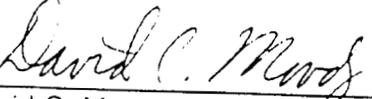


Carlsbad Field Office Action Plan
F&I Commitment 25 – DNFSB Recommendation 2004-1

Carlsbad Field Office
WIPP Site Action Plan
Commitment 25, Feedback & Improvement
DNFSB Recommendation 2004-1

Approved by:



David C. Moody, Manager, Carlsbad Field Office

Note: Change Control for this Site Action Plan (SAP) resides with the Field Office Manager.

Carlsbad Field Office Action Plan
F&I Commitment 25 – DNFSB Recommendation 2004-1

EXECUTIVE SUMMARY

Evaluation Process

This assessment was conducted as part of the Carlsbad Field Office (CBFO) response to Commitment #25 of the Department of Energy's Implementation Plan for Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1, *Oversight of Complex, High-Hazard Nuclear Operations*. This assessment conducted in accordance with instructions provided in the November 17, 2005 DOE Headquarters memorandum from the Chief Operating Officer for Environmental Management and the November 9, 2005 memorandum from the Assistant Secretary for Environmental Management. Specific direction was provided to perform a review of the DOE field office and management and operating contractor in the area of "feedback and improvement". The assessment team utilized existing assessment data, and conducted a focused assessment of specific components as required to fully evaluate the feedback and improvement processes used at the Waste Isolation Pilot Plant (WIPP).

The assessment is the product of a team effort with participation by personnel from the CBFO, the CBFO Technical Assistance Contractor (CTAC), and the Management and Operating (M&O) Contractor, Washington TRU Solutions. The assessment team included 1) the Director of the CBFO Office of Disposal with 20 years geotechnical and environmental management experience, NQA-1 lead auditor training, and completed technical qualifications; 2) the CBFO Safety Officer with 25 years industrial and nuclear safety experience, bachelor's of science with a chemistry major mathematics minor, and completed technical qualifications as safety officer, and nuclear safety specialist. 3) a CTAC senior professional engineer with NQA-1 lead auditor training, 30 years experience in industrial operations management and in safety, and environmental compliance; and 4) an M&O contractor quality assurance auditor with ASQ lead auditor certification and NQA-1 lead auditor training.

Overall Evaluation Summary

The results of this assessment determined that WIPP meets all objectives of the prescribed feedback and improvement (F&I) Criteria Review and Approach Document (CRAD). F&I objective 1 was met with one opportunity for improvement. The objectives F&I-2, and F&I-3 were met with no new opportunities for improvement, but noted corrective actions in progress from previous findings. CBFO also noted several areas of particular strength as feedback and improvement

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have been fully integrated into WIPP processes. This is key to meeting expectations related to consistently changing initiatives that are foundational to WIPP's core work scopes.

Feedback and Improvement CRAD

Objective #	Objective Met	Objective Partially Met	Objective Not Met	Comments
F&I 1	X			No OFI's noted, 1 previous, 1 strength
F&I 2.1	X			No OFI's
F&I 2.2	X			No OFI's, 1 strength
F&I 2.3	X			No OFI's, 1 previous
F&I 2.4	X			No OFI's, 1 strength
F&I 3	X			No OFI's, 3 previous

The WIPP site has adequately established, maintained, and effectively implemented processes to ensure effective feedback and improvement. From systems for identifying deficiencies and reporting such as the Issues Management Program, to conducting formal and informal assessments and reviews, to operator input in programs such as close call and post-job reviews, the processes are extensive and effective for initial reporting. Qualitative and quantitative information is tracked, trended, and analyzed to ensure continued and improved reliability in process implementation. The WIPP lessons learned program has been benchmarked by several organizations and noted as a best practice in a recent DOE EH VPP review. Programs and processes have proven effective in identifying, investigating, reporting, and responding to operational events and incidents, including not only occupational injuries and illnesses, but even first-aid and near-miss cases.

Objective 1

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.

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Opportunity for Improvement

During review of the contractor assurance system, it was identified that some of the newer directives related to various assessment requirements were in the process, but had not been fully implemented into the Department of Energy's (DOE's) contract with Washington TRU Solutions, LLC (WTS), the Waste Isolation Pilot Plant (WIPP) management and operating contractor (MOC) (Contract No. DE-AC29-01AL66444). Though many components of the referenced directives have been implemented (such as an effective issues management program), the actual requirements to do so have not been incorporated into the WTS contract. Specific actions related to this objective are provided in the following table.

Action Description	Deliverable(s)	Due Date	Owner
Implement new DOE oversight and assurance directives into WIPP procedures and processes.	1. Revise DOE/CBFO 94-1012, <i>CBFO Quality Assurance Program Document (QAPD)</i> in accordance with DOE O 414.1C, <i>Quality Assurance</i> .	7/31/06	CBFO Quality Assurance Manager
	2. Incorporate applicable requirements of DOE O 226.1, <i>Implementation of Department of Energy Oversight Policy</i> , into the CBFO QAPD, DOE/WIPP 98-2287, <i>CBFO Functions, Responsibilities, and Authorities Manual (FRAM)</i> , and DOE/CBFO 04-3299, <i>CBFO Contractor Oversight Plan</i> .	8/31/06	CBFO Manager
	3. Incorporate applicable requirements of DOE O 414.1C into DOE's contract with WTS.	Completed 1/31/06	CBFO Contracts Manager
	4. Incorporate DOE O 226.1 into DOE's contract with WTS.	Completed 1/31/06	CBFO Contracts Manager
	5. Contractor implements DOE O 414.1C at WIPP pursuant to contract	9/30/06	WTS Quality Assurance Manager

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Action Description	Deliverable(s)	Due Date	Owner
	requirements.		
Implement new DOE oversight and assurance directives into WIPP procedures and processes.	6. Contractor implements DOE O 226.1 at WIPP pursuant to contract requirements.	9/30/06	WTS Quality Assurance Manager
	7. In accordance with the CBFO <i>Contractor Oversight and Integrated Evaluation Plans</i> , assess and verify effective implementation.	On-Going FY 2006	CBFO Assistant Manager of Operations

Strength:

WTS has an Issues Management Program that has been in place less than two years, but has already provided significant improvement in allowing a forum for identifying, reporting, and addressing deficiencies and opportunities for improvement receiving immediate management attention and support and using a committee approach for long-term effective resolution. This best practice was recently identified during the DOE EH VPP review as a major strength, and has been benchmarked by other DOE facilities.

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.

Opportunity for Improvement

No opportunities for improvement were identified related to this objective. WTS, the WIPP MOC, has adequately established, maintained, and effectively implemented a process for planning, scheduling, and performing assessments;

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and trending and tracking other qualitative and quantitative information to identify items, services, activities, and processes needing improvement.

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.

Opportunity for Improvement

No opportunities for improvement were identified related to this objective. The WIPP Lessons Learned program, which involves both Carlsbad Field Office (CBFO) and WTS staff activities/responsibilities, received comments from DOE EH during recent Voluntary Protection Program (VPP) recertification as a DOE complex best practice.

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.

Opportunity for Improvement

No opportunities for improvement were identified related to this objective. However, previous existing corrective actions related to a Price-Anderson Amendment and Authorization Act (PAAA) noncompliance, NTS-ALO-CAO-WIPP-2005-0002, have not yet been closed. Specific actions related to this objective are provided in the following table.

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Existing Corrective Actions Identified at WIPP

Criterion	Source of Corrective Action / Identification Number	Corrective Action	Due Date	Action Owner/ Organization
2 of Objective F&I-2.3	WTS Commitment Tracking System (CTS) No. 27583	Revise Mobile Visual Examination and Repackaging System (MOVER) Health and Safety Plan, MOVER Startup and Shutdown procedures, or appropriate WIPP Central Characterization Program (CCP) documents to incorporate recommendations and improvements identified in the Price-Anderson noncompliance report.	09/30/06	WTS CCP Manager

Objective 2.4

A formal process to evaluate the quality and usefulness of feedback, and track to resolution performance and safety issues and associated corrective actions, have been developed and implemented.

Opportunity for Improvement

No opportunities for improvement were identified related to this objective, and no outstanding related corrective actions were identified. The WTS Issues Management Program has been benchmarked in FY2005 as a best practice by the M&O Contractor and DOE Management of the Yucca Mountain Project.

