifecycle is the SSO CATS for findings against SSO, and mainly the SNL CATS for SNL findings. The SSO CATS is expected to be operational by March 2006. SNL has over 18 corrective action tracking systems – a problem SNL is working in 2006.

5. DOE line management regularly assesses the effectiveness of contractor issues management and corrective action processes, lessons learned processes, and other feedback mechanisms (e.g., worker feedback). DOE line management must also evaluate contractor processes for communicating information, including dissenting opinions, up the management chain.

> SSO recognizes the importance of driving continuous improvement and monitoring CAS performance though the performance evaluation plan. For FY06, CAS performance, including issues management and communicated lessons learned processes, will be monitored through Performance Objective (PO) 8 and PO-11 and the quarterly Joint Performance Review Team and Joint Performance Council meetings.

6. DOE line management must verify that corrective actions are complete and performed in accordance with requirements before findings identified by DOE assessments or reviews are closed, and requires that deficiencies are analyzed both individually and collectively to identify causes and prevent recurrences.

> The FY05 OA review identified corrective action tracking and issues management as an area needing attention.
>
> The SSO procedure titled Corrective Action Management requires findings be tracked and validated for closure. The tool which captures the elements of a corrective action lifecycle is the SSO CATS. SSO is populating the SSO CATS data base and conducting training. By March 2006 the SSO CATS will be operational.

7. DOE line management has established appropriate criteria for determining the effectiveness of site programs, management systems, and contractor assurance systems, and includes consideration of previous assessment results, effectiveness of corrective actions and self-assessments, and evidence of sustained management

support for site programs and management and assurance systems. Review criteria are based on requirements and performance objectives (e.g., laws, regulations, DOE directives), site-specific procedures/manuals, and other contractually mandated requirements and performance objectives.

SSO monitors the SNL contract on a continual basis. This is addressed in our annual Performance Evaluation Plan (PEP), and SSO PEP/PER procedure. In support of the PEP/PER process, key SSO managers conduct Joint Performance Review Team meetings with Sandia on at least a quarterly basis to discuss Sandia's performance. The results of these meetings are presented to NNSA-HQs, SSO and SNL senior-level through the quarterly Joint Performance Council meetings Additionally, SSO prepares an annual PER which is reviewed and approved by the NNSA Administrator. Per the SNL contract, SNL is required to develop and implement an effective CAS. Through the Sandia CAS, they are to continually assess performance, implement appropriate corrective actions as required, and keep SSO informed of their actions. SSO also conducts other types of oversight with responsibilities presented in the FRAM. Assessments are based on requirements contained in SNL's contract that includes applicable DOE Orders that are presented in Appendix G. Deficiencies are communicated to SNL, and tracked via SNL CATS.

8. DOE line management has established and maintained appropriate qualification standards for personnel with oversight responsibilities, and a clear, unambiguous line of authority and responsibility for oversight.

SSO personnel in the Technical Qualification Program (TQP) are issued qualification standards. Many technical personnel that are required to be in the TQP are issued job-specific qualification standards. All individuals who are Contracting Officer Representatives and have the authority to direct Sandia performance within the parameters of the approved scope of work have been trained as Contracting Officer Representatives. Additionally, the SSO FRAM describes roles and responsibilities.

9. DOE Line management periodically reviews established performance measures to ensure performance objectives and criteria are challenging and focused on improving performance in known areas of weakness.

SSO monitors the SNL contract on a continual basis. This is addressed in the annual PEP, and SSO PEP/PER procedure. In support of the PEP/PER process, key SSO managers conduct Joint Performance Review Team meetings with Sandia on at least a quarterly basis to discuss Sandia's performance. The results of these meetings are presented to NNSA-HQs, SSO and SNL senior-level through the quarterly Joint

Performance Council meetings. Additionally, SSO prepares an annual PER which is reviewed and approved by the NNSA Administrator.

10. DOE line management has established effective processes for communicating line oversight results and other issues up the DOE line management chain, using a graded approach based on the hazards and risks. Established processes include provisions for communicating and documenting dissenting opinions. Formal structured processes for resolving disputes for oversight findings and other significant issues have been implemented, and include provisions for independent technical reviews for significant findings.

SSO maintains operational awareness and performs various types of assessments to maintain sufficient knowledge of SNL activities. SSO evaluates contract performance annually though the Performance Evaluation process. Assessments of contractor performance against the orders and directives and other requirements in the SNL contract occur routinely in many areas (examples are safeguards and security, weapon quality, safety basis, and ES&H).

The SSO and SNL Issues Management program required findings generated against SSO or SNL to be tracked and validated to closure.

SSO is currently in the process of reviewing our oversight functions in light of DOE Order 226.1. SSO is working to develop a procedure in response to 226.1 that will incorporate risk based approaches.

10. An effective employee concerns program been established and implemented in accordance with DOE Directives that encourages the reporting of employee concerns and provides thorough investigations and effective corrective actions and recurrence controls.

SSO has an employee concern program and procedure. Also the NNSA Employee Concerns BOP is out for comment and is expected to be issued by the end of February 2006.

DNSFB Recommendation 2004-1 Implementation Plan

Site Action Plan

Commitment 25, Feedback and Improvement

Performance Object 3 – SSO Line Management Oversight

Approved, Manager, Sandia Site Office

Note: Change Control for this Site Action Plan (SAP) resides with the Site Office Manager, with a cc to NA-10.

Objective 3: DOE Line Management Oversight. DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes

Judgment of Need #1

Action	Deliverable(s)	Due Date	Owner / Org
Develop an SSO procedure in response to DOE Order 226.1 that incorporates risk based approaches.	1. Review Idaho and other sites approaches	1/31/06 (Idaho Completed on 1/12)	SSO AM's.
	2. Draft SSO procedure	1/13 (Rough cut completed 1/06)	Dan Pellegrino, AM/DPQA
	3. Revise SSO procedure	3/06	Dan Pellegrino
	4. Issue procedure	5/06	Patty Wagner, SSO Mgr

Responsible Manager: Dan Pellegrino, Assistant Manager, Defense Programs and Quality Assurance

Judgment of Need 2:

For existing corrective actions/ initiatives:

Existing Corrective Actions:

Criterion	Source of Corrective Action / Identification Number	Corrective Action	Due Date	Action Owner / Organization
4,6	OA Report: Finding Number: SNLNM-06-06/28/05-0012 Finding Description: SSO has made limited progress in establishing an effective issues management and commitment tracking system, and not conducted adequate reviews of contractor corrective actions to verify closure and effectiveness in ensuring resolution of OA findings and preventing recurrence, as required by DOE Order 414.B and DOE Order 470.2B. CAP Owner: Patty Wagner CAP POC: Dan Pellegrino QAS 1.0 of SSO, Conducted by NA121.3 in April 2005: Two F&I related Findings 3.1 Quality Improvement The Sandia Site Office acknowledged during their initial presentation that the infrastructure for continuous improvement is not in place. QC-1 requires that the continuous improvement process included correction of problems including "...identifying the causes or problems and working to prevent recurrence." The	Both the OA finding and the two QAS1 findings are being addressed via the response to the OA Finding: SSO will use the same process/software that SNL uses for ensuring corrective actions to Findings are appropriately developing using causal factor analysis. In the CAP for SNLNM-06-06/28/05-0012, key steps are: 1) Finalize SSO CATS software (completed 10/27/05) 2) Develop procedures (by 1/31/06) 3) Train personnel (by 3/06)	3/06	Dan Pellegrino, AM/DPQA

	existing procedure for Issues Management and the interim database do not implement the requirements for causal analysis or prevention of recurrence. 3.13 Corrective Action As acknowledged by the Site Office in interviews, the corrective action program is in transition and does not meet QC-1 requirements.			

DOE F 1325 8

United States Government **National Nuclear Security Administration (NNSA)**
Savannah River Site Office (SRSO)

Memorandum

DATE: **January 27, 2006**

REPLY TO ATTN OF: SV (McAlhany, 803-208-8230)

SUBJECT: Feedback and Improvement Assessment and Site Action Plan for Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1 Commitment 25

TO: T. P. D'Agostino, Acting Deputy Administrator for Defense Programs (NA-10), HQ

Your letter of November 14, 2005, requested sites to perform a site assessment using the Feedback and Improvement (F&I) Criteria Review and Approach Document (CRAD) which was provided. Based on the results of this assessment, we were also asked to develop a site action plan to address any issues relative to F&I.

As you are aware, SRSO and the Department of Energy, Savannah River Operations Office (DOE-SR) both utilize Washington Savannah River Company (WSRC) to accomplish their work activities at the Savannah River Site. DOE-SR performed a detailed assessment of WSRC utilizing the F&I CRAD and provided a copy of their report and action plan to Environmental Management, EM-3. We have reviewed their report relative to WSRC Defense Programs operations and have no issues with their report relative to Objectives 1 and 2 of the CRAD. For Objective 3 of the CRAD, we performed an assessment of line management oversight utilizing prior assessment of SRSO activities by the Chief Defense Nuclear Safety. All F&I related issues from this review have been closed. As you are also aware, we are currently undergoing an assessment by the Office of Environment, Safety, and Health Evaluations, SP-44, and hope to leverage off this review also. Thus far there have been no major issues identified relative to SRSO operations, but the review is still on-going and a final report will not be issued until late February. Upon receipt of the final SP-44 report, a revision of our site action plan may be required. This approach has been discussed with Carl Sykes of your staff.

Richard W. Arkin
Manager

SV:BKM:sy

RA-06-0104

2 Attachments:
1. Attachment – SRSO Site Action Plan
2. Attachment – SRSO Site Assessment Report (w/attach)

cc w/attach:
X. Ascanio, NA-12
C. Sykes, NA-124

bc w/attach
K. McAlhany, SRSO
SV File Copy, File Code: 1300

bc w/o attach
SV Reading File

Attachment 1

DNSFB Recommendation 2004-1 Implementation Plan

Site Action Plan

Commitment 25, Feedback and Improvement

Approved, Manager, Savannah River Site Office

Note: Change Control for this Site Action Plan (SAP) resides with the Site Office Manager, with a cc to NA-10.

Objective 3

Judgment of Need #1

Correct items identified by external review groups and complete implementation of DOE Order 226.1.

Action	Deliverable(s)	Due Date	Owner / Org
Take action to close any items identified by SP-44 for SRSO Action.	Formally close out actions in HQ Corrective Action Tracking System.	9/30/06 (Subject to change pending final report)	R. Arkin/ Site Office Mgr.
Complete implementation of DOE Order 226.1.	None.	9/15/06	R. Arkin/Site Office Mgr

Responsible Manager: R. Arkin, SRSO Manager

Results of Assessment of the
Effectiveness of Feedback & Improvement Processes
at Savannah River Site Office

January 27, 2006

Performance Objective F&I-1: Contractor Program Documentation – Contractor Line Management has established a comprehensive and integrated operational assurance system which encompasses all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions, and share in lessons learned effectively across all aspects of operation.

Evaluation: Performance Objective partially met

Results:

See attached Savannah River Operations Office (DOE-SR) report to EM-3 dated January 18, 2006. As SRSO and DOE-SR utilize a common contractor with a single contract, a separate assessment was not performed by SRSO as the contractor utilizes the same manuals, processes and procedures site-wide.

Noteworthy Practices – None.

Judgment of Need: See DOE-SR report. (In summary, there was an Opportunity for Improvement identified. The objective was considered to be partially met since the contract was just recently changed (12/27/05) to incorporate DOE Order 226.1.)

Performance Objective F&I-2: Contractor Program Implementation

2.1 Assessments & Performance Indicators: Contractor Line Management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance.

Evaluation: Performance Objective fully met

Results:

See attached Savannah River Operations Office (DOE-SR) report to EM-3 dated January 18, 2006. As SRSO and DOE-SR utilize a common contractor with a single contract, a separate assessment was not performed by SRSO as the contractor utilizes the same manuals, processes and procedures site-wide.

Noteworthy Practices – None.

Judgment of Need: None

2.2 Operating Experience: The Contractor has developed and implemented an Operating Experience program that communicates Effective Practices and Lessons Learned during work activities, process reviews, and incident/event analyses to potential users and applied to future work activities.

Evaluation: Performance Objective partially met

Results:

See attached Savannah River Operations Office (DOE-SR) report to EM-3 dated January 18, 2006. As SRSO and DOE-SR utilize a common contractor with a single contract, a separate assessment was not performed by SRSO as the contractor utilizes the same manuals, processes and procedures site-wide.

Noteworthy Practices – None.

Judgment of Need: See DOE-SR report. (In summary, there was an Opportunity for Improvement identified relative to better screening of site problems/lessons learned for submission to the Site Lessons Learned Coordinator.)

2.3 Event Reporting: Contractor Line Management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Evaluation: Performance Objective fully met

Results:

See attached Savannah River Operations Office (DOE-SR) report to EM-3 dated January 18, 2006. As SRSO and DOE-SR utilize a common contractor with a single contract, a

separate assessment was not performed as the contractor utilizes the same manuals, processes and procedures site-wide.

Noteworthy Practices – See DOE-SR report. (In summary, Washington Savannah River Company was named as one of the 12 safest companies in America by Occupational Hazards magazine.)

Judgment of Need: None.

2.4 Issues Management: The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.

Evaluation: Performance Objective fully met

Results:

See attached Savannah River Operations Office (DOE-SR) report to EM-3 dated January 18, 2006. As SRSO and DOE-SR utilize a common contractor with a single contract, a separate assessment was not performed by SRSO as the contractor utilizes the same manuals, processes and procedures site-wide.

Noteworthy Practices – None.

Judgment of Need: None

Performance Objective F&I-3: DOE Line Management Oversight – DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes.

Evaluation: Performance Objective partially met

Results:

The SRSO has established and is currently implementing an effective oversight program.

The SRSO was reviewed by the Chief Defense Nuclear Safety (CDNS) in July 2005 and received an overall grade of "Meets Expectations". The review did point out some deficiencies and weaknesses, and actions have been implemented to correct them. Of the 63 actions, all but 10 have been closed out. The 10 remaining open items are longer term and are being worked by SRSO. The 4 findings related to Feedback and Improvement

have been closed, but 1 Opportunity for Improvement in this area remains open. The SRSO is also currently undergoing a biennial review by the DOE Headquarters Office of Environment, Safety, and Health Evaluations (SP-44) utilizing the DOE Order 226.1 CRADs. This review will not be completed until February 3, 2006. While there have been no major items identified at this time, the final report for the review has not been issued. Once the final report is issued, actions will be taken to correct any issues which have been identified.

The responsibility for line oversight is clearly defined in SV-MAN-002, "SRSO Functions, Responsibilities, and Authorities Manual (FRAM)". The FRAM provides a mission and function statement for each organizational entity and identifies responsibilities. Personnel are held accountable for their responsibilities through the annual performance appraisal process.

The SRSO utilizes an Annual Assessment Plan which provides an overall schedule for operational assessments, technical assessments, business process assessments, and self-assessment activities. The results of the assessments are entered into the Savannah River Operations Office (DOE-SR) sitewide database – SIMTAS (Site Issues Management and Technical Assessment System) – and transmitted to the contractor for appropriate action. Deficiencies are tracked to closure.

The Washington Savannah River Company (WSRC) Defense Programs Operations has a Contractor Assurance System (CAS) in place. The CAS was developed in March 2004 and all attributes were in full compliance in October 2004. The CAS received its first annual update in November 2005. The SRSO performs a quarterly validation of the CAS, and provides feedback to the contractor on a quarterly basis.

The SRSO provides monthly performance feedback to the contractor with the 4 focus areas being safety and security, technical capability, performance, and corporate perspective. SRSO utilizes a computer based tracking system whereby the contractor inputs performance metric data for mutually agreed upon performance metrics. Monthly meetings are conducted and SRSO then formally transmits the performance feedback to the contractor in writing.

The SRSO has a procedure that establishes and maintains appropriate qualification standards for personnel with oversight responsibility. The current procedure is SV-PRO-015, "SRSO Technical Qualification Training Program".

The SRSO currently utilizes the DOE-SR Employee Concerns Program, which is available to all SRS employees.

Although all criteria for implementing effective line management oversight have been met, SRSO will still need to validate full implementation of DOE Order 226.1, "Implementation of Department of Energy Oversight Policy" once it has been fully implemented by the contractor and the Site Office. The results of the on-going SP-44 review will assist SRSO in better defining the delta for full implementation.

Noteworthy Practices – None.

Judgment of Need:

Correct items identified by external review groups relative to Feedback and Improvement and complete implementation of DOE Order 226.1.This will be accomplished by:

1. Take appropriate action to close out any items identified by SP-44 for SRSO action by September 2006. (Note that this date may change depending on the outcome of the final report by SP-44.)

2. Complete implementation of DOE Order 226.1 by September 15, 2006.

DOE F 1325.8 (Rev 11-12-91)
United States Government Department of Energy (DOE)

memorandum

Savannah River Operations Office (SR)

DATE: JAN 1 8 2006

REPLY TO ATTN OF: OESH (S. Robinson, (803) 952-6015)

SUBJECT: Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1, Integrated Safety Management System Feedback and Improvement (Memorandum, Garman to Rispoli, 11/9/05)

TO: Dr. Inés R. Triay, Chief Operating Officer for Environmental Management (EM-3), HQ

This memorandum transmits the DOE-SR Feedback and Improvement Assessment and associated draft Site Action Plan completed to meet DNFSB 2004-1 Commitment 25. The assessment was conducted in accordance with the Criteria and Review Approach Document (CRAD) at the 2004-1 Knowledge Portal and the supplemental lines of inquiry provided by EM staff via email on December 2, 2005. Attachment 1 provides the completed assessment report. Attachment 2 documents the draft action plan that was developed to address identified areas of improvement. DOE-SR will ensure that the elements associated with the Integrated Safety Management System (ISMS) are effectively addressed as we implement the final Site Action Plan.

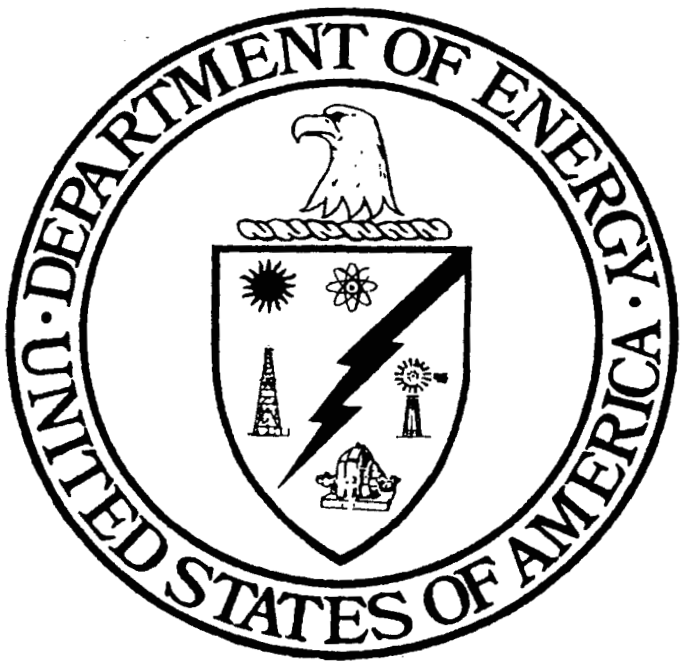
As you requested I am providing a copy of the memorandum to Dae Y. Chung and an electronic copy to Terry Krietz.

If you have any questions, please contact me or have your staff contact Dr. Karen Hooker, Director, Office of Environment, Safety and Health at (803) 952-8379.

Jeffrey M. Allison
Manager

Attachments:
1. Assessment Report
2. Draft Site Improvement Action Plan

cc w/attach:
Dae Chung, EM-24
Terry Krietz, EM-22



Assessment of the Effectiveness of Feedback & Improvement Processes at the Savannah River Site

January 2006

Results of Assessment of the
Effectiveness of Feedback & Improvement Processes
at the Savannah River Site

Executive Summary

This information provides the Performance Objectives and Department of Energy – Savannah River Operations Office (SR) and Washington Savannah River Site's (WSRC) assessment responses for Commitment 25 of the Department of Energy's (DOE) Implementation Plan for the Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1, Oversight of Complex, High-Hazard Nuclear Operations. The Assessment was performed using the feedback and improvement Criteria and Review Approach Document (CRAD) located online at the 2004-1 Knowledge Portal. As a result of the assessment, it was concluded that Performance Objectives 2.1, 2.3, and 2.4 are fully met, while Performance Objectives 1, 2.2 and 3 are partially met. Below are the identified Opportunities for Improvement:

Opportunity for Improvement F&IP-1-OFI-1: This performance objective is considered to be partially met since the WSRC S/RID (contractual requirement) was just recently (12/27/05) changed to incorporate DOE O 226.1. With this S/RID change, WSRC will now complete a Compliance Assessment and Implementation Report within 60 days and will further schedule a revision to the WSRC Quality Assurance Management Plan to document WSRC's Contractor Assurance System. WSRC believes that the fundamental elements of the program are in place, but they are not documented as the Contractor Assurance System as required by DOE O 226.1.

Opportunity for Improvement F&IP-2.2-OFI-1: An identified Opportunity for Improvement is to review field lessons learned organizations' actions regarding the screening of site problems/issues and how potentially applicable field events (including results from the recently implemented sub-contractor Focused Observation Program) are best submitted to the Site Lessons Learned Coordinator for sitewide applicability determination.

Opportunity for Improvement F&IP-3-OFI-1: DOE has established adequate line management oversight processes per existing DOE-HQ directives. The site continues to upgrade its current tracking and trending databases and coordinate with the contractor(s) to ensure effective and efficient processes are identified and implemented in a timely manner. However, DOE has not completed a compliance and implementation review for DOE O 226.1.

Performance Objective 1: Contractor Program Documentation

Contractor Line management has established a comprehensive and integrated operational assurance system which encompass all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions, and share in lessons learned effectively across all aspects of operation.

Results

WSRC has established a comprehensive and integrated operational assurance system. The elements of the system are documented in the WSRC Integrated Safety Management Description and the WSRC Quality Assurance Management Plan and approved by the DOE. The key elements of the program are the Management Assessment process, Independent Assessment process, Continuous Improvement process, Corrective Action process, Lessons Learned process, Performance Indicators, Annual ISMS review, and Personnel Qualification process as described below.

WSRC's approach to Management Assessment incorporates two major program activities: Self-Assessment and Performance Analysis. Both of these activities are jointly implemented to ensure the adequacy and effectiveness of WSRC's management control system is appropriately assessed throughout the organization. While retaining overall responsibility for the Management Assessment, senior management requires managers to assess the performance of the activities assigned to their organization. The Management Assessment program is a major mechanism of WSRC's Integrated Safety Management System.

Self-Assessments are planned and performed to verify conformance to applicable requirements and identify opportunities to improve performance and cost effectiveness. Results and conclusions from these assessments are documented and evaluated. Problems identified are documented using a site-wide database system called "Site Tracking, Analysis, and Reporting (STAR)" for management of problem resolution as required by the company level corrective action program includes provisions to track and follow-up on planned corrective actions from the self-assessment.

STAR was implemented site wide July 1, 2004 and was a major step by the company in being able to capture problems in a single database and, more importantly, capture data (causes, functional bins, etc.) associated with problems. The STAR system is a valuable tool that also supports meaningful performance analysis. An effectiveness review has been performed on STAR data, corrective actions have been implemented, and a second effectiveness review has been scheduled in 2006, to ensure the quality and consistency of data input into the system.

Performance Analysis of event-based and review-based data from various sources {i.e., the WSRC Corrective Action Program, WSRC Management and Independent Assessment Programs, and the DOE Occurrence Reporting System (ORPS)}, is performed periodically to identify recurring problems and identify potential areas of future concern.