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Objective 3

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

Opportunity for Improvement

No opportunities for improvement were identified related to this objective. However, the following previous corrective actions from the *CBFO Annual Review of the WIPP Integrated Safety Management System*, November 2005, are considered related to this objective and are included in this action plan. The actions are provided in the following table.

Existing Corrective Actions Identified at WIPP

Criterion	Source of Corrective Action/Identification Number	Corrective Action	Due Date	Action Owner/ Organization
8 of Objective F&I-3	CBFO ISMS Annual Review, Deficiency-D2 and CAR 06-015	Complete the Technical Position Risk Surveys referenced in the FRAM for regulatory and environmental compliance, business, and characterization and transportation positions.	CAR Response 1-31-06 Complete Resulting Corrective Action Due Date TBD	CBFO Authorization Basis Senior Technical Advisor (ABSTA)
8 of Objective F&I-3	CBFO ISMS Annual Review Area for Improvement-AI2	Revise CBFO FRAM	8/31/06	CBFO CBFO Authorization Basis Senior Technical Advisor (ABSTA)
11 of Objective F&I-3	CBFO ISMS Annual Review Area for Improvement AI4	CBFO should update the Employee Concerns Program document, and provide more awareness information to the employees about the process.	3/15/06	CBFO Director, Office of Disposal



**Idaho Operations Office and
Idaho National Laboratory Site
Site Action Plan**

**Commitment 23, Work Planning and Control
Commitment 25, Feedback and Improvement**

DNSFB Recommendation 2004-1

A handwritten signature in black ink, appearing to read "E. D. Sellers".

Approved, E. D. Sellers, Manager

Executive Summary

Evaluation Process

Three of the Performance Objectives (PO), consisting of nineteen individual review criterion, associated with Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1, Oversight of Complex, High-Hazard Nuclear Operations, Commitment 23 and Commitment 25, pertain specifically to Department of Energy Idaho Operations Office (DOE-ID) performance. A team consisting of fifteen DOE-ID employees performed a self-assessment of those Performance Objectives using review criteria provided in memoranda issued by Under Secretary Garman.

Overall Evaluation Summary

The DOE-ID self-assessment team concluded that Work Planning and Control (WPC) PO-1 Criterion 3, WPC PO-1 Criterion 4, Feedback and Improvement (F&I) PO-3 Criterion 1, F&I PO-3 Criterion 6, F&I PO-3 Criterion 8, F&I PO-3 Criterion 9, F&I PO-3 Criterion 10, and F&I PO-3 Criterion 11 were Fully Met; WPC PO-1 Criterion 1, WPC PO-1 Criterion 3.a, WPC PO-2 Criterion 1, WPC PO-2 Criterion 2, WPC PO-2 Criterion 3, F&I PO-3 Criterion 2, F&I PO-3 Criterion 3, F&I PO-3 Criterion 4, F&I PO-3 Criterion 5, and F&I PO-3 Criterion 7 were Partially Met, and WPC PO-1 Criterion 2 was Not Met.

For each instance when full compliance with a review criterion was not obtained, the DOE-ID self-assessment team provided a recommendation that could be used for developing a corrective action plan. The DOE-ID self-assessment team also concluded that, in most instances, a process for obtaining full compliance with the review criteria exists within DOE-ID and is available for implementation.

There were 17 recommendations (opportunities for improvement) identified. These recommendations were presented to Idaho Issues Review Board (IIRB) on January 18, 2006, for evaluation. All recommendations were accepted by the IIRB and were assigned responsible and issue managers to prepare action plans.

SECTION I – DOE-ID Oversight

Performance Objective WPC-1: DOE-ID Work Planning and Control Oversight

Opportunity for Improvement #1

DOE-ID should provide guidance on the continued maintenance and use of the previous ESH&QA Oversight Plan. (ICATS 064-01-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Identify those oversight elements for FR's previously addressed in the AM Manuals, Chapter 4, and revise WI-133 to implement in the Oversight Plan.	An issued revision to WI-133 that incorporates the oversight elements from the previous AM Manuals.	03/15/2006	R.D.E. Newbry, FR Team Leader (SOSO)

Responsible Manager: R.M. Stallman, Senior Operations and Safety Officer (SOSO)

Opportunity for Improvement #2

DOE-ID should revise OD-101, Functions, Responsibilities, and Authorities, to reflect the current reporting chain for DOE-ID NE FRs. (ICATS 064-14-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Revise DOE-ID IDMS OD-101, Functions, Responsibilities, and Authorities, to reflect the reporting chain for DOE-ID NE FRs as identified in the DOE-ID organizational chart dated January 2006.	An issued revision to DOE-ID IDMS OD-101, Functions, Responsibilities, and Authorities, reflecting the reporting chain for DOE-ID NE FRs as identified in the DOE-ID organizational chart dated January 2006.	05/01/2006	M.D. Hicks, Quality and Safety Division

Responsible Manager: G.L. Beausoleil, Quality and Safety Division

Opportunity for Improvement #3

DOE-ID should evaluate how work planning and control oversight will continue to be selected based upon the degree of risk, hazards, and complexity of work activity. (ICATS 064-02-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Evaluate whether work planning and control oversight will continue to be selected and performed based upon risk determination, or if all stages as specified in the criterion need to be performed, regardless of risk. Based on results of the evaluation, provide additional guidance for work planning and control oversight activities in work instructions.	Issue new or revise current work instructions to provide additional guidance for work planning and control oversight activities.	03/15/2006	R.D.E. Newbry, FR Team Leader (SOSO)

Responsible Manager: R.M. Stallman, Senior Operations and Safety Officer (SOSO)

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Opportunity for Improvement #4

The DOE-ID Technical Qualification Program should be modified to ensure that candidates who are expected to provide oversight of the contractor work control processes are knowledgeable of those processes.

(ICATS 064-03-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
(1) Identify DOE-ID positions that require demonstrated knowledge of the contractor work control processes.	Signed facility specific qualification standards with work control criterion incorporated.	03/31/2006	C.S. Henning, Human Resource Team
(2) Determine level of knowledge required for each position.			
(3) Cross-walk identified positions to TQP functional areas to determine which TQP standards must be modified.			
(4) Modify standard to include criterion for candidate to demonstrate either a working or familiarity level of knowledge of the contractor work control processes.			

Responsible Manager: D.W. Desautel, Human Resources Team

Performance Objective WPC-2: DOE Work Planning and Control Oversight

Opportunity for Improvement #1

DOE-ID should develop a formal process for tracking and trending the results of oversight of the contractor's work planning and control process.

(ICATS 064-05-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Implement Pegasus that has tracking and trending features.	Pegasus in place and operating.	04/01/2006	R.D.E. Newbry, FR Team Leader (SOSO)

Responsible Manager: R.M. Stallman, Senior Operations and Safety Officer (SOSO)

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Opportunity for Improvement #2

DOE-ID should consider maintaining Performance Metrics summaries on the O-drive as a read-only copy to allow easier review by personnel involved in oversight.
 (ICATS 064-06-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
(1) Create a link for the Operational Performance Metrics Reports on the internal DOE-ID web page.	Ability to access from the web page.	1/31/06 Complete	K. Brown/ITST
(2) Ensure the DOE-ID IDMS documentation contains appropriate instruction(s) for Performance Oversight Lead (POL) to transmit monthly performance data to the DOE-ID Web master for posting on the DOE-ID internal web page.	The DOE-ID IDMS document is issued and contains instruction(s) for the POL to transmit performance data to the DOE-ID web master.	3/31/06	P. Contreras/OSD

Responsible Manager: W. D. Jensen, Information Technology Services Team (ITST)

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

Opportunity for Improvement #1

DOE-ID NE should document the process for transmitting oversight information to the contractor.
 (ICATS 064-16-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Revise Work Instructions 122 (Conduct of Operational Oversight Activities) and 123 (Monthly Review of EM/ICP Oversight Results) to include the NE side for transmitting oversight information to the contractor.	Revised Work Instructions 122 and 123 are in place that includes the NE side for transmitting oversight information to the contractor.	03/01/2006	R.D.E. Newbry, FR Team Leader (SOSO)

Responsible Manager: R.M. Stallman, Senior Operations and Safety Officer (SOSO)

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Opportunity for Improvement #2

DOE-ID should develop a procedure/instruction for determining what DOE identified issues are of sufficient magnitude to merit transmittal to senior contractor management by the CO.