This is accomplished at two different levels within the company. Site-level performance analysis is performed quarterly under the leadership of the Performance Analysis Advisory Group, and overseen by WSRC's Management Council, and is used to identify recurring problems. Organizational-level performance analysis is performed semi-annually, as directed by the Business Unit Directors, and identifies recurring organizational problems within their areas of responsibility. All problems identified as recurring are processed in accordance with the company-level corrective action program and as applicable in the DOE ORPS system and DOE PAAA Non-Compliance Tracking System (NTS). Results from the site-level and organizational-level performance analysis activities are documented, and issues are managed through STAR. (For details see WSRC Manuals 1Q and 12Q, and S/RID FA01 and 02.)

Independent performance-based Integrated Safety Management Evaluations (ISMEs) are planned and conducted by the Internal Oversight organization's Facility Evaluation Board (FEB) team(s). These ISMEs, part of the Integrated Safety Management feedback and improvement function, are separate from, and in addition to, the management assessments. These unannounced assessments provide a factually accurate comparative evaluation of performance; evaluate facility and programmatic self-assessment programs; and verify conformance to established requirements and contractual obligations. The allocation of resources is based on the status, hazard, complexity, and prior performance of the activity or process being assessed. The WSRC President has direct organizational oversight of the FEB process and approves and issues the ISME report to the facility manager. In turn, the evaluated organization responds to the President with the corrective actions taken or being planned in response to the ISME.

The group performing independent assessments has sufficient authority and freedom from the line to carry out its responsibilities. Personnel performing independent assessments do not have direct responsibilities in the area they are assessing. Assessment results are tracked and management responsibilities for their resolution are clearly assigned. The need for follow-up review of areas found deficient during an assessment is determined by cognizant management. Continuous improvement is fostered by applying WSRC's formal corrective action methodology to the assessment results.

Readiness requirements for the startup/restart of nuclear activities are determined in accordance with WSRC Manual 12Q, which implements the requirements of DOE Order 425.1 (series). A graded approach is utilized to determine the scope and depth of readiness determinations, the appropriate level of approval authority and the rigor and formality of process documentation. The methodologies range from use of routine restart procedures, to graded approach Readiness Assessments (RA), up to complete Operational Readiness Reviews (ORR). Each process identifies Core Requirements. Independent audits, assessments, and surveillances are also performed by units within designated WSRC organizations to address special programs. These requirements apply only to specific organizations/Business Units. (For details see WSRC Manuals 1Q, 12Q, SCD-4, and S/RID FA 02). The Operations Evaluation Department has established a start-up readiness manager who oversees the entire process.

Problem prevention and continuous quality improvement are addressed in various implementing procedures. These objectives are met by measuring and evaluating performance against key performance indicators/standards. Item characteristics, process implementation, and other quality-related information are reviewed and the data analyzed to identify items, services, and processes needing improvement. This data is also used to identify adverse trends that impact the quality of items and processes. Examples of quality related information used include:

- process capability studies
- performance analysis results
- studies which define assignable and inherent causes of process variability
- deficiencies identified within the Corrective Action Program
- failure rates
- corrective maintenance performance and backlog analysis
- preventive maintenance performance

To assure that appropriate improvement opportunities are identified, information from internal and external sources (DOE, industry data, various subcontractors/suppliers) is used. WSRC policies for managing and continuously improving how work is performed, in order to meet customer expectations for quality and to measure and produce results aligned with strategic objectives, involves all personnel in the respective organizations. (For details see WSRC Policy Manual 1-01 and WSRC Manuals 1B, 9B, 11B, 1Q, 1S, 2S, 11Q, 12Q, E7, and S/RID FA 02, 07, and 09).

Corrective action procedures require personnel to report identified nonconforming items and processes. These procedures define the reporting system used to identify such items and processes; to correct deficiencies; and to ensure adequate closure of corrective actions. All personnel are granted the freedom and authority to identify those items and processes determined to be nonconforming, and, as appropriate, to stop work or request that work be stopped until effective corrective action is completed. Procedures for bringing events, conditions, employee concerns, and issues to management's attention have been established by senior management. These procedures are in compliance with DOE Orders for Occurrence Reporting and the processing of operations information, and encourage and support identification and reporting of unsatisfactory conditions.

Processes to detect and prevent quality problems have been established and implemented. Items, services, and processes that do not meet established requirements are identified, controlled, and corrected according to the importance of the problem and the affected work. Correction includes identifying the causes of problems and taking action to prevent recurrence based on the significance of the problem. The WSRC system for identifying and controlling quality problems incorporates a single company-level problem identification and corrective action control system.

The WSRC Corrective Action Policy is described in WSRC Policy Manual 1-01, MP 5.35, *Corrective Action Program.* While the inputs to the system come from multiple problem identification sources per MP 5.35, the tools used to resolve each type of problem have consistent process steps. The corrective action system, as a whole, forms a comprehensive process with site-wide applicability as defined in implementing procedures. Continuous improvement is fostered by integrating the Corrective Action Program with feedback processes such as:

- Price Anderson Amendments Act (PAAA) noncompliances
- Occurrence Reporting
- Management Assessments
- Independent Assessments
- Lessons Learned processes
- Customer reviews

The corrective action program includes the following elements:

- problem identification/extent of problem determinations
- problem significance determination
- problem evaluation
- lessons learned evaluation
- corrective action development/extent of condition determination
- corrective action implementation
- corrective action closure
- effectiveness reviews of those corrective actions implemented to prevent recurrence.

The corrective action methodology yields quality improvements that are implemented in a tailored manner. The significance of identified problems is the basis for the tailored application of the requirements within the corrective action process. The extent of causal analysis (i.e., Apparent Cause, Root Cause) is commensurate with the importance or significance of the problem: Significance Category 1 Problems include recurring and significant specific problems; Significance Category 1 and 2 Problems are analyzed for Root Cause through the corrective action program.

Implementation of the required corrective actions to all problems is performed and documented by the responsible organization and verified commensurate with the Significance Category of the problem. The Corrective Action Program also includes the requirement for an effectiveness review to be performed on those corrective actions identified to prevent recurrence of the problem for Significance Category 1 and 2 problems. All problems/issues reported into the DOE-HQ, Office of Enforcements, Noncompliance Tracking System are assigned as Significance Category 1.

The WSRC Corrective Actions Program, along with the Management Assessment Program and STAR system, are being used to address both event-based and review-based problems. The Quarterly company-level WSRC Performance Analysis (PA) reports are being used to identify recurring problems that may represent potential adverse performance trends requiring increased management attention. Additionally, the Quarterly PA Report includes a feature for identifying items to be added to a "Watch List" for further monitoring during the next reporting period. Watch List items are identified since they could be precursors to recurring problems and some type of action may be appropriate to proactively address the situation.

Controls exist for preventing the inadvertent testing, installation, or use of nonconforming items and processes. Established controls include tagging of items, segregation of items when possible, and conditional release for post-installation testing. Nonconformances are reviewed and approved by the organizations that reviewed and approved the original items or processes unless another organization with qualified and knowledgeable personnel is designated. Justification for the disposition action is documented in accordance with procedures for those items or processes not returned to their original, as-designed conditions. Nonconforming items that are subsequently reworked, repaired, or replaced are inspected and/or tested to either the original requirements or to specified alternative requirements. Such inspections or tests are conducted prior to the final acceptance of the items or processes.

The Cognizant Technical Function (CTF), chartered with having an adequate technical understanding of the work and access to pertinent background information, is responsible for the analysis and disposition of nonconformances involving "Repair" or "Use-As-Is" dispositions.

QA activities associated with nonconforming items and processes include validation of the nonconformance, review of dispositions, verification of completion of disposition actions, and closure of the reporting document. Alternative reporting documents (for example, deficiency reports and condition reports) may be used depending on the consequence of failure or operational status. Alternative controls are approved by the WSRC Site Quality Assurance Manager in accordance with established procedure. (For details see WSRC Policy Manual 1-01, and WSRC Manuals 1B, 9B, 1Q, and S/RID FA 02).

WSRC has established a comprehensive Operating Experience/Lessons Learned Program that promotes safe, effective operation of Savannah River Site (SRS) facilities and enhances the safety and health of SRS employees and the public by applying the lessons learned from the systematic review of operating experience at SRS facilities, and of similar Department of Energy (DOE) complex and commercial nuclear industry facilities.

The WSRC Lessons Learned Program reviews internal and external events for SRS applicability and shares information from these sources as its applicable. Also, the WSRC Lessons Learned Program routinely submits lessons learned to the DOE ESH Lessons Learned System for sharing of events across the DOE Complex. Also, post-job critiques and reviews are held after job performance to assure that lessons learned/worker feedback/job history information is captured for future improvement.

An effective employee concerns program is established and implemented that encourages the reporting of ES&H concerns. The ECP program provides thorough investigations and effective corrective actions and recurrence controls. All WSRC employees have the right and responsibility to express their workplace issues and concerns with the expectation that they will be addressed, and no adverse action will be taken against them as a result of their voicing concerns.

WSRC uses three individually focused sets of performance measures and indicators:

- The Key Performance Indicators (KPIs), a comprehensive set of metrics developed to measure and guide improvements in overall performance. These metrics are kept on a site basis for corporate use and tailored metrics are kept at lower levels of the organization and at the facility level for internal use. The methodology and display of these metrics were patterned after a system utilized by the commercial nuclear industry.

- The WSRC Disciplined Operations Summary Indicator (DOSI) includes all of the reportable occurrences in the following ORPS Reporting Group classifications as components of the metric: Personnel Safety and Health, Nuclear Safety Basis, Facility Status, Environmental, Contamination/Radiation Control, Transportation and Noncompliance Notifications.

- The WSRC Safety Goals are established on a calendar year basis and are submitted to DOE-SR in December for the following year. Performance to these goals is tracked monthly by WSRC and the status is updated quarterly to DOE-SR.

The annual ISMS review utilizes a number of feedback mechanisms, such as self-assessments, independent assessments, occurrence reports, external assessments, and a host of others that serve a specific programmatic need. Each of those existing appraisal and assessment activities provides necessary feedback to maintain and, coupled with an effective Corrective Action Program, improve the ISMS. WSRC recognizes a higher need to review, from a high-level, holistic perspective, the effectiveness of the entire WSRC Integrated Safety Management System as a system. By analyzing and reviewing the aggregate of those feedback data, it is possible to gain a perspective that can inform top-level line management of any major adjustments that need to be part of a long-term ISM improvement strategy. The Annual ISMS Review is sponsored by the WSRC Management Council to provide that higher perspective. The Annual ISMS review, conducted according to WSRC-IM-2001-00026, *Guidance for Conducting the WSRC Annual ISMS Review*, serves as a basis for continual improvement of the WSRC ISMS, and:

- provides an overall measure of the effectiveness of Integrated Safety Management (ISM) implementation relative to the Continuing Core Expectations contained in DOE G 450.4-1B, *Integrated Safety Management System Guide*
- provides an integrated macro perspective of company performance
- provides a focused input for strategic planning processes
- allows for refinement and improvement of performance metrics
- captures strengths and improvement opportunities for lessons learned sharing (site, DOE Complex, EFCOG Best Practices etc.)

WSRC personnel are trained and qualified, commensurate with their responsibilities, to ensure they are capable of performing their assigned work. Management establishes initial and continuing training and qualification requirements with supporting processes for specific job categories. The qualification of personnel supports the program, all of the ISM core functions, and satisfies the third ISM Guiding Principle to ensure personnel have the competence commensurate with their responsibilities.

Programs are structured to be in compliance with DOE Order requirements for training and qualification of managers, operators, technicians, and maintenance personnel. All requirements are described in WSRC Manual 4B, *Training and Qualification Program Manual*, applicable lower-tier implementing procedures and Training Program plans. (For details see WSRC Manuals 1Q, 4B, and S/RID FA 02 and 04.)