(ICATS 064-07-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Develop and implement a process/procedure that applies severity weighting to findings and concerns that merit formal transmittal to senior contractor management.	A procedure is in place that applies severity weighting to findings and concerns that merit formal transmittal to senior contractor.	04/01/2006	R.D.E. Newbry, FR Team Leader (SOSO)

Responsible Manager: R.M. Stallman, Senior Operations and Safety Officer (SOSO)

Opportunity for Improvement #3

DOE-ID should develop a process and implement a procedure for verification and validation of corrective actions for contractor (ORPs and NTS issues) and DOE-ID identified issues that applies to both NE and EM.

(ICATS 064-08-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Develop a process, and implement a procedure for verification and validation of corrective actions for contractor (ORPs and NTS issues) and DOE-ID identified issues that applies to both NE and EM.	Procedure issued that requires verification and validation of corrective actions for contractor (ORPs and NTS issues) and DOE-ID identified issues that applies to both NE and EM.	04/01/2006	R.D.E. Newbry, FR Team Leader (SOSO)

Responsible Manager: R.M. Stallman, Senior Operations and Safety Officer (SOSO)

Opportunity for Improvement #4

DOE-ID NE should provide guidance on corrective action associated activities (documentation, reporting, and closure).

(ICATS 064-17-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Implement guidance on corrective action associated activities (documentation, reporting, and closure).	Procedure issued that provides guidance on corrective action associated activities (documentation, reporting, and closure).	04/01/2006	R.D.E. Newbry, FR Team Leader (SOSO)

Responsible Manager: R.M. Stallman, Senior Operations and Safety Officer (SOSO)

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Opportunity for Improvement #5

DOE-ID should fully implement WI-108, ID Lessons Learned.
(ICATS 064-10-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
(1) QSD Management has identified a Lessons Learned Coordinator.	Formal appointment of lessons learned coordination duties by memorandum from the QSD Division Director.	02/10/2006 Complete	G.L. Beausoleil, Quality and Safety Division
(2) The Lessons Learned Coordinator will include lessons learned, and external events of relevance to ID into the existing Daily Summary and Weekly Summary.	Copies of Daily Summary and Weekly documentation including lessons learned and external events of relevance.	02/17/2006	H.M. Worrell, Quality and Safety Division
(3) Solicit feedback on relevance and distribution of the summaries.	Feedback from ID organizations concerning the effectiveness of the Daily Summary and Weekly for the dissemination of lessons learned information.	04/07/2006	H.M. Worrell, Quality and Safety Division

Responsible Manager: G.L. Beausoleil, Quality and Safety Division

Opportunity for Improvement #6

The DOE-ID NE organization should develop a process to determine the effectiveness of site programs, management systems, and CAS.
(ICATS 064-18-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Revise procedure WI-121, <i>Management of ID Environmental Management Quarterly Oversight Review Meetings</i> , to include the NE organization.	Revised procedure issued.	03/01/2006	R.D.E. Newbry, FR Team Leader (SOSO)

Responsible Manager: R.M. Stallman, Senior Operations and Safety Officer (SOSO)

Opportunity for Improvement #7

DOE-ID EM should complete the implementation of the scorecard process for BBWI.
(ICATS 064-12-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Complete the implementation of the monthly operational performance report (scorecard) process for BBWI.	Issuance of BBWI scorecard	4/30/06	G. A. Girard

Responsible Manager: E. J. Ziemianski, Waste Disposition Project

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Opportunity for Improvement #8

DOE-ID NE should complete the implementation of the scorecard process for BEA.
(ICATS 064-13-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Implement a monthly operational performance report (scorecard) process for BEA.	Issuance of BEA scorecard	04/01/2006	R.F. Wilbur, LO

Responsible Manager: R.F. Wilbur, Laboratory Operations

Opportunity for Improvement #9

DOE-ID should ensure that the DOE-ID employee concern web links are re-established and that employees are aware of the web link locations.
(ICATS 064-11-00)

DOE-ID Action	Deliverable	Due Date	Owner/Org
Repair web links for Employee Concerns Program on the DOE-ID HR homepage.	Upon entry into the ECP web Link all of the links will be active	01/19/2006 Complete	J.E. Ogilvie, Human Resources Team

Responsible Manager: D.W. Desautel, Human Resources Team



Idaho Cleanup Project Action Plan

**Commitment 23, Work Planning and Control
Commitment 25, Feedback and Improvement**

DNSFB Recommendation 2004-1

Idaho Cleanup Project

NOTE: Change Control for this Site Action Plan resides with the Field Office Manager (or designee), with a cc: to EM-3.2.

Executive Summary

Evaluation Process

This assessment was conducted as part of the Idaho Cleanup Project (ICP) response to Commitments #23 and #25 of the Department of Energy's Implementation Plan (IP) for Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1, "Oversight of Complex, High-Hazard Nuclear Operations". This assessment was conducted in accordance with the instructions provided in the November 18, 2005 DOE Headquarters memorandum from the Chief Operating Officer for Environmental Management. Specific direction was provided to perform a review of the contractor in the area of work planning and control, and feedback and improvement. The assessment team determined that a combination of existing assessment data and a conducting a focused assessment would be required to fully evaluate all work planning and control, and feedback and improvement processes utilized by CWI.

The CWI assessment team was organized into five groups with the Project Evaluation Board Manager as the lead for the assessment. Four of the groups were assigned to specific ICP areas (INTEC, RWMC, Construction, and D&D) to evaluate work practices and program implementation. The fifth group was assigned to evaluate ICP programs. Each of the teams was led by an experienced assessor who was familiar with requirements for work control and the ISMS. A pre-assessment meeting was held with the team leaders and the assessment team members to review expectations and the assessment methodology. Daily debriefings were held with the PEB Department Manager to ensure the assessment remained focused and to identify key issues. The assessment started on December 12, 2005 and completed on January 6, 2005. CWI management was briefed on the results of the assessment.

The CWI assessment teams used the Criteria Review and Approach Documents (CRADs) as specified in the following:

- Work Planning and Work Control Assessments and Site Action Plans for Defense Nuclear Facilities Safety Board Recommendation 2004-1, Commitment 23; David K. Garman, Under Secretary for Energy, Science and Environment, November 9, 2005
- Defense Nuclear Facilities Safety Board Recommendation 2004-1, Integrated Safety Management System Feedback and Improvement; David K. Garman, Under Secretary for Energy, Science and Environment, November 9, 2005

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The CRADs and associated criteria were reviewed by the team in preparation for the assessment. In addition, the daily debriefings ensured that assessment of the CRADs and their associated criteria remained focused and met the expected needs of the assessment.

Overall Evaluation Summary

WORK PLANNING AND CONTROL, COMMITMENT 23

The results of this assessment determined that ICP meets the objectives for CRAD-3 (*The contractor has developed an effective work planning and control process*). The objectives for CRAD 4 (*Proposed work activities are adequately defined and analyzed to identify hazards and their associated controls*); CRAD 5 (*The contractor work planning process generates work control documents that lead to safe and efficient completion of work activities*); and CRAD 6 (*Contractor personnel perform work in accordance with approved work control documents*) were partially met. The objective for CRAD 7 (*The Contractor has an established process that requires line management and assessment personnel to perform timely assessments/surveillances of the work planning and control process, including periodic reviews of active and in-development work control documents*) was not met.

The following table provides the results of this assessment.

<u>CRAD #</u>	<u>Objective Met</u>	<u>Objective Partially Met</u>	<u>Objective Not Met</u>	<u>Comments</u>
3	X			2 OFI's noted
4		X		1 OFI noted
5		X		2 OFI's noted
6		X		2 OFI's noted
7			X	2 OFI's noted

FEEDBACK AND IMPROVEMENT, COMMITMENT 25

The results of this assessment determined that ICP meets the objectives for CRAD 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*); CRAD 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*); and CRAD 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*). The objectives for CRAD 1 (*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*

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opportunities for improvement, report deficiencies to the responsible managers, complete corrective actions, and share in lessons learned effectively across all aspects of operation) and CRAD 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) were partially met. The following table provides the results of this assessment.