WSRC has demonstrated the sufficiency of the comprehensiveness and integration of the program throughout the organization and its associated programs and operations. During FY05, this was assured by feedback from the following examples of internal and external reviews and assessments:

- Annual WSRC ISMS Review
- Independent Evaluations by WSRC's Independent Oversight Department using the Facility Evaluation Board (FEB) process
- Company Key Performance Indicators (KPIs) presented in this ISMS Declaration
- Quarterly WSRC Performance Analysis Reports
- INPO Assist Visits
- DOE Office of Price-Anderson Enforcement (EH-6) PAAA Program review

Additionally, WSRC has leveraged the feedback and improvement process to manage and direct the program. Examples of effective use of feedback and improvement are evidenced in the Assisted Hazards Analysis process, Employee Concerns, Management Assessment process, and Corrective Action process as cited below.

WSRC has implemented an improved Assisted Hazards Analysis (AHA) process and a new Safe Work Permit (SWP) tool that is responsive to feedback received from several assessments that identified specific weaknesses in the AHA process initiated in FY04.

Elements of work control have been improved to ensure scopes of work are defined in a way that supports proper identification of specific hazards relating to that work scope. The SWP will ensure that any identified controls are in place and remain intact until the completion of the specified scope of work

Industrial Hygiene staff has been increased to better support the exposure monitoring requirements, but continues to be challenged by frequent changes in activity schedules requiring quick unplanned deployment of monitoring personnel and equipment. IH is focusing on improvements in the area of field support and has personnel assigned to work with field operations management to develop solutions for some of the challenges involving their specific activities.

WSRC has an established program to independently investigate concerns raised by employees in the areas of environment, safety, health, safeguards and security, quality assurance, waste, fraud, and abuse, management practices, reprisal, and others. A site Key Performance Indicator is maintained to alert senior managers to adverse trends in the timely resolution of ECP issues. In cases where the resolution process takes more than 30 days, the originator is notified of that fact in writing.

Feedback information from DOE oversight and WSRC's ongoing Integrated Safety Management Evaluations (unannounced Independent Assessments) and implementation of a Management Assessment Program that includes both Self-Assessments and Performance Analysis, have provided the following important conclusions about the WSRC processes:

- WSRC currently has an effective program that has the mechanisms to maintain that effectiveness into the future.

- The WSRC program exhibits minor weaknesses yielding opportunities for improvement that are addressed by maturing causal analysis and corrective action methods and are tracked to closure using a single site electronic corrective action program database (STAR).

As both identified low-significance precursor problems and opportunities for improvement are processed by the improved Corrective Action process, the entire program will benefit. Additionally, the WSRC Lessons Learned Program examines DOE program reviews and other feedback information from other DOE sites to identify similar problems and best practices for possible applicability at SRS. One of those items was a "Best Practices Summary" for "Effective Uses of Time Outs" as a tool to prevent safety incidents and improve performance.

Last year, WSRC introduced a re-engineered Management Assessment Program (MAP) comprised of Self-Assessments and Performance Analysis, institutionalized in WSRC Manual12Q, Assessment Manual Procedures SA-1 and PA-1 respectively. To fully integrate these two elements into the WSRC ISMS, it was necessary to make revisions to the WSRC 1Q Quality Assurance Manual Procedure 18-4, Management Assessment Program and to ensure full integration with the WSRC Corrective Action program in WSRC 1-01, MP 5.35. Implementation of these improvements began in FY04 with the benefits being fully realized in FY05.

In March 2005, an Effectiveness Review of the Management Assessment Program was conducted to evaluate the implementation of the program from the perspective of management's understanding, support and involvement within their areas of responsibility. Also reviewed were the institutionalization and implementation of the program at the company and business unit levels.

The conclusion from the review was that WSRC has adequately implemented the requirements of the MAP as specified in WSRC Manual 12Q. Opportunities for Improvement identified during the review provided a framework of actions that are being addressed with associated actions being tracked and managed using STAR described in WSRC Manual 1B, MRP 4.23.

WSRC has a mature system for the flowdown of requirements into work performed by the WSRC team, and to work and materials obtained through subcontracts and vendors. The primary mechanism for the flowdown of DOE ES&H-related requirements is the WSRC Standards/Requirements Identification Document (S/RID) feeding requirements in 20 Functional Areas (two of which are Environmental Management and Quality Assurance) into the WSRC system of company-level policies and procedures used in the performance of work. That process is governed by WSRC company-level procedures.

The flowdown of requirements for all work performed under the WSRC team contract, regardless of the performer of the work is further satisfied by specific company-level procedures for management of construction and services subcontracts. Those procedures are a well-coordinated set including Requirement Specifications, Purchase Requisitioning, and Workplace Safety and Health Program for SRS Visitors, Vendors, and WSRC/BSRI Subcontracts. Company-level procedures, programmatic tools, and subject matter experts in the 20 S/RID Functional Areas are available to assist the requester in defining the statement of work to include performance of the work to an appropriate set of requirements from the WSRC S/RID that are specifically cited in the subcontracts. Depending on the level of hazard and other considerations, the subcontractor will be required to either develop a task specific worker protection plan or work to the subcontractor's existing safety plans if they are relevant and approved by WSRC. Likewise, the company-level procedures for the procurement process ensure that those and other regulatory requirements are placed as General (and/or Special) Provisions into the subcontracts. All quality requirements associated with the performance of work and the procurement of services and materials are driven by the company-level Quality Assurance Manual and specific roles and responsibilities and controls for quality are specified in each company-level procedure and in the subcontract. After the award of subcontracts, during the conduct of work (delivery of service) phase, monitoring of the subcontractor's performance of work by the appropriately trained WSRC Subcontract Technical Representative assigned to the subcontract, who keeps detailed records of actions and issues associated with the subcontract. Additionally, Focused Safety Observations are conducted by WSRC ES&H staff personnel as defined by the procedures. Subcontractor safety performance data is kept for evaluation of any future bid for work by that subcontractor. At the completion of the subcontract, all records are kept by the procurement organization.

The WSRC Subcontract Management Program defines the process functions, roles, responsibilities and authority of WSRC personnel involved in subcontract management activities. This Program is implemented by WSRC Manual 11B and includes responsibilities and expectations of Procurement Representatives, Subcontract Technical Representatives, and Subcontract Management Representatives. Subcontract Management includes all relationships between WSRC and the Subcontractor which grow out of subcontract performance. It encompasses all dealings between the parties from the time the subcontract is awarded until the work has been completed and accepted, all badges have been returned, government-furnished equipment has been returned, payment has been made and disputes have been resolved.

Evaluation: Performance Objective partially met.

Opportunity for Improvement F&IP-1-OFI-1:

This performance objective is considered to be partially met since the WSRC S/RID (contractual requirement) was just recently (12/27/05) changed to incorporate DOE O 226.1. With this S/RID change, WSRC will now complete a Compliance Assessment and Implementation Report within 60 days and will further schedule a revision to the WSRC Quality Assurance Management Plan to document WSRC's Contractor Assurance System. WSRC believes that the fundamental elements of the program are in place, but they are not documented as the Contractor Assurance System as required by DOE O 226.1.

Performance Objective 2: Contractor Program Implementation

2.1 Assessments & Performance Indicators

Contractor Line management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance.

Results

WSRC has an established assessment program consisting of self assessments, management assessments, performance analysis and independent assessments. These programs are used to evaluate and demonstrate the adequacy of the WSRC Functional Areas and programs on a periodic basis. The WSRC assessment program is formalized and documented in controlling procedures to ensure a consistent rigor is applied in evaluating processes as well as obtaining performance information. The qualitative and quantitative information resulting from the WSRC assessment program is analyzed and presented to management for their direction on making process improvements.

The WSRC assessment program is detailed in WSRC Manuals 1Q and 12Q, and SCD-4 documents. WSRC Manuals 1Q and 12Q describe the assessment process while the SCD-4 document contains a smart sample of requirements that can be used to perform assessments in each of the various Functional Areas. Assessments and evaluations of contractors are performed under the WSRC supplier surveillance and supplier audit programs.

Construction subcontract field verifications are performed and assessed in accordance with the Construction Management Department Manual (1E6). Operations subcontracts are controlled in accordance with WSRC Manual 11B, *Subcontract Management Manual.*

These programs are applied using a graded approach based on a number of factors including risk. The scope and frequency of management assessments are defined in assessment plans or schedules that are based on past performance as well as importance to the process. Independent assessment schedules are not published and are unannounced. The schedules are based on past performance and emerging issues. The assessment program allows for both performance based and review based evaluations. The performance analysis element of the assessment process is designed to identify precursor issues and trends as well as cross cutting issues.

Self assessments are identified in assessment plans or schedules, performed, and documented. The self assessments are used to determine the effectiveness of processes, compliance to requirements, or degree of implementation.

WSRC independent internal assessments are performed by Internal Oversight's independent Facility Evaluation Board, which reports to the office of the president. These assessments are typically unannounced and focused on key emerging issues. The assessors have the authority and independence from line management to provide in depth unbiased evaluations.

WSRC management has various programs, in addition to the assessment program, established to identify, gather, verify, analyze, trend, disseminate, and improve performance. These include Behavior Based Safety observations, management observations, management-by-walking-around (MBWA), time outs, near miss, lessons learned, post-job work histories, and corporate metrics. The trends are used to identify best practices as well as opportunities for improvement. The corporate metrics have clearly identified goals and standards as well as analysis of the trend. The metrics are indicative of work performance and are clearly linked to various parts of WSRC programs/processes and clearly delineate management expectations.

WSRC uses a Key Performance Indicators (KPIs) system (described in *Savannah River Site Performance Metric Manual*, WSRC-RP-2002-00252, latest revision) that measures performance across the company in the following Focus Areas: Safety and Security; Technical Capability and Performance; Community, State and Regulatory Relationships; Cost Effectiveness; and Contract Performance. Under the Safety and Security Focus Area the specific performance measures are:

- Industrial Safety and Health
- Emergency Services
- Radiological Safety
- Nuclear Safety
- Physical Security

The format for the KPIs is an annunciator-type system of Key Performance Indicators (KPIs) with a color rollup scheme, established by the commercial nuclear industry. It provides a quick status, overall summary of key operational, safety, and business performance. The underlying principle behind each metric is the use of objectivity to assess performance. This system provides not only key information at a glance, but also provides WSRC and DOE-SR Program and Project Managers the ability to "drill down" through the Focus Area Level 1 metrics to help identify the sources and effects of issues and actions. Instead of focusing only on individual events, it provides a view of emerging trends over the past twelve months. These KPIs are kept at the site (company) level. WSRC also uses the same annunciator-type system tailored to the needs of lower levels of the organization and facilities. Senior management reviews the corporate metrics and holds responsible managers accountable. Performance analysis reviews focus on performance improvement, degradation, or identification of precursor minor events before they become serious events.

WSRC management uses the various performance improvement tools in conjunction with the budget process to determine performance against established goals or revise goals as necessary, allocate resources, establish compensatory measures and corrective actions. Management also makes use of the lessons learned process to facilitate the sharing of good practices.

An example of performance trends being evaluated and used to improve performance are the quarterly Site Performance Analysis reports that are used identify repetitive issues and minor problems before they become significant issues.

Evaluation: Performance Objective fully met.

2.2 Operating Experience

The Contractor has developed and implemented an Operating Experience program that communicates Effective Practices and Lessons Learned during work activities, process reviews, incident/event analyses, and post-job work histories to potential users for application to future work activities.

WSRC has established a comprehensive Operating Experience/Lessons Learned Program that promotes safe, effective operation of Savannah River Site (SRS) facilities and enhances the safety and health of SRS employees and the public by applying the lessons learned from the systematic review of operating experience at SRS facilities, and of similar Department of Energy (DOE) complex and commercial nuclear industry facilities.

The program is defined in WSRC Manual 1B, Procedure 4.14, and is the responsibility of Regulatory Services Section of Technical and Quality Services. The program is administered by the Site Lessons Learned Coordinator. A staff of technical reviewers assists in the screening and dissemination of lessons learned information. Lessons Learned Coordinators from each business unit/organization, matrixed to the Site Lessons Learned Coordinator, have the responsibility for implementing and directing their own organizational Lessons Learned Programs. These programs effectively evaluate issues disseminated by the Site Lessons Learned Coordinator and implement appropriate corrective actions.

The Site Lessons Learned Group technical reviewers, who report to the Site Lessons Learned Coordinator, obtain and screen information from several sources for Site applicability. These sources include, but are not limited to:

- DOE Notification Occurrence Reports
- DOE Final Occurrence Reports
- DOE ESH Suspect/Counterfeit Web Page data
- DOE ESH Defective Item Web Page data
- DOE ESH Operating Experience Special Operations Reports
- DOE ESH Operating Experience Safety Alerts
- DOE ESH Special Reports
- DOE ESH Safety Bulletins
- DOE ESH Operating Experience Summaries
- DOE ESH Just-In-Time Reports
- DOE ESH Advisories
- DOE ESH Operating Experience Program Lessons Learned Alerts
- DOE Office of Independent Oversight and Performance Assurance reviews
- DOE Type A & B Investigation Reports
- INPO Operating Experience Reports
- PAAA items from WSRC and the complex
- Defense Nuclear Facility Safety Board information
- OSHA Safety and Health Bulletins

- SRS events
- Wackenhut-SR Lessons Learned items
- Savannah River Ecology Lab (SREL) Lessons Learned items
- US Forestry Service-SR Lessons Learned items

Items with potential lessons learned value to SRS facilities are forwarded to the appropriate Functional Program Manager/Subject Matter Expert (FPM/SME) or designee, for further evaluation or information to assist in making an applicability determination.

Applicable lessons learned documents are then prepared and distributed to the Organization Lesson Learned Coordinators.

All Site Lessons Learned items that are distributed by the Site Lessons Learned Group are entered into STAR and each Organization Lessons Learned Coordinator is given an action in STAR regarding each lessons learned.

The Organization Lesson Learned Coordinators determine which departments in their organizations may need to take action on the lessons learned documents they receive from the Site Lessons Learned Group. They monitor progress of the departmental evaluation, corrective actions, and report the status to the Site Lessons Learned Coordinator. In addition, these coordinators screen their organization occurrences/events for lessons learned that may apply to other WSRC business units/organizations and forward to the Site Lessons Learned Coordinator, if applicable.

The Site Lessons Learned Coordinator administers the program and tracks the progress of required lessons learned item evaluations and corrective actions within STAR. The Site Lessons Learned Coordinator makes the final decision on whether an issue should be brought to the attention of organizational safety committees or WSRC Senior Managers. A hierarchy of lessons learned documents has been established to help identify the relative significance of the items and assist in the development of appropriate corrective actions. These include:

- Site Lessons Learned Directive
- Site Lessons Learned Bulletin
- Site Lessons Learned Product Information Notice
- Site Lessons Learned Special Information Notice
- Site Lessons Learned First Alert
- Site Lessons Learned Best Practice

The WSRC Lessons Learned Program has been effective at communicating lessons learned to potential users. As of 12/16/05, the WSRC Lessons Learned Program has issued 75 site lessons learned internally at WSRC and have shared 45 lessons learned to the other sites in the DOE Complex via the DOE ESH Operating Experience/Lessons Learned System.

At WSRC, a recent lessons learned (2005-LL-0074, Site Excavation Working Group Clarifies Excavation Sketch Layout Information) was issued to the site, clarifying information regarding excavation activities. This information was received/distributed by the Organization Lessons Learned Coordinators, including the Bechtel Savannah River Incorporated (BSRI) Lessons Learned Coordinator. The BSRI Lessons Learned Coordinator shared with BSRI personnel, and subsequently led to this lessons learned being reviewed by all Direct Hire Construction and Construction Managed Subcontractors who perform excavation or trenching activities at SRS. This isn't the only group who has received this information, but does demonstrate how lessons learned information gets shared throughout the site.

Also, WSRC Lessons Learned Program information that has been shared with the DOE Complex has proven to be valuable. Lessons learned shared with the DOE Complex include SRS's Time Out program, results from the DOE Type A Investigation (Pond B Fatality), under-responding neutron electronic personal dosimeters, etc.

An effective employee concerns program is established and implemented that encourages the reporting of ES&H concerns. The ECP program provides thorough investigations and effective corrective actions and recurrence controls. All WSRC employees have the right and responsibility to express their workplace issues and concerns with the expectation that they will be addressed, and no adverse action will be taken against them as a result of their voicing concerns. A technical assistance review was conducted of the Savannah River Site Equal Employment Opportunity and Employee Concerns Program July 18 -27, 2005.

Evaluation: Performance Objective partially met.

Opportunity for Improvement F&IP-2.2-OFI-1:

An identified Opportunity for Improvement is to review field lessons learned organizations' actions regarding the screening of site problems/issues and how potentially applicable field events (including results from the recently implemented sub-contractor Focused Observation Program) are best submitted to the Site Lessons Learned Coordinator for sitewide applicability determination.

2.3 Event Reporting

Contractor line management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Results

WSRC has established formal programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Management of operational events and incidents is contractually required {through direct inclusion in the WSRC Standards/Requirements Identification Document (S/RID)} to comply with the Contractor Requirements Document (CRD) specified as Attachment 2 to DOE M 231.1-2, *Occurrence Reporting and Processing of Operations Information.* In accordance with this CRD, WSRC procedural controls are specified in WSRC Manual 9B, Procedure 1-0, *Occurrence Reporting.*

Management of occupational injuries and illnesses is contractually required (through direct inclusion in the WSRC S/RID) to comply with the CRD specified as Attachment 2 to DOE O 440.1A, *Worker Protection Management for DOE Contractor Employees*, as well as the recordkeeping and reporting CRD requirements specified as Attachment 2 to DOE M 231.1-1A, *Environment, Safety, and Health Reporting.* In accordance with the applicable portions of these CRDs, WSRC procedural controls are specified in WSRC Manual 8B, Procedure 18, *Reporting, Responding, Investigation, and Recording of Operational Injury/Illness or Near Miss.*

These programs and processes are further integrated through the WSRC Corrective Action Program (WSRC Manual 1-01, MP 5.35) to ensure, based on a graded approach tied to problem significance, completion of a problem analysis (to identify causes), identification of corrective actions, determination of lessons learned, and completion of appropriate action verifications and effectiveness reviews. Formal Extent of Problem and Extent of Condition determinations are also performed for problems categorized at higher levels of significance. Performance in these areas is routinely evaluated in a variety of manners to determine trends, possible recurrent problems, and/or the need for performance improvements. These include:

- A company-level Quarterly Performance Analysis of reportable occurrences of all significance categories, plus WSRC-determined non-reportable events in order to prevent serious events from occurring.

- A monthly statistical trending of reportable and non-reportable events to identify any statistical trends or "alerts" where statistical trends are being approached.

- A weekly management review of all occupational injuries/illness, along with a monthly review of performance indicators, directed at an overall goal of "zero injuries".

While some elements of the WSRC processes are still relatively new and should be expected to improve as they continue to be implemented, some specific performance improvements can be attributed to these programs. For example, one of the WSRC Quarterly Performance Analyses identified recurring problems related to Inadvertent Transfer and TSR Violation events. This identification led to a rigorous causal analysis that identified corrective actions to realize a performance improvement. Those actions have been completed and WSRC's performance has benefited with measurable performance improvement in both areas.

As another example, WSRC routinely screens Price-Anderson items reported by other contractors across the complex. Occasionally these reviews result in identification of an appropriate action for WSRC to take to determine whether the same or similar problem exists at SRS. Such application of lessons learned from other sites is an important component of feedback and improvement to help identify potential problems before they turn into an event with more serious consequences.

WSRC reporting of operational events and incidents into ORPS is reasonably consistent with the DOE reporting criteria and other contractor practices across the complex. Some WSRC ORPS reported events are conservatively reported into ORPS for some of the subjective reporting criteria. WSRC recently completed an evaluation of 364 H-Completion Project problems/critiques identified between 11/1/03 and 11/1/05 to determine whether any of the items should have been (but were not) reported into ORPS. This evaluation (considered as a representative sample for the site) did not identify any items that should have been reported into ORPS.

Evaluation: Performance Objective fully met.

Noteworthy Practice: Also, WSRC as named one of the 12 safest companies in America by Occupational Hazards magazine. According to the magazine, their choices for safest companies not only have employee involvement and empowerment in safety, but they also have upper management commitment to safety.

2.4 Issues Management

The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.

Results

WSRC has implemented an issues management process, detailed in WSRC Manual 1B, to provide documented analysis, resolution and tracking of program and performance deficiencies based on the requirements of the WSRC Policy for the Corrective Action Program identified in WSRC Manual 1-01. The corrective action program has been established to prevent recurrence of problems affecting personnel safety, operational safety, regulatory compliance, or business operations. All personnel are granted the freedom and authority to identify those processes determined to be deficient and, as appropriate, to stop work or request that work be stopped until effective corrective action is completed. While the inputs to the issues management process come from multiple problem identification sources, each type of deficiency is resolved through application of the following process elements in a tailored manner:

- Deficiency identification
- Determination of extent of deficiency
- Determination of deficiency significance
- Evaluation of deficiency for cause
- Evaluation for lessons learned
- Development of corrective action
- Determination of the extent of the condition
- Implementation of corrective action
- Verification of corrective action performance
- Closure of corrective action
- Review for the effectiveness of those corrective actions implemented to prevent recurrence

The significance of identified deficiencies is the basis for the tailored application of the process elements. The extent of causal analysis (i.e., Apparent Cause, Root Cause) is commensurate with the importance or significance of the problem.

Significance Category 1 deficiencies include recurring and significant specific deficiencies. Significance Category 1 and 2 deficiencies are analyzed by qualified personnel for Root Cause through structured methodologies detailed in the SCD-9 Manual. Implementation of the required corrective actions to all deficiencies is performed and documented by the responsible organization and verified commensurate with the Significance Category of the deficiency. The Corrective Action Program also includes the requirement for an effectiveness review to be performed on those corrective actions identified to prevent recurrence of the deficiency for Significance Category 1 and 2 deficiencies.

A site-wide effectiveness review of the issues management system was performed in February of 2005. Findings and observations/opportunities for improvement identified during performance of the effectiveness review were managed through the issues management system established in WSRC Manual 1B.

While some elements of the WSRC issues management process are still relatively new and should be expected to improve as they continue to be implemented, some specific performance improvements can be attributed to this program. For example, this process is now utilized to provide consistent screening of issues for the identification of Price-Anderson items. In conjunction with this, resolution of the Price-Anderson item is consolidated in the single issues management process. Another example of improvements attributable to this new process is in the area of trending. Through this process, issues, integrated from multiple sources across the site, are now trended at lower levels before significant problems result.

Controls exist in WSRC Manual 1Q for preventing the inadvertent testing, installation, or use of nonconforming items and processes. Established controls include tagging of items, segregation of items when possible, and conditional release for post-installation testing. Nonconformances are reviewed and approved by the organizations that reviewed and approved the original items or processes unless another organization with qualified and knowledgeable personnel is designated. Justification for the disposition action is documented in accordance with procedures for those items or processes not returned to their original, as-designed conditions. Nonconforming items that are subsequently reworked, repaired, or replaced are inspected and/or tested to either the original requirements or to specified alternative requirements. Such inspections or tests are conducted prior to the final acceptance of the items or processes. The Cognizant Technical Function, chartered with having an adequate technical understanding of the work and access to pertinent background information, is responsible for the analysis and disposition of nonconformances involving repair or use-as-is dispositions.

A site-wide assessment of the process for documenting identified nonconforming items and managing their resolution to meet the requirements of WSRC Manual 1Q was performed in November of 2004. Findings and observations/opportunities for improvement identified during performance of the assessment were managed through the issues management system established in WSRC Manual 1B.

Evaluation: Performance Objective fully met.

Performance Objective 3: DOE Line Management Oversight

DOE line management have established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes.