<u>CRAD #</u>	<u>Objective Met</u>	<u>Objective Partially Met</u>	<u>Objective Not Met</u>	<u>Comments</u>
1		X		2 OFI's noted
2.1		X		2 OFI's noted
2.2	X			No OFI's noted
2.3	X			No OFI's noted
2.4	X			No OFI's noted

This assessment was completed and submitted as requested by Department of Energy's Implementation Plan Commitment 23 and Commitment 25 for Defense Nuclear Facilities Safety Board Recommendation 2004-1, *Oversight of Complex, High-Hazard Nuclear Operations*; Request for Action (OS-QSD-05-13); E. M. Sellers, December 2, 2005. Due to the short amount of time to prepare and complete this assessment and the limited amount of actual work occurring during the assessment period, findings are based upon a limited sample size.

The most significant findings involve: (1) situations where personnel failed to follow work control documents as written (one of these involved a routine task that is performed typically three times a week), (2) excessive reliance on maintenance planners to identify hazards and establish controls for maintenance work without input or review from subject matter experts, and (3) needed improvements in the conduct of self-assessments. Additionally, there appears to be an excessive amount of unscheduled/emergent work that is added to the planned work schedules. This increases worker and supervisor frustration, impacts craft utilization and has the potential to create error likely situations.

These areas of improvement appear to stem from the ineffective implementation of existing programs and processes. Programs, such as the Safety Assessment Center and Executive Safety Review Board, have been implemented for a short period of time and the Site has not been able to fully realize the feedback and improvement value inherently imbedded. In another area, the process outlined within MCP-3562, *Hazard Identification Analysis and Control of Operational Activities*, provides a foundation for a highly rigorous hazard identification program for the development of operating procedures. This same rigor is not imposed upon the development of work documents.

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These, and other, programs and processes are in themselves identified as Good Practices later in this document. This evaluation determined that the issues identified from the CRADs of Commitments #23 and 25 are implementation related, not program breakdowns.

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SECTION I – DOE Oversight

SECTION II – CWI-ICP

Performance Objective WPC-3: Work Control Program Documentation

When CWI began work on the ICP in May 2005, the work control program documentation that was in effect at the INL remained in effect to provide a framework within which CWI could conduct business under the new, performance based contract. The document hierarchy which existed at the start of the contract continues to be in effect today.

The controlling documents (STD-101, *Integrated Work Control Process*, MCP-3192, *Hazard Identification Analysis and Control of Operational Activities*, and GDE-6210, *Maintenance Guide*) describe and establish requirements for initiating, analyzing and developing work control documents, including job hazard analyses.

There are several different document types used for control of work, including three levels of maintenance work orders (minor maintenance, expedited maintenance, or planned maintenance each according to increasing hazards, complexity and risk), project work orders and operating procedures. Levels of review and approval are established for each of these work control documents in their respective MCPs, STDs and other company-level procedures. The choice of which work control document is used is a function of the organization performing the work, the nature of the work (operations, corrective maintenance [e.g. repair], routine or preventive maintenance [e.g. calibration], D&D, construction and environmental restoration), as well as the degree of risk, hazards and complexity of the work.

Subcontractor work is controlled using project work orders and is subject to the same level of control as that used by CWI organizations, except as noted elsewhere in this report.

Extensive training and qualification requirements exist for crafts and operations personnel. These training topics involve company requirements, craft and operations skills and qualifications, safety and health training and other relevant topics. In addition, many positions, such as maintenance personnel, have core, position specific and facility specific training requirements. Training and qualification requirements also exist for work control managers and planners as well as for other line managers involved in the work control process. Auditable training records are maintained on a web-based system (*TRAIN*) to which first line supervisors and above have access to assure that crafts, technicians, operators, planners, safety subject matter experts and line managers are trained and qualified.

Turnover requirements exist for transfer of responsibilities of first line supervisors in operations and maintenance. Turnovers are used in operations environments as required in MCP-2980. This MCP outlines the process and requirements for recording shiftily/daily activities. Operations personnel promptly record information regarding activities or events for each key position throughout the shift to ensure the accuracy of the entry. Maintenance criteria for turnover are located in STD-101 (chapter 6) and GDE 6210 (chapter 10).

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These documents provide direction regarding interfaces and work control coordination, work boundaries, system operability and testing turnover of physical tasks as well as personnel.

Mechanisms exist to collect and utilize lessons learned and feedback from work activities to be used in planning future activities. ICP uses the same lessons learned database that existed at the INL prior to the contract change that is now shared with the INL. Planners are trained in and have access to this database for use in preparing work packages. In some case (e.g. for construction projects), lessons learned were maintained in hard copy and were found to be functional, but were cumbersome to use. Construction projects also lack mechanisms to track and ensure incorporation of post-work review lessons learned on projects related to Voluntary Consent Orders. Furthermore, the assessment identified weaknesses in post-task feedback responses for field operations and maintenance tasks.

Opportunity for Improvement #1

The requirements for periodic review of JSAs in MCP-135 REV 17, Creating, Modifying, And Canceling Procedures and Other DMCS-Controlled Documents, and the requirements in PRD-25, Activity Level Hazard Identification, Analysis and Control need to be evaluated and the procedure(s) needs to be revised as necessary to provide a correct and consistent periodic review frequency. In addition, a review of JSAs needs to be performed to ensure that the periodic JSA reviews are performed at the proper frequency.

CWI Action	Deliverable	Due Date	Owner/Org
Revise MCP-135 REV 17 to provide correct and consistent periodic review frequencies, as applicable.	Evaluation and revision of the MCP-135 REV 17 procedure	3/1/06	Bill Grace Director, Industrial Safety
Ensure JSAs have been reviewed within the required periodic review frequency.	Verification that JSAs have been reviewed within the required periodic review frequency.	5/1/06	Area Project Managers

Responsible Manager: Bill Grace, Director – Industrial Safety

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Opportunity for Improvement #2

To support the development of ensuring appropriate changes are made to the controlling documents: STD-101, *Integrated Work Control Process*, and GDE-6210, *Maintenance Guide*. A review of the feedback process is warranted. The results of this review will be integrated into improvements to the documents.

CWI Action	Deliverable	Due Date	Owner/Org
Perform an in depth review of the feedback process for work activities and recommend process performance improvements in this area, as appropriate.	Formal evaluation of the feedback and improvement processes, including recommendations for process improvements.	3/1/06	William J. Johnson, COO

Responsible Manager: William J. Johnson, Chief Operating Officer

Performance Objective WPC-4: Work Planning and Control Activity; Definition and Hazard Activity

PDD-1004, *Integrated Safety Management System*, is the program document that describes the flow down of ISMS requirements from the contractual level (ISMS DEAR Clauses and DOE policies and orders) to implementing documents. Work planning and control activity definition for maintenance work is described in STD-101, *Integrated Work Control Process*,

GDE-6210, *Maintenance Guide*, and GDE-6212, *Hazard Mitigation Guide for Integrated Work Control Process*, whereas operating activities are governed by MCP-3562, *Hazard Identification Analysis and Control of Operational Activities*.

Maintenance activity planning involves receipt of a request to perform work and assignment of the request to a maintenance expediter or planner to prepare work documents. Initial discussions of work scope, identification of a team to participate in work package development and walk downs and hazard analyses are primarily performed or led by maintenance planners. For planned and project maintenance work orders, planners perform hazard analysis and identification of controls by filling out a Hazards Profile Screening Checklist (HPSC), Form 430.10. In completing this computer-based checklist, planners use the information obtained during the scope of work development and review of facility documents (e.g., the Facility Hazards List (FHL), equipment history, Documented Safety Analyses (DSA), Fire Hazard Assessments (FHA), environmental permits. Based on the planner's input into the HPSC, control sets are generated as are subject matter expert reviews. This process places a very heavy burden on planners to properly identify the right set of hazards. If a planner fails to identify a hazard, there is no additional review of the package by a SME to correct the package or to involve the SME in the walk down process.

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For expedited maintenance work orders and minor maintenance work orders, no HPSC is required by STD-101 or GDE-6210, though other hazard analysis approaches are used, including job safety analyses (JSA). Minor maintenance work is restricted to a less hazardous set of activities by using a specified list of circumstances for which the work may not be performed as minor maintenance.