Results

DOE line management oversight at SR is designed with multiple channels to provide diverse perspectives and a degree of check/balance. The organization is structured such that programs/projects, engineering, and operations report through different supervision with some degree of overlap in responsibilities. Information flow starts with morning staff meetings where input from the Facility Representatives is reviewed along with other emergent issues. Daily Reports distribute the FR information internal and external to the organization. Weekly reports summarize both programmatic and performance status/issues. An integrated FR and Technical Assessment Plan is developed for the organization. The results of the technical assessments are reported routinely to their contractor counterparts. Contract performance reports are prepared usually on monthly basis.

Safety Evaluation Reports are prepared for every Safety Analysis change to provide management a technical basis to judge risks and benefits of the proposed limits for operations. The AM and each Director are required to be Senior Technical Safety Manager qualified. In addition, DOE has a management walkthrough program to encourage direct observation of activities and facility material condition.

Per SRIP 200, Chapter 223.4, "Savannah River Technical Assessment Program", the DOE line management develops an "Assessment Plan for Calendar Year 200#," that outlines an integrated plan for all required technical assessments and evaluations of the contractor performed self-assessments (2006 Plan signed out by AM on November 2, 2005). The required assessments historically represent slightly less than half the actual number of assessments performed. This balance allows for individuals and supervisors to conduct reactive assessments of emergent issues and other management areas of interest as well. A list of program elements to be considered for assessment can be found in the Technical Assessment procedure. The Quality Assurance program is included in that listing. In addition, the Assessment Plan integrates Facility Representative walk-downs

and broad-based assessments as required by SRIP 400, Chapter 430.1, "Facility Representative Program".

The results of individual assessment and operational awareness activities are entered into the SR wide database – SIMTAS – and tracked to closure. The results are informally communicated to the contractor at time of performance and formally transmitted under cover letter to the contractor on a routine basis. Formal responses are required for findings and concerns and corrective actions are tracked to closure. Closure is accomplished in the SIMTAS database and formally documented by DOE.

Primary products of the line organizations' contractor oversight activities are comprised of assessments, weekly facility representative (FR) reports documenting operational awareness of their facilities and contractor activities, field walk downs performed by line managers, Safety Evaluation Reviews (SERs) submitted by the line for my approval, and letters of concern or direction to the contractor issued by my line managers. An important source of information for DOE management is the planned and unscheduled assessments performed by both the facility representatives and the line organizations' technical support personnel. In FY05 there were 1020 FR assessments and 508 technical assessments completed and entered into the DOE SIMTAS.. These were a mixture of scheduled and reactive assessments. Also recorded in SIMTAS were 337 FR weekly reports and 1264 management walk downs representing over 1900 field hours. The line organizations also review the contractor's self-assessments, conducted internally by the contractor's facility staff and externally by the contractor's independent Facility Evaluation Board (FEB). This is done to validate that the contractor is performing effective self-assessments, to compare results from these activities with the conclusions generated by the performance monitoring systems at the Site and facility/program level and provide assurance that there is a robust feedback and improvement process. Information from the facility representatives on their operational awareness on facility activities, and occurrences/events is gathered to support my morning staff meeting.

The oversight and analysis of WSRC performance provided by the line organizations has identified issues that are consistent with those flagged by the performance indicators monitored. This provides assurance that the performance indicators that are monitored are a reasonable set to use for monitoring safety performance as well as a validation of the quality and effectiveness of the line organizations oversight. The PIs used by the federal and contractor staff are constantly scrutinized and challenged by internal and by external organizations. A six-month trend assessment is required in the annual Technical Assessment Plan that typically addresses both events, assessment results, and other performance indications.

The adequacy of the line organizations' contractor oversight activities and the quality and accuracy of analysis, conclusions and information resulting from this oversight is critical in enabling DOE-SR to effectively interface with senior contractor management, DOE HQs, and the DNFSB, and to properly manage the site. An example of this are the routine meetings senior staff and line managers have with the site representative from the

Defense Nuclear Facility Safety Board to discuss issues and to ensure we have their perspective on safety. To ensure a balance of perspective the DOE Manager meets routinely with Environment, Safety, and Health (ES&H) staff and line organizations to review and discuss trends that may be emerging from the site safety metrics. To add continuity we also use a technical advisor, who briefs the Manager on all occurrences/safety issues and follow-up research of details to augment the daily flow of information emanating from line organizations and ES&H staff.

Over the past year, there have been several instances in various projects where the contractor has been in some cases slow to recognize some of the performance issues which have required letters to be issued by DOE or line managers. The line organizations are engaged in the daily operation of facilities under their oversight responsibilities by ensuring that the contractor conducts their operations and work in a safe manner and in accordance with the contract. This expectation includes providing the contractor with clear and timely notice of issues and safety concerns identified by DOE through routinely conducted performance out briefs and through formal correspondence when warranted. Examples of this are Documented Safety Basis DSA issues involving transuranic (TRU) waste at the Solid Waste Management Facility (see letter from Charlie Hansen to Conner dated 2/10/05), criticality safety issues identified at H-Canyon (see letter from Kevin Smith to WSRC dated 6/08/05), and the industrial and radiological safety issues affecting D&D projects (see letter from William Spader to Devine dated 3/25/05). All of these performance issues resulted in the contractor voluntarily placing their respective projects in operational stand downs. Once identified, the contractor has been prompt to take corrective actions to address the problems identified. The line organizations are tasked by the DOE-SR Manager to validate their basis and rational for my issuing letters of direction to the contractor or challenge it if they believe there is information that does not support the action. An example where the line organizations and ES&H staff provided sufficient evidence supporting specific direction to the contractor is my 6/15/05 letter addressing Electrical Safety.

The responsibility for line oversight is clearly defined in the SRM 300.1.1B, Chapter 1, Section 1.1, "SR Functions, Responsibilities, and Authorities Procedure (FRAP)". The FRAP provides a mission and function statements for each DOE organizational entity identifying responsibilities assigned to each organization as defined by the DOE Strategic Plan, the Savannah River Site Environmental Management Program Performance Management Plan, and the DOE-SR Organizational Performance Management Plan. Personnel are held accountability for their responsibilities through the annual performance appraisal process.

Specifically, a six month trend assessment is required in the annual assessment plan that typically addresses both events and assessment results.

DOE-SR currently has a process procedure that establishes and maintains appropriate qualification standards for personnel with oversight responsibility. The current procedure is SRM 300.1.1B, Chapter 6, Section 6.1, "DOE-SR Technical Training and

Qualification Program". This procedure is being revised and was submitted to DOE-SR for review and comments. All comments have been resolved and properly dispositioned and the procedure is currently being formatted for the Manager's signature. The revised procedure is titled: DOE-SR Technical Qualification Program and Acquisition Career Development Program Process Procedure. It should be issued shortly.

DOE implements an Employee Concerns Program (ECP), which is available to all SRS employees, in compliance with DOE Order 442.1A, *Employee Concerns Program.* The mechanism for implementing the programmatic requirements within SR is SRIP 400, Chapter 442.1, *Employee Concerns Program.* SR requires that its prime contractors implement ECPs that comply with the Order requirements, accomplished through specific requirements. The DOE ECP is also available to employees of US Forrest Service, SR Ecology Lab, and DOE-managed contracts through provisions of their agreements and/or contracts with DOE regarding operations-related concerns.

All site employees are provided initial information about the ECP by attending General Employee Training and are reminded annually in Consolidated Annual Training. ECP contact information is posted on bulletin boards across the site. Companies on DOE-managed contracts and subcontractors of WSRC and Wackenhut are required to post contact information for the ECP at their respective work sites.

All three ECPs maintain toll-free, 24-hour hotlines, which employees may call to report all types of concerns, including ESH. It is DOE ECPs practice to ensure that, during normal duty hours, the Hotline is answered by ECP personnel, whenever possible, to ensure that all concerns, especially ESH concerns, are addressed expeditiously; however, ECP Hotlines have voice-mail capability for employees to report concerns during off-duty hours. Employees calling during off-duty hours to report imminent danger concerns are instructed to contact the SRS Emergency Operations Center.

DOE O 442.1A has established timeframes for safety-related concerns to be investigated and resolved, based on the severity of the alleged unsafe condition. Concerns received by an ECP identifying imminent danger conditions must be investigated within 24 hours of receipt of the concern. Concerns identifying serious conditions must be investigated within three working days. Concerns identifying other-than-serious conditions must be investigated within 20 working days. Immediately upon receipt of ESH concerns, ECP personnel notify appropriate management and/or ESH organizations in order for the appropriate actions to be taken, such as issuing a Stop Work Order.

Safety-related concerns received by the DOE ECP are coordinated with the appropriate DOE line management with oversight responsibility to determine the appropriate method for investigation of the concern. Since the majority of ESH concerns received by the DOE ECP relate to WSRC operations, the majority of safety-related concerns are referred to the WSRC ECP to investigate. WSRC ECP staff includes investigators with health and safety-related experience appropriate for investigating ESH concerns. A small

percentage of safety-related concerns received by the DOE ECP are investigated by DOE line organizations.

Upon receipt, concern investigation reports are routed to appropriate DOE line management and ESH for review and concurrence. Concern investigations that are inadequate are referred back to the investigating organization for further fact-finding. Upon completion of the investigation and review process, DOE ECP provides a written response, summarizing the results of the investigation, to employees who have identified themselves at the time of raising the concern.

DOE ECP conducts oversight of contractor ECP performance through monthly evaluation reports and meetings with the contractor ECP management. Performance metrics have been established regarding quality of investigation reports and timeliness of concern closure.

In addition to the database that tracks open concerns, DOE ECP maintains a database that tracks corrective actions resulting from substantiated EC investigations. When they concur with EC investigations relating to their line organization responsibilities, DOE line managers commit to ensuring that identified recommendations are implemented. DOE ECP tracks the completion of those corrective actions and periodically assesses the effectiveness of corrective actions identified for concerns.

DOE ECP provides periodic reports and briefings to DOE management regarding concerns received, in addition to complying with quarterly reporting requirements to DOE HQ.

Evaluation: Performance Objective partially met.

Opportunity for Improvement F&IP-3-OFI-1:

DOE has established adequate line management oversight processes per existing DOE-HQ directives. The site continues to upgrade its current tracking and trending databases and coordinate with the contractor(s) to ensure effective and efficient processes are identified and implemented in a timely manner. However, DOE has not completed a compliance and implementation review for DOE O 226.1.

References

WSRC Manual 1Q, *Quality Assurance Manual*

WSRC Manual 12Q, *Assessment Manual*

Standards/Requirements Identification Documents (S/RID) FA 01, *Management Systems*

S/RID FA 02, *Quality Assurance*

WSRC SCD-4, *Assessment Performance Objectives and Criteria*

WSRC Manual 1-01, *Management Policies*

WSRC Manual 1B, *Management Requirements and Procedures*

WSRC Manual 9B, *Site Item Reportability and Issue Management (SIRIM)*

WSRC Manual 11B, *Subcontract Management Manual*

WSRC Manual 1S, *SRS Waste Acceptance Criteria Manual*

WSRC Manual 2S, *Conduct of Operations Manual*

WSRC Manual 11Q, *Facility Safety Document Manual*

WSRC Manual E7, *Conduct of Engineering*

S/RID FA 07, *Engineering Program*

S/RID FA 09, *Conduct of Operations*

WSRC Manual 1-01, MP 5.35, *Corrective Action Program*

S/RID FA 04, *Training and Qualifications*

WSRC Manual 4B, *Training and Qualifications Manual*

WSRC Manual 12Q, Procedure SA-1, *Self-Assessment*

WSRC Manual 12Q, Procedure PA-1, *Performance Analysis*

WSRC Manual 1Q, Procedure 18-4, *Management Assessment Program*

WSRC Manual 1B, MRP 4.23, *Site Tracking, Analysis, and Reporting (STAR)*

WSRC Manual 1B, MRP 4.14, *WSRC Lessons Learned Program*

WSRC SCD-9, *Problem Analysis Manual*

SRIP 200, Chapter 223.4, *Technical Assessment Program*

SRIP 400, Chapter 430.1, *Facility Representative Program*

SRIP 400, Chapter 442.1, *Employee Concerns Program*

SRM 300.1.1B Human *Capital Management Systems Manual*

Contributors

Sherri J. Robinson, DOE-SR SRPD
Jeff Crenshaw, DOE-SR, SRPD
Carl Everatt, DOE-SR, WDOD

Bill Luce, Manager, WSRC Regulatory Services
Vince Grosso, Manager, Quality Assurance Programs
Dave Tuttel, Manager, WSRC Quality Control Services
Terry Parker, Manager, WSRC Quality Assurance/Root Cause
Jon Click, WSRC Lead, ISMS
Rod Hutto, WSRC Lessons Learned Coordinator

DNSFB Recommendation 2004-1
Commitment 25, Feedback and Improvement
Site Action Plan

Approved, Jeffrey Allison, Manager
Savannah River Site

Note: Change Control for this Site Action Plan (SAP) resides with the Site Office Manager, with a cc to NA-10.

Opportunity for Improvement F&I-1-OFI-1

This performance objective is considered to be partially met since the WSRC S/RID (contractual requirement) was just recently (12/27/05) changed to incorporate DOE O 226.1. With this S/RID change, WSRC will now complete a Compliance Assessment and Implementation Report within 60 days and will further schedule a revision to the WSRC Quality Assurance Management Plan to document WSRC's Contractor Assurance System. WSRC believes that the fundamental elements of the program are in place, but they are not documented as the Contractor Assurance System as required by DOE O 226.1.

Action	Deliverable(s)	Due Date	Owner / Org
Complete WSRC actions to provide for programmatic compliance with DOE O 226.1.	1. Develop and issue the Compliance Assessment and Implementation Report for DOE O 226.1.	02/24/06	W.L. Luce/WSRC Regulatory Services
(Tracked via STAR 2006-CTS-000288)	2. Revise (and submit for DOE-SR approval) the WSRC Quality Assurance Management Plan, as part of its scheduled annual update, to include a Contractor Assurance System description.	08/31/06	L.A. Vaught/WSRC Quality Services

Responsible Manager: W. L. Luce/WSRC Regulatory Services

January 6, 2006
Site Action Plan
F&I Commitment 25 – DNFSB Recommendation 2004-1

Opportunity for Improvement F&I-2.2-OFI-1

An identified Opportunity for Improvement is to review field lessons learned organizations' actions regarding the screening of site problems/issues and how potentially applicable field events (including results from the recently implemented sub-contractor Focused Observation Program) are best submitted to the Site Lessons Learned Coordinator for sitewide applicability determination.

Action	Deliverable(s)	Due Date	Owner / Org
Coordinate a review of field lessons learned implementation and process any resulting changes to MRP 4.14.	1. Documented review of field lessons learned implementation.	03/31/06	C.R. Hutto/WSRC Regulatory Services
(Tracked via STAR 2006-CTS-000289)	2. Issue any resulting changes to MRP 4.14.	04/28/06	C.R. Hutto/WSRC Regulatory Services

Responsible Manager: W. L. Luce/WSRC Regulatory Services

Opportunity for Improvement F&I-3-OFI-1

DOE has established adequate line management oversight processes per existing DOE-HQ directives. The site continues to upgrade its current tracking and trending databases and coordinate with the contractor(s) to ensure effective and efficient processes are identified and implemented in a timely manner. However, DOE has not completed a compliance and implementation review for DOE O 226.1.

Action	Deliverable(s)	Due Date	Owner / Org
Complete DOE actions to provide for programmatic compliance with DOE O 226.1.	1. Complete a documented review of DOE requirements included in DOE O 226.1 and a plan addressing corrective action(s) for any identified issue(s).	01/31/06	R. Clendenning/ DOE-SRPD

Responsible Manager: R. Clendenning/DOE-SRPD

Y-12 Site Assessment Report
F&I Commitment 25 – DNFSB Recommendation 2004-1

Performance Objective 1.0 Contractor Program Documentation: Contractor line management has established a comprehensive and integrated operational assurance system which encompasses all aspects of the processes and activities designed to identify deficiencies and opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions and share in lessons learned effectively across all aspects of operation.

Evaluation: Performance Objective partially met, judgment of need previously identified with corrective action in place.

Results: This objective was evaluated through an internal review. A crosswalk was developed between the CRAD criteria and the program elements and gaps were identified. A review of current corrective actions was evaluated to determine their applicability to the CRAD criteria.

Criteria 2-6 were assessed by a combination of the 2005 OA-40 ES&H Assessment, NNSA-YSO assessments, and internal reviews. A comparison of the criteria compared to existing program elements indicated compliance with these criteria. Internal procedures define the BWXT Y-12 assessment, injury and illness reporting, operational event reporting, worker feedback, issues management, lessons learned, and performance measures programs and processes. Results of these processes are reviewed with NNSA YSO monthly as part of the performance evaluation process.

Criteria 1 was assessed as part of the Impact Assessment of implementing DOE O 226.1. The review identified that a program description document that fully details the programs and processes that comprise the contractor assurance system and is approved by both the contractor management and DOE did not exist. This gap is being correcting by revising the site Quality Assurance Program Description to incorporate the description of the Contractor Oversight Program. The site Quality Assurance Program Description is approved by contractor management and DOE annually. The revised site Quality Assurance Program Description is due to NNSA YSO by February 13, 2006 and is being tracked through the Y-12 Correspondence Tracking System.

Judgment of Need: There is one ongoing commitment action resulting from the Impact Assessment of implementing DOE O 226.1. This action is listed and briefly described in the Site Action Plan.

Performance Objective 2.0 Contractor Program Implementation:

2.1: Assessments and Performance Indicators: Contractor Line management has established a rigorous and credible assessment program that evaluates the adequacy of programs, processes, and performance on a recurring basis. Formal mechanisms and processes have been established for collecting both qualitative and quantitative information on performance and this information is effectively used as the basis for informed management decisions to improve performance.

Evaluation: Performance objective partially met.

Results: This objective was thoroughly assessed during the 2005 OA ES&H Assessment, as well as through internal assessments, Corporate Independent ISM Assessment, NNSA YSO assessments, and external assessments. With the exception of some minor implementation deficiencies identified during NNSA YSO assessments and internal assessments which have been corrected, the assessments indicated that this performance objective was fully met.

Criteria 1-3 were formalized in internal procedures which define the program for scheduling and conducting management and independent assessments and correcting deficiencies identified through those assessments. These procedures define independence requirements for conducting independent assessments and training requirements for the conduct of both management and independent assessments.

Criteria 4-5 were established in an internal Contractor Assurance System (CAS) guidance document. Within the CAS, each identified manager (e.g. functions/business, program, facility) establishes a basis for metrics in the compliance matrix with oversight by the division manager/director. Each metric is defined as to how it is measured and criterion values supporting green, yellow, or red designations. Established metrics are validated, peer-reviewed, and coordinated with the customer and other affected managers. The owning manager certifies the initial process and resulting metric to the cognizant division manager/director. The metrics and quad charts are systematically updated using the best available information.

Noteworthy Practices: Management and Independent Assessments procedures, Y15-902 and Y15-903 respectively. The Independent Assessment program was cited as a noteworthy practice and the Management Assessment program received positive comments in the 2005 OA-40 ES&H assessment.

Judgment of Need: None identified

Performance Objective 2.0 Contractor Program Implementation:

2.2 Operating Experience: The Contractor has developed and implemented an Operating Experience program that communicates Effective Practices and Lessons Learned during work activities, process reviews, and incident/event analyses to potential users and applied to future work activities.

Evaluation: Performance Objective partially met. Judgment of need previously identified with corrective action in place.

Results: This objective was assessed during the 2005 OA ES&H Assessment.

Criteria 1-2: While a formal process was in place to identify and disseminate lessons learned from internal and external sources and to take action on applicable lessons learned, the OA-40 identified a deficiency in the process as it pertained to external lessons learned. The current program places the responsibility to identify and disseminate external lessons learned on individual line managers rather than a central point of contact. As a result, external lessons learned were not being evaluated for applicability to BWXT Y-12 nor were internal lessons learned being shared with the rest of the DOE complex consistently.

Criteria 3-4: The OA-40 assessment did not identify any deficiencies associated with worker feedback. Common feedback mechanisms are described in site plans/program documents and include employee concerns programs, telephone or intranet "hotline" processes for reporting concerns or questions, pre-job briefs, job hazard walk-downs by workers prior to work, post-job reviews, employee suggestion forms, safety meetings, employee participation in committees and working groups, and labor organization input. Lessons learned are reviewed and applied as appropriate in job planning, during pre-job briefs, and in Operational Safety Boards.

Judgment of Need: There is one ongoing corrective action plan resulting from the 2005 OA Assessment. These actions are listed and briefly described in the Site Action Plan.

Performance Objective 2.0 Contractor Program Implementation:

2.3 Event Reporting: Contractor line management has established and implemented programs and processes to identify, investigate, report, and respond to operational events and incidents and occupational injuries and illnesses.

Evaluation: Performance Objective partially met. Judgment of need previously identified with corrective action in place.

Results: This objective was assessed during the 2005 OA ES&H Assessment, as well as in internal management assessments and an Internal Audit.

Criteria 1-2: While formal programs and processes were established for identifying, reporting, analyzing, and resolving operational events, accidents and injuries, the OA assessment identified a deficiency in the area of accident and injury investigations. The deficiency established insufficient documentation and investigation of occupational injuries and illnesses involving work control deficiencies for consistent identification of root causes and implementation of effective corrective and preventive actions. Internal procedures to critique and report operational events define time requirements for reporting and investigating events. An internal management assessment and internal audit identified deficiencies associated with the process for tracking non-reportable events and implementation of requirements for non-reportable events. Corrective action plans were developed and have been closed, with the exception of the field verification and were therefore not listed under the judgment of need.

Judgment of Need: There is one ongoing corrective action plan resulting from the 2005 OA Assessment. These actions are listed and briefly described in the Site Action Plan.

Performance Objective 2.0 Contractor Program Implementation:

2.4 Issues Management: The Contractor has developed and implemented a formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions.

Evaluation: Performance Objective partially met. Judgment of need previously identified with corrective action in place.

Results: This objective was assessed during the 2005 OA ES&H Assessment, as well as in internal independent assessments and Y-12 Site Office oversight assessments.

Criteria 1-6: While formal programs and processes are in place for identifying, analyzing, tracking, and resolving performance and safety issues, the OA assessment identified a deficiency for those safety deficiencies identified during less formal assessments to ensure appropriate documentation, categorization, evaluation, causal analysis, extent of condition evaluations, and recurrence controls. A deficiency was noted in the September 2005 Y-12 Site Office (YSO) Monthly Assessment Report specific to the roles and responsibilities of the Issues Management Prioritization and Risk Board (IMPRB) that analyzes, categorizes, and assigns performance and safety deficiencies and found that some aspects of the IMPRB process are not clearly established and documented.

Judgment of Need: There is one ongoing corrective action plan resulting from the 2005 OA Assessment and one corrective action plan resulting from the YSO Monthly Assessment Report. These actions are listed and briefly described in the Site Action Plan.

YSO Assessment Report
F&I Commitment 25 – DNFSB Recommendation 2004-1

Performance Objective 3.0 - DOE Line Management Oversight:
DOE line management has established and implemented effective oversight processes that evaluate the adequacy and effectiveness of contractor assurance systems and DOE oversight processes.

Evaluation: Performance Objective has been met. To obtain further improvement a judgment of need has been identified which includes existing corrective actions and a new action related to lessons learned.

Results: This objective was evaluated through numerous reviews such as the 2005 OA-40 ES&H Assessment, OA-50 Safeguards and Security Evaluation Inspection, ISO 9001 registration audit, QAS 1 programmatic review, and internal review. A crosswalk was developed between the CRAD criteria and the program elements.