In contrast, MCP-3562 requires that line managers perform screening activities to identify hazards for operational activities and that they review and approve JSAs, determine whether further analysis is needed and designate appropriate individuals to participate in the team that will further analyze the hazards, the Hazard Evaluation Group (HEG). One issue involving improper flow down of CWI requirements for periodic reviews of Job Safety Analysis (JSAs) was identified as part of a recent Project Evaluation Board (PEB) assessment. This PEB assessment noted that several JSAs were overdue for periodic review. Actions were initiated to correct the problem of having JSAs overdue for review. MCP-3562 provides line managers with a detailed process for performing hazard screening for operational activities that includes hazards related to the task, the facility(ies) in which the task will be performed, potential human errors, lessons learned information and error precursor management. Similar detail is provided for the HEG in analyzing hazards, performing walk downs, using standards to mitigate hazards and other related activities. MCP-3562 also requires that line managers select hazard mitigation according to the hierarchy of engineering controls, administrative controls or PPE.

This assessment team concludes from this difference in approaches that STD-101 and GDE-6210:

- Potentially omit subject matter experts in reviewing or approving maintenance work packages after the hazards and controls are established by the planner,
- do not ensure that line managers designate the members of the team assigned to evaluate the hazards (as does MCP-3562),
- may not ensure that the team so designated acts as a team when evaluating the hazards (individuals may contribute separately to the analysis without meeting together in a table top review or during a walk down),
- permit practices at ICP facilities that rely too heavily on table top reviews instead of walk downs,
- do not explicitly establish a preferred hierarchy of controls (neither MCP-3562, STD-101 nor GDE-6210 mention hazard removal as a part of the preferred hierarchy of controls)
- are written to make maintenance planning for hazard identification, analysis and control an expert-based approach relying on maintenance planners as the primary source of expertise, even though planners are not experts in Documented Safety Analysis (DSA), Fire Hazard Assessments (FHA), environmental permits, and are not required to be Unreviewed Safety Question (USQ) qualified (although they decide whether a USQ review of maintenance work orders are required).

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This assessment identified examples of improperly performed hazard analyses as follows:

- Hazards for the planned work were not properly identified and controlled in INTEC WO 60004096, emergency/exit light replacement,
- INTEC JSA-1128, Fuel Oil System, used in conjunction with TPR-7194, Fuel Oil System for transferring fuel oil from a tanker truck to CPP-701 did not identify hazards associated with lifting heavy objects and lifting restrictions were not identified in the TPR for worker protection

Hazard control sets at D&D activities are not customized to the exact work being performed.

Hazard control set for Work Order 602907 at RWMC did not identify a LO/TO requirement for the facility air compressor for incorporation into the work package. Although, the work package did require said compressor to be secured and Locked/Tagged. The compressor was secured and locked before any work commenced. The work package development team failed to include said LO/TO in the required hazard set.

Opportunity for Improvement #1

STD-101, *Integrated Work Control Process*, and GDE-6210, *Maintenance Guide* need to be reviewed for possible improvements to correct the issues identified with work document preparation. This review will provide a basis for procedure revisions to improve the quality of these controlling documents. Completion of these actions will result in improved instruction for the development of work control documents.

CWI Action	Deliverable	Due Date	Owner/Org
The Technical Support Services (TSS) will complete a review of STD-101 and GDE-6210 to determine necessary changes and/or training that is necessary to address the issues identified in this assessment	Completed review of procedures.	4/1/06	Michael D. Johnson, Director TSS
	Revised procedures, as applicable, and/or revised training initiated.	5/1/06	Michael D. Johnson, Director TSS

Responsible Manager: Michael D. Johnson, Director – Technical Support Services

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Performance Objective WPC-5: Work Planning and Control Oversight Process

Work control documents for maintenance are prepared in accordance with STD-101, *Integrated Work Control Processes*, GDE-6210, *Maintenance Guide*, and GDE-6212, *Hazard Mitigation Guide for Integrated Work Control Process*. Operational activity control documents are prepared in accordance with MCP-3562, *Hazard Identification Analysis and Control of Operational Activities*. The team reviewed over fifty maintenance and operations work control documents to determine whether work control documents were written in a manner that lead to safe and efficient completion of work.

Improperly defined scope of work was an issue in only one work order (WO). At INTEC, the scope of work for minor maintenance WO 60004096 was not clearly defined. This WO was intended to replace twenty emergency and exit lights in CPP-666. The assessment team's observations during the pre-evolutionary briefing revealed that the planner and crafts had discussed and agreed to an undocumented change of scope that would have allowed electricians to initially attempt to repair the lights by working on the portion of the lighting that had a voltage of less than 50 volts. If this was not successful, electricians would then replace the light fixtures, which involved work on AC electrical circuitry up to 277 volts. After discussion among electricians, their foreman and the assessment team member observing the pre-evolutionary briefing, the foreman elected to obtain a WO change prior to beginning the work.

Several problems were noted pertaining to maintenance WOs being written in a clear, concise and worker friendly manner. Assessment team members evaluating construction activities generally found that the ALARA and Waste Stream section of construction WOs were difficult to follow. Additionally, three work documents at INTEC did not meet the requirements of STD-101 and GDE-6210. In one case (WO 602485), a warning statement relating to potential mercury contamination was improperly written (it contained action steps contrary to GDE-6210) and was not located immediately prior to the step in which the hazard was encountered. The requirement for fall protection in WO 60095401 was also not located in the procedure immediately before the steps where the hazard was encountered. Finally, WO 60004096 failed to be clear and concise, because the repair/replacement sequencing discussed above was not mentioned in the WO at all.

Work step sequencing appeared to be satisfactory in all but one of the work control documents reviewed. In D&D WO 603430, Note 1 states: "Steps 3 thru 6 may be worked in any order as directed by the job supervisor," however Step 3 is a "Hold Point" and must be performed prior to Step 4. There were several examples of work control documents not adequately incorporating technical and administrative requirements at INTEC and at D&D activities these were:

- Failure to document the quality level of a replacement part and to include the replacement part in the WO materials list (INTEC WO 602185),
- Conducting work on CPP-603 sludge removal during the week of 12/19/05 with a procedure that had expired on 12/04/05,
- Using a JSA for work on CPP-603 sludge removal that was revised in October 2005 without being reviewed by Fire Protection and Industrial Hygiene (which had reviewed the original JSA).

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Using hazard control sets that were not customized to the exact work being performed for five WOs at D&D facilities. In these cases, WOs identified the use of boilerplate hazard identification and mitigation text, forcing end users (e.g. craft personnel) to determine applicability of hazards.

Work hazards identified in hazard analysis processes were generally found to be properly incorporated into work control documents at INTEC and RWMC and for construction activities, but not for D&D activities, where work hazards, controls, and or "Hold Points" were not identified within four WOs. For example, Review of the RTC WO 602329 identified that the hazard control set required the IH to: (1) conduct an exposure assessments during initial cutting activities, (2) evaluate work activities for repetitive motion concerns, and (3) evaluate noisy work activities and post high noise work areas as appropriate. None of these controls were incorporated into the work steps as required by GDE 6210, Section 6.8.4. It was also noted that the IH review of the work package prior to approval was not performed.

Since GDE-6210 is classified as a guide rather than as a requirements document. Planners are using it to merely for guidance in preparing work control documents, consistent with the definition of a guide in MCP-135, *Creating, Modifying, and Canceling Procedures and Other DMCS-Controlled Document*. GDE-6210 states, in part, "This guide provides detailed *direction* for the implementation of the requirements from STD-101." Classifying GDE-6210 as a guide allows work document preparation inconsistencies and degrades its impact on effecting worker safety.

Opportunity for Improvement #1

Troubleshoot and repair activities were included in a single work document. This resulted in personnel initiating repair efforts without evaluating the fact that a review of the hazards was necessary because the work they would perform was not analyzed as part of the original work document hazard set. This action has initiated an immediate corrective action to require a separation between troubleshooting and repair activities. Long term correction will be provided by incorporating this requirement into the controlling documents STD-101, *Integrated Work Control Process*, and GDE-6210, *Maintenance Guide*.

CWI Action	Deliverable	Due Date	Owner/Org
An Executive Management Directive has been issued for work documents that are prepared for Trouble Shoot and Repair activities requiring the troubleshooting work activities to be separate from the repair activities. This requirement will be incorporated into the work planning procedures at the next revision, but no later than May 2006.	Issuance of Executive Management Directive.	Completed	Michael D. Johnson, Director TSS
	Revision to STD-101 and GDE-6210 to incorporate the requirements of the EMD.	5/1/06	Michael D. Johnson, Director TSS

Responsible Manager: Michael D. Johnson, Director – Technical Support Services

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Opportunity for Improvement #2

STD-101, *Integrated Work Control Process*, and GDE-6210, *Maintenance Guide* need to be reviewed for possible improvements to correct the issues identified with work document preparation. This review will provide a basis for procedure revisions to improve the quality of these controlling documents. Completion of these actions will result in improved instruction for the development of work control documents.