Criteria 1– 4; 6-10 were assessed by a combination of the 2005 OA-40 ES&H Assessment, OA 50 Safeguards and Security Evaluation Inspection, ISO 9001 registration audit and internal reviews. A comparison of the criteria compared to existing program elements indicated compliance with these criteria. In September 2005, OA-40 noted YSO's oversight program as mature and improving. "YSO uses an integrated office management solution that has greatly improved YSO programs for documentation of operational awareness information, issues management, staff tasking, correspondence tracking, assessment scheduling, corrective action tracking and internal performance indicators. The YSO Technical Qualification Program is a mature, efficient and effective program." Internal procedures define the YSO assessment program, issues management and performance measures programs and processes. Results of these processes are reviewed within YSO weekly as part of the management system description meeting.

However, OA-40 did note that YSO had not ensured that tasks identified in activity hazard analyses for NNSA construction projects were defined in sufficient detail to support effective identification of hazards and controls. YSO has included this issue in the judgment of need and corrective actions are noted in the site action plan.

Criteria 5 were assessed during the 2005 OA-40 assessment and were found to be partially met. Even though YSO has a mature and improving oversight program, OA noted an opportunity for improvement to address specific oversight of the contractor's lessons learned program.

Criteria 11 were assessed as part of the 2005 OA-40 ES&H assessment. Historically, Oak Ridge Operations Office managed the Employee Concerns Program that encompassed YSO and the Y-12 site. Recently, the NNSA Service Center was assigned responsibility for supporting the ECP for YSO; however the Service Center does not

currently provide all the needed support. Currently, the ECP at YSO was found to have weaknesses in processing, training, investigative files and assessments. YSO is establishing a fully compliant stand alone program which will be maintained until the Service Center capability is online and demonstrates the ability to assume the responsibilities for handling employee concerns.

Judgment of Need: The opportunity for improvement to specifically address oversight of the contractors lessons learned program will be addressed in the scheduling of subject assessment in the FY 06 schedule. There are two ongoing actions resulting from the OA-40 Assessment that addresses the Employee Concerns Program and hazard analysis and control. These actions are listed and briefly described in the Site Action Plan.

Y-12 Site Action Plan
F&I Commitment 25 – DNFSB Recommendation 2004-1

Judgment of Need 1: There is one ongoing commitment action resulting from the Impact Assessment of implementing DOE O 226.1.

For existing corrective actions/initiatives for each objective:

Existing Corrective Actions:

Criterion	Source of Corrective Action/Identification Number	Corrective Action	Due Date	Action Owner / Organization
1.1	YCATS COR-Y-12-12/1/2005-61783	Commitment to NNSA/YSO as part of the impact assessment for DOE Order 226.1. The oversight program description will be incorporated into the site Quality Assurance Plan (QAP).	2/17/06	Chuck Moseley/Tia Finney QA/PA

Y-12 Site Action Plan
F&I Commitment 25 – DNFSB Recommendation 2004-1

Judgment of Need 2: There is an ongoing corrective action plan resulting from the 2005 OA Assessment and one corrective action plan resulting from the YSO Monthly Assessment Report.

Existing corrective actions/initiatives for each objective:

Existing Corrective Actions:

Criterion	Source of Corrective Action/Identification Number	Corrective Action	Due Date	Action Owner / Organization
2.2	OA Review CAPS S6473/I53275/A104377	Revise Y15-331 to define the formal system for identifying, disseminating and using external Lessons Learned to be administered by the site Lessons Learned coordinator.	5/30/06	Kathie Hensley QA/PA
	OA Review CAPS S6473/I53275/A104378	Revise Y15-331 to define process for communicating Product Notices.	5/30/06	Kathie Hensley QA/PA
	OA Review CAPS S6473/I53275/A104379	Upon issuance of new Operating Experience DOE Order (replacement for Lessons Learned guidance), perform gap analysis between requirements and current process and revise Y15-331, Lessons Learned Procedure as appropriate.	5/30/06	Kathie Hensley QA/PA
	OA Review CAPS S6473/I53275/A104423	Revise Y15-331 to define criteria and process for identifying internal Lessons Learned for submission to the DOE Lessons Learned site.	5/30/06	Kathie Hensley QA/PA
2.3	OA Review CAPS S6473/I53273/A014367	Evaluate CONOPS Rep process, accident and illness evaluations, Feedback and Improvement Working Group results, Safety Walk-downs, and MBWA, determine current methodology, to include significance screening, identify gaps and define path forward, or justify no change required, and incorporate results into corrective actions.	3/29/06	Shirley Wilson QA/PA

Criterion	Source of Corrective Action/Identification Number	Corrective Action	Due Date	Action Owner / Organization
2.3	OA Review CAPS S6473/I53273/A014440	Revise Y73-170 Safety and Health Incident Reporting and Investigation to incorporate the following items: 1. Clearly defined investigation methodology, including supervisor and manager review and concurrence, forms, and analysis process. 2. Management review process for reports to ensure quality of investigations and effectiveness of corrective actions and; 3. Corrective action tracking process	6/15/06	David Neubauer ES&H/Safety
	OA Review CAPS S6473/I53273/A014441	Safety department will establish a department level procedure to include internal review process and forms used in the accident investigation reporting and trending system.	7/13/06	David Neubauer ES&H/Safety
	OA Review CAPS S6473/I53273/A014442	Perform a 1st quarter FY07 assessment to verify effectiveness of the corrective actions.	12/28/06	David Neubauer ES&H/Safety
2.4	OA Review CAPS S6473/I53269/A104367	Evaluate CONOPS Rep process, accident and illness (finding 12), FIWG, Safety Walk downs, and MBWA, determine current methodology, to include significance screening, identify gaps and define path forward, of justify no change required, and add resulting actions to this plan.	3/29/06	Shirley Wilson QA/PA
	OA Review CAPS S6473/I53269/A104368	Revise Y15-312, Issues Management procedure, as appropriate to include any actions resulting from the gap analysis.	6/21/06	Shirley Wilson QA/PA
	OA Review CAPS S6473/I53269/A104369	Revise Y15-312, Issues Management procedure, to better define and clarify requirements for trending analysis.	6/21/06	Shirley Wilson QA/PA
	OA Review CAPS S6473/I53269/A1070	Evaluate Y15-312 requirement to not enter all Level C issues from Management Assessments and non-reportable critiques that were corrected within five working days of documenting the minimum assessment components, as defined in Part C of Y15-902. Revise Y15-312 if decision is made to change or justification for no change.	6/21/06	Shirley Wilson QA/PA

Criterion	Source of Corrective Action/Identification Number	Corrective Action	Due Date	Action Owner / Organization
2.4	OA Review CAPS S6473/I53269/A107071	Define process for causal determination for appropriate cause indication for Level C issues and revise Y15-312 to incorporate.	6/21/06	Shirley Wilson QA/PA
	OA Review CAPS S6473/I53269/A107072	Combine the IMPRB Significance Determination worksheet and the UCN Significance Determination worksheet to a single form that will be used for all applications.	12/8/05 Closed	Shirley Wilson QA/PA
	OA Review CAPS S6473/I53269/A107073	Revise Y14-004 to require the use of the critique module which will require Significance Determination checklist be completed and documented in the module.	12/15/05 Closed	Damien Bowers QA/PA
	OA Review CAPS S6473/I53269/A107074	Revise the IMPRB Charter to delete authorization for IMPRB to waive extent of conditions and causal analysis.	12/8/05 Closed	Shirley Wilson QA/PA
	OA Review CAPS S6473/I53269/A107075	Revise Y15-312, Issues Management, to eliminate IMPRB role in waiving Extent of Conditions Review and Causal Analysis and to establish a new documented waiver process for internal Level B issues that requires approval by the Issues Manager and Performance Assurance Manager, and update the IMPRB definition.	6/21/06	Shirley Wilson QA/PA
	OA Review CAPS S6473/I53269/A107076	Revise Y15-312, Issues Management, to improve guidance and provide clarification on extent of conditions review.	6/21/06	Shirley Wilson QA/PA
2.4	YSO MAR CAPS S6473/I53206/A103955	Revise the IMPRB Significance Determination Worksheet to delete Section V. General Questions, B. Scope of Issue/Extent of Conditions and C. Root Cause Analysis to eliminate the IMPRB role in waiving causal analysis and extent of conditions for Level B issues. Section V.A. General Questions, Review of Similar Issues addresses duplicate issues.	12/8/05 Closed	Shirley Wilson QA/PA

Criterion	Source of Corrective Action/Identification Number	Corrective Action	Due Date	Action Owner / Organization
2.4	YSO MAR CAPS S6473/I53206/A103956	Revise Y15-312, Issues Management procedure to eliminate IMPRB role in waiving Extent of Conditions Review and Causal Analysis on Level B NNSA/YSO or external issues, to establish a new documented waiver process for internal Level B issues that requires approval by the Issues Manager and Performance Assurance Manager, and to update the IMPRB definition.	6/21/06	Shirley Wilson QA/PA
	YSO MAR CAPS S6473/I53206/A103957	Ensure the website administrator updates the website with revision 6 of the IMPRB Charter to maintain the current revision.	11/29/05 Closed	Shirley Wilson QA/PA
	YSO MAR CAPS S6473/I53206/A103958	Revise the IMPRB Charter to clarify that the Co-Chair will perform a CAPS database analysis of similar issues prior to the meetings and clarify that it is the responsibility of the primary IMPRB members to ensure that their designated backup attends the meeting when the primary member is unable to attend.	12/8/05 Closed	Shirley Wilson QA/PA
	YSO MAR CAPS S6473/I53206/A103775	Perform a field verification/corrective action effectiveness review.	9/21/06	Shirley Wilson QA/PA

Y-12 Site Action Plan
F&I Commitment 25 – DNFSB Recommendation 2004-1

Judgment of Need 3:

The opportunity for improvement to specifically address oversight of the contractor's lessons learned program will be addressed by scheduling assessment(s) in the FY 06 schedule. There are two ongoing actions resulting from the OA-40 Assessment that addresses hazard analysis and the Employee Concerns Program.

Corrective Action:

Criterion	Corrective Action	Deliverable	Due Date	Action Owner / Organization
3.5	FY 06 Assessment schedule will include a review of contractor's lessons learned program.	Lessons learned program review scheduled in FY 06 assessment schedule.	2/15/06	Mike Glasman/AMOP

Existing Corrective Action:

Criterion	Source of Corrective Action/Identification Number	Corrective Action	Due Date	Action Owner / Organization
3.1	***OA- 40 Review ISS-M0-11/28/2005-70711***	Provide additional guidance to the Corp of Engineers regarding expectations for hazard analysis including the following: (1) AHA content – hazard identification, analysis, and identification of controls; (2) Sufficient level of detail of activity description to allow for adequate analysis; (3) Evaluation of controls needed based on MSDS information; (4) Evaluation of site specific pre-existing conditions/hazards; and (5) Monitoring required to demonstrate adequate controls (i.e., noise). (3/31/2006) Develop and implement an assessment plan for NNSA contracted jobs to provide additional construction safety oversight and review including assignment of an NNSA Federal Project Manager. (3/31/2006)	3/31/06	Susan Morris/AMTS

Criterion	Source of Corrective Action/Identification Number	Corrective Action	Due Date	Action Owner / Organization
3.11	**OA 40 Review** ***ISS-MO-11/28/2005-84269***	a) Issue an approved YSO procedure that governs the YSO Employee Concern Program. To address the specific finding, the following elements will be included in this procedure, at a minimum: Roles and responsibilities of the ECP Manager and supporting staff members; the establishment, content requirements and maintenance of ECP records; ECP process requirements and flow of information to required YSO personnel and managers; and Actions to take to ensure the anonymity of personal information. (3/31/2006) b) Schedule and complete an assessment of the contractor's ECP. (4/30/2006) c) Issue a service level agreement between the YSO and Service Center detailing the agreed upon type and level of support for the ECP. (4/30/2006) d) Document, in writing, the YSO person designated as the YSO Employee Concerns Program (ECP) Manger. (1/31/2006)	4/30/06	Sam Gaines/AMA