CWI Action	Deliverable	Due Date	Owner/Org
The Technical Support Services (TSS) will complete a review of STD-101 and GDE-6210 to determine necessary changes and/or training that is necessary to address the issues identified in this assessment	Completed review of procedures.	4/1/06	Michael D. Johnson, Director TSS
	Revised procedures, as applicable, and/or revised training initiated.	5/1/06	Michael D. Johnson, Director TSS

Responsible Manager: Michael D. Johnson, Director – Technical Support Services

Performance Objective WPC-6: Work Planning and Control Oversight

The assessment team interviewed over sixty CWI and subcontractor personnel associated with over 50 jobs and found that first line supervisors and workers are knowledgeable of their work control documents. Training of ICP personnel is recorded in a computerized system, TRAIN. Supervisors and foremen have access to TRAIN to allow them to determine whether personnel assigned to the jobs they supervise meet all relevant training requirements, and interviews revealed that supervisors were knowledgeable about how to access TRAIN to check personnel training records. Based on a sample of the persons associated with the work reviewed, most personnel met all applicable training and qualification requirements. Some examples of individuals who did not meet training and qualification requirements were identified at RWMC and at D&D activities. An electrician at RWMC had not received RWMC Electrician MTELRW0000 (8 of 13 qualifications and courses needed). At TAN, one D&D Foreman directing work in the field and conducting pre-job briefings did not have the required qualifications (QLPREJOB, Performing Pre-Job Briefings and QLMNTJSF, INEEL Job Supervisor/Foreman). In addition, TRAIN system records showed that one of the D&D supervisors at RTC did not have the pre-job briefing qualification (QLPREJOB). Interviews revealed that he had completed this training, but that the record of his training had been misplaced. Based on a sampling of the persons associated with the work reviewed, all personnel met medical requirements.

Work at ICP is authorized by operations authority, which reviews and authorizes all work control documents prior to commencement of work. Work is scheduled using plan of the week (POW) and plan of the day (POD) formats. At POW/POD meetings, work is evaluated at each facility and/or site to ensure that work activities of one scope do not adversely affect the safe work of another.

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At one facility, foremen reported a considerable degree of frustration associated with a general lack of adherence to original/early versions of the POW and POD. Emergent work (e.g. due to equipment failures) is properly added to the POD to be authorized before working as described above, but foreman frequently must change priorities to meet deletions and additions to the schedule. Foremen report that they routinely attempt to prepare well in advance for jobs when they appear on POW/POD. Such preparations include work package review, identification and acquisition of replacement parts and materials and interfaces with operations to ensure systems and equipment are in a condition ready to work. When schedule changes occur, early preparations for deleted jobs are put on hold and hurried preparations for added jobs begins in order to ensure crafts are fully utilized. While foremen report they are not beginning work in unsafe conditions, the impact of frequent schedule changes is increased risk from more error-likely situations. That facility's maintenance management is aware of this problem, tracks adherence to POW schedules and continues to attempt to work this issue. Lack of rigorous adherence to POW/POD schedules increases frustration, impacts craft and labor effort and increases error-likely situations.

Even though the assessment team observed effective pre-evolutionary briefings took place in nearly all cases, the RWMC Site Area Director indicated that he is not fully satisfied with the present execution of this process, noting that management is presently working with their staff to upgrade the presentation mode of associated briefings. At INTEC, a worker performing work on 12/20/05 under INTEC WO 602425 did not receive the required pre-job briefing, and the pre-job briefing form for INTEC WO 602425 was not properly filled out by the foreman who performed the briefing on 12/14/05. In addition, at a TAN D&D activity, completed pre job briefing forms for WO 600413 had some missing pages and missing information.

Adherence to WO and operating procedures needs improvement. This condition was particularly disappointing, since ICP had been in a work stand down due to a series of recent events and occurrences. During the stand down, ICP management emphasized (among other things) the requirement for all workers to follow written instructions or to stop work if unexpected conditions arose and obtain a change to work documents. Several examples of procedural noncompliance observed across ICP as follows:

- An INTEC Utility Operator and Fuel Oil Subcontractor did not follow TPR-7194, Fuel Oil System, as written to address the additional alignments needed by the Truck Driver to support continued pumping from tanker sections. This procedure is performed up to several times each week during the cool weather, but the need to stop and revise the procedure to allow the actions taken had not been identified.
- At RWMC, Steps 3, 4, 5 on the data sheet for procedure TRE-30 were not initialed or dated as required on the form. Although the data had been taken, the performer did not complete the form. This work package was signed off as complete by management.
- The TAN primary authorized employee (PAE) documented a correctly completed LOTO for TAN Area Firewater Pump FP-P-4 in the wrong place in the work package, leaving the step for the LOTO Hold Point in W.O. 603004 blank. Subsequently, crafts started work even though the PAE had not signed this Hold Point.

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- Two RWMC employees keyed up their radio (e.g. transmitted) within an exclusion zone, contrary to the precaution in TPR-7417 that prohibited radio transmission in the marked exclusion area.
- During the conduct of RWMC procedure TPR-7417, maintenance personnel failed to wear safety glasses as required. The operator stopped work until safety glasses were worn as prescribed.
- During the conduct of RWMC procedure TPR-7417 an operator reactivated a drain valve before making notification to management as required by step 4.2.6 of MCP 2978, *Control of Equipment and System Status* which states in part "Reposition components found out of position only upon approval from the cognizant manager/supervisor". The valve had been de-energized (unplugged) but was not re-energized and placed back into service following installation of heat tracing.

The assessment team did not observe any conditions that warranted stop work for safety reasons. During interviews, first line supervisors and workers demonstrated a good understanding of their stop work authority.

STD-101, *Integrated Work Control Process*, discusses the use of status logs with no prescribed direction as to what is desired or required, and GDE-6210, *Maintenance Guide*, describes "Work Status" place holders. In practice, there was a wide variety of methods used to document work status, including work status logs, procedure step annotations and personal logbooks. In most cases, work control documents contained adequate documentation (i.e., work status log) regarding work status. However, no construction documents included provisions for documenting work status. Two work packages for work done by CWI at RTC, WOs 603048 and 602715, had completed steps that were not properly signed off.

Lessons learned are being implemented through incorporation directly into work orders or included in the hazard controls associated with the work order, discussed during pre-job briefings, or presented during all hand briefings/safety phases. The feedback process uses more than one approach to track feedback to closure, depending on the different work order types (PM or CM), but both systems meet the requirements for incorporation of lessons learned into work orders. Planners interviewed know how to access the INL lessons learned database, and search the database for applicable lessons learned based on the scope of their work order.

One example of an incomplete work order record was identified. INTEC WO 602185 involved the repair of PCV-118, which was leaking nitric acid. (See CRAD 23.3.4) While performing the work, INTEC personnel discovered that PI-218-2 was not functioning properly. PI-218-2 was replaced under this WO using a work order change (WOC). The WOC for the PI-218-2 replacement was processed, the work completed and the package closed. The package was sent to be scanned for record retention in EDMS. Due to an oversight during the scanning process, the WOC was not scanned into EDMS.

Some crafts reported that they did not find the Lessons Learned (LL) data base to be a usable tool, due to the scarcity of LLs that appear in the LL database for their facility (RWMC). The database spans five years and has only 27 LL entries. During interviews, some ICP personnel reported that they did not find the ICARE data base to be a usable tool because they do not know how to find issue of interest. Craft personnel need training to search the ICARE system by topic.

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Opportunity for Improvement #1

CWI considers the issue of procedure non compliance to be a serious item. A comprehensive cause analysis will be developed to address this issue and to identify needed actions/improvements.

CWI Action	Deliverable	Due Date	Owner/Org
The issue of procedure non compliance is a serious concern of ICP management. A comprehensive cause analysis is being developed that will identify specific actions that are necessary to correct this adverse trend.	Issuance of completed comprehensive causal analysis	Complete	William J. Johnson, COO

Responsible Manager: William J. Johnson, Chief Operating Officer

Opportunity for Improvement #2

CWI will issue a detailed corrective action plan to address the issues identified in the casual analysis described above. The completion of the actions will receive management priority.

CWI Action	Deliverable	Due Date	Owner/Org
Issue a corrective action plan to address the casual analysis for procedure non compliance which is a serious concern of ICP management	A corrective action plan will be issued to address the issues identified in the comprehensive causal analysis	2/1/06	William J. Johnson, COO
The completion of all actions in the corrective action plan to correct the adverse trend. of procedure non-compliance will receive CWI management priority.	Actions identified in the corrective action plan will be completed	5/1/06	William J. Johnson, COO

Responsible Manager: William J. Johnson, Chief Operating Officer

Performance Objective WPC-7: Work Planning and Control Contractor Oversight

The ICP has established procedures for the conduct of independent and self assessment activities. The Integrated Assessment Program, which is described in PDD-1064, "Integrated Assessment Program," is a comprehensive, integrated, risk-based approach for managing assessments. Integrated assessment includes activities managed under the following company requirement documents:

- MCP-9172, *Developing, Integrating, and Implementing Assessment Plans and Schedules*
- LST-202, *Company Level Required Assessments*
- GDE-203, *Planning, Scheduling, and Performing Assessments*
- PDD-124, *Assessor and Lead Assessor Training and Qualification Program*
- MCP-552, *Performing Independent Assessments*
- MCP-8, *Performing Management Assessments and Management Reviews*
- MCP-1221, *Performing Inspections and Surveillances*
- CTR-69, *Charter for the Project Evaluation Board (Revised 2/3/06, PDD-148, Project Evaluation Board)*

Other assessment programs exist, such as CTR-154, *INTEC Senior Supervisory Watch Program*, (as well as similar SSW programs at other ICP facilities) and CTR-175, *INTEC Management Observation Program (MOP)*, which is unique to INTEC.

Taken together, a system is therefore in place to provide a means of monitoring and evaluating all work performed, including work performed by subcontractors. Implementation of this system, however, is not consistent across the ICP. Although assessments are being performed, including of subcontractors, the evidence suggests a need to pursue a more effective implementation of the existing program. This is demonstrated by:

- The lack of or limited scope of management assessments performed at the project level.
- Limited management observations and senior supervisory watches at RWMC.
- The lack of comprehensive functional area assessments for many areas.
- The lack of comprehensive assessments at the project level.
- The focus of many assessments on administrative reviews instead of operational reviews.
- Identified problems (not ICARE issues) not having corrective actions documented.

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A schedule exists for ICP assessments as the ICP Integrated Assessment Schedule database. Management assessments and independent assessments of the ISMS program are required to be performed in LST-202, as are surveillances of work in progress. Conformance to this schedule on an ICP-wide basis was not examined.

Line managers periodically perform surveillances, and these surveillances include the observations of, pre-evolution briefings and work performed, but there did not appear to be strong evidence that observations of job walk downs and JHA walk downs/meetings was included in the scope of these surveillances. For example, the assessment team found that at D&D activities, line management assessments did not assess the full spectrum of the work control process. In addition, while the scope of MOP observations at INTEC and SSW observations are particularly focused on work in progress as well as operational preparations for work, they are not directed toward the work package planning process.

The team reviewed completed LST-202 surveillances and the INTEC Management Observation Program Observed Evolution forms / Work Activities and other documents. While the above mentioned oversight programs and activities were valuable and included many criteria important to work control, none of these programs included reviews of completed work orders within the scope of their review criteria. Furthermore, at INTEC and D&D activities, the scope of the completed surveillances and observations that the team reviewed did not include approved work orders.

The primary means of line management oversight of in-development work control documents was line manager review and approval through the implementation of STD-101, *Integrated Work Control Process*. These reviews and approvals are performed by maintenance managers, general foreman (e.g. construction), and maintenance supervisors for in-development work orders. Line managers reviewed approved work orders during Senior Supervisory Watch work activities. There are no scheduled or planned assessments or surveillances of active or in-development work control documents by line managers in existing INTEC oversight programs.

Trending is tracked and reported monthly in accordance with the Safety Performance Objectives, Measures, and Commitments (SPOMC). Also regarding trending, the results of work control oversight activities, the 2005 ICP ISMS Annual Evaluation Report found that:

- Assessments are being scheduled and managed in at least three databases, making it difficult to coordinate planned assessments and to analyze issues for trends
- Not all required areas are performing assessments to support MCP-1175, *Analyzing ESH&QA Performance*. These assessments provide quarterly analysis of ISMS integrity and ESH&QA performance. Area analysis is needed to identify possible trend and recurring issues.

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Opportunity for Improvement #1

To improve the quality and quantity of self-assessments and to increase management involvement in the self-assessment program the program will be critically evaluated and needed changes that provide improved participation while maintaining program quality will be implemented.

CWI Action	Deliverable	Due Date	Owner/Org
A revised self assessment program structure will be developed by a selected team of ICP managers who have an extensive background in self assessment program performance. This program will be presented to and approved by the ESRB. Upon approval by the ESRB ICP procedures will be revised, where necessary to implement the revised program.	Presentation to ESRB of revised self assessment program.	2/25/06	Michael D. Johnson, Director, TSS
	Implementation of revised procedures following ESRB approval.	3/10/06	Michael D. Johnson, Director, TSS

Responsible Manager: Michael D. Johnson, Director – Technical Support Services

Opportunity for Improvement #2

To ensure prompt implementation of self-assessment program improvements the Project Evaluation Board will conduct a comprehensive evaluation of self-assessment performance.

CWI Action	Deliverable	Due Date	Owner/Org
The Project Evaluation Board will conduct a comprehensive evaluation of self assessment performance at all ICP areas to verify proper implementation and execution of the revised assessment program structure.	Issuance of assessment report on effectiveness of revised assessment program structure..	7/1/06	Brent Rankin, ESH&Q

Responsible Manager: Jim Gregory, Manager, Project Evaluation Board.

Performance Objective F&I-1: Contractor Program Documentation

The ICP contract does not include the requirement to implement a formal "Contractor Assurance System" in accordance with DOE O 226.1, *Implementation of Department of Energy Oversight Policy*. However, the information contained in PDD-1004, *Integrated Safety Management System (ISMS)*, Revision 9 Draft, addresses the activities that are included in the INL's formal Contractor Assurance System and meets the review and approval requirements outlined in this objective. This integrated operational assurance process, with other program description documents, management control procedures, and standards, also includes assessment activities, other structured operational awareness activities, and the event reporting processes.

The program monitors and evaluates all work performed under the contract, including that of subcontractors. These activities occur through a variety of mechanisms. On a daily basis, the Safety Assessment Center (SAC) provides for senior management discussion on the previous day's work activities and safety issues throughout ICP. A monthly SAC report is issued providing a 12-month rolling trend analysis to each of eleven high focus project areas pertaining to event severity indexes (including good work practices) and ISMS core function breakdowns, in addition to a listing of the issues reported regarding the project area for the previous month. In addition, a monthly Safety Performance Objectives, Measures and Commitments (SPOMC) dashboard report is issued to report on current fiscal year status of operational issues compared against ICP goals.

On a quarterly basis, the Safety Performance Objectives, Measures, and Commitments (SPOMC) documents progress pertaining to the DOE approved performance tracking data points. On an annual basis, the ISMS Annual Evaluation and SPOMC review provide even further insight to current status and performance trending by both the Contractor and subcontractors. The company PDD-1061, *Integrated Assessment Program* is in place, and is supplemented by PDD-1005, *Line Management and Operations Manual*. Schedules are in place for FY 2006 to support required assessments and surveillances.

While the processes for the various assessments and other structured operational awareness activities are outlined in their respective program documents, the quantity of documents potentially governing a single assessment activity is excessive. Each step from scheduling the assessment to planning, investigating, and reporting, with capillary documents for each type of assessment and resultant outcomes, has its own governing document. The quantity of requirements and in some cases unnecessary rigor spread amongst the number of requirement documents causes inconsistent performance and/or unintentional, non-compliant performance.

Implementation of the self-assessment program is not consistent or adequately effective across the ICP. The program is in place to provide a means of monitoring and evaluating work and assessments being performed, including oversight of subcontractors. However, evidence shows a need to pursue a more effective/efficient implementation of the self-assessment program. This is demonstrated by:

- The lack of or limited scope of management assessments performed at the project level.
- Limited management observations and senior supervisory watches at RWMC.

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- The lack of comprehensive functional area assessments for many areas.
- The lack of comprehensive assessments at the project level.
- The focus of many assessments is on administrative reviews instead of operational reviews.
- Identified problems not having corrective actions documented that are not sufficiently serious to warrant tracking in the ICARE system

All products of the program are documented and available to DOE line management. Some of these documents, such as the PDD-1004, ISMS Annual Evaluation, and SPOMC Reports are included in the contract performance evaluation.

The Contractor has established sufficient processes for measuring the effectiveness of the program however, the implementation of the program across ICP is inconsistent and cumbersome.

The requirements and process for establishing and implementing the appropriate training and experience requirements for assurance personnel are outlined in company program documents and reinforced in implementation of PDD-1004.

Opportunity for Improvement #1

To improve the quality and quantity of self-assessments and to increase management involvement in the self-assessment program the program will be critically evaluated and needed changes that provide improved participation while maintaining program quality will be implemented.

CWI Action	Deliverable	Due Date	Owner/Org
A revised self assessment program structure will be developed by a selected team of ICP managers who have an extensive background in self assessment program performance. This program will be presented to and approved by the ESRB. Upon approval by the ESRB ICP procedures will be revised, where necessary to implement the revised program.	Presentation to ESRB of revised self assessment program.	2/25/06	Michael D. Johnson, Director, TSS
	Implementation of revised procedures following ESRB approval.	3/10/06	Michael D. Johnson, Director, TSS

Responsible Manager: Michael D. Johnson, Director – Technical Support Services

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Opportunity for Improvement #2

To ensure prompt implementation of self-assessment program improvements the Project Evaluation Board will conduct a comprehensive evaluation of self-assessment performance.

CWI Action	Deliverable	Due Date	Owner/Org
The Project Evaluation Board will conduct a comprehensive evaluation of self assessment performance at all ICP areas to verify proper implementation and execution of the revised assessment program structure.	Issuance of assessment report on effectiveness of revised assessment program structure.	7/1/06	Brent Rankin, ESH&Q

Responsible Manager: Jim Gregory, Manager - Project Evaluation Board.

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

The Integrated Assessment Program, based on PDD-1064, *Integrated Assessment Program*, LST-202, *Company-Level Required Assessments*, and inputs from Functional Area Managers and Subject Matter Experts, establishes the assessment program for functional areas, programs, facilities, and organizational elements. The scope and frequency of these assessments is determined based upon regulatory requirements documents in conjunction with an analysis of risk when applicable. The level of rigor is outlined in the implementing documents governing the performance of the different types of assessments, i.e. Management vs. Independent. As discussed previously in Objective F&I-1, this implementation is cumbersome and inconsistently implemented in the field. As a result, this objective is evaluated as only partially met.

The Project Evaluation Board (PEB) is established at ICP to provide the function of independent internal assessments. Assessments are identified, planned and performed by this group which has the authority and independence from line management to support unbiased evaluations. To date the PEB assessments have been focused on specific problems or issues instead of comprehensive project assessments. The 2006 PEB schedule has included these project assessments.

The SPOMC (discussed previously) is approved by line management and DOE. It provides a measure to indicate how work is being performed. This includes the performance objectives and the expectations set by senior management. Other performance monitoring programs include the SAC and Executive Safety Review Board (ESRB) at the senior management level with other process designed to capture and gather issues at the project and supervisor's level such as the Hazard Review Board (HRB). ICP management policy continuously reinforces the ISMS process of Feedback and Improvement to all personnel on Site. This provides multiple avenues of input by which issues, good or bad, are reported to the necessary programs for analysis and trending.

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The SAC provides the method of sharing good practices and lessons learned on a daily basis to and from all line managers. The information discussed in these daily meetings is tracked and trended independently and provided to each project area on a monthly basis. In addition, this information is used in the occurrence reporting process and program quarterly evaluation in the review of positive or negative trends. The ESRB also causes issue tracking and trending to be evaluated for issues that are of concern and that may affect safety, performance objectives, or goals. The SPOMC, Monthly ICP Injury/Illness Report, and the Monthly Dashboard data provide the information necessary to identify current status relative to goals and objectives agreed to by CWI and DOE.

Opportunity for Improvement #1

To ensure the Project Evaluation Board has appropriate resources to accomplish scheduled assessments for CY 2006 the existing schedule will be upgraded to provide resource loading.

CWI Action	Deliverable	Due Date	Owner/Org
The Project Evaluation Board (PEB) has established a schedule for CY 2006 that includes project assessments as well as program assessments. To improve the PEB capabilities to perform project assessments on an ongoing basis a review will be performed regarding PEB resources, scope and frequency of assessments.	Development of resource loaded annual schedule	3/30/06	Brent Rankin, ESH&Q

Responsible Manager: Jim Gregory, Manager - Project Evaluation Board.

Opportunity for Improvement #2

To ensure proper development of self-assessment schedules actions will be taken to update the current assessment requirements document. In addition, to provide for improved self-assessment schedule development in the future, annual updates to the assessment requirements document will be issued well in advance of the FY schedule development needs.

CWI Action	Deliverable	Due Date	Owner/Org
As required by MCP-9172, <i>Developing, Integrating, and Implementing Assessment Plans and Schedules</i> , a revision to LST-202 will be issued. In addition future revisions to LST-202 will be issued in July of each year to support the development of FY assessment schedules.	Revision of LST-202	2/25/06	Brent Rankin, ESH&Q
	Issue LST-202 Update for FY 07	7/30/06	Brent Rankin, ESH&Q

Responsible Manager: Craig Kvamme, Manager – Performance Assurance

Performance Objective F&I-2.2: Operating Experience

Formal processes are in place to identify applicable lessons learned from external and internal sources. The processes utilize communication and distribution methods such as the site intranet and e-mail systems, discussion in the SAC, the Lessons Learned Web Site and presentation at job briefings.

Lessons learned are obtained from and provided to external sources such as the DOE Lessons Learned Web and a corporate web for use and sharing at other sites.

ICP has instituted the Voluntary Protection Program (VPP), and its Employee Safety Teams (EST) and Changing Our Behavior Reduces Accidents (COBRA) program that provide the mechanisms necessary to solicit feedback and suggestions from the workforce on any topic for which a need is felt.

No opportunities for improvement noted.

Performance Objective F&I-2.3: Event Reporting

Formal processes are in place to investigate, report, and respond to operational events, incidents and occupational injuries and illnesses. MCP-190, *Event Investigation and Occurrence Reporting*, contains the instructions for documenting and reporting occurrences. In conjunction with reporting these events corrective actions are documented and tracked as specified in MCP-598, *Corrective Action System*. Cause analysis is performed in accordance with a formal process as specified in STD-1113, *Cause Analysis and Corrective Action Development*, by qualified personnel as specified in PDD-1114, *Cause Analyst Training and Qualification Program*.

The SAC as described above provides a centralized process for timely management involvement in routine reporting, reviewing, and assigning follow-up on safety events; supports safety performance monitoring; and provides a resource for periodic safety performance summary reporting. Data is collected about events and conditions that have the potential for adversely affecting safe operations now and in the future, as well as good practices.

The ESRB as described above is established to oversee the identification, analysis, reporting, and corrective actions of safety significant events, issues with programmatic implications, and other issues as determined necessary. The ESRB also causes issue tracking and trending to be evaluated for issues that are of concern and that may affect safety, performance objectives, or goals. The SPOMC, Monthly ICP Injury/Illness Report, and the Monthly Dashboard data provide the information necessary to identify current status relative to goals and objectives agreed to by CWI and DOE.

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Lessons learned are obtained from and provided to external sources such as the DOE Lessons Learned Web and a corporate web for use and sharing at other sites consistent with the requirements of MCP-192, *Processing Lessons Learned and External Operating Experience*.

No opportunities for improvement noted.

Performance Objective F&I-2.4: Issues Management

The ICP utilizes several programs that comprise satisfaction of this objective. ICARE system is the formal process that captures not only deficiencies, but other noncompliance issues, program commitments and their respective data for tracking. The ORPS reporting system is annotated to use this program for corrective action tracking as well. Event cause analysis and corrective actions are also governed by their respective program documents.

With regard to corrective action plans, they are typically limited in scope and without regard to existing action items in place for other process improvements. Some are developed without regards to similar or cross-cutting effects of other corrective action plans. This method tends to overload the system with duplicative or similar action items being resolved by different groups not knowing of the others' efforts, delaying final achievement of completion.

MCP-598, *The Issues Management Program and Corrective Action System*, MCP-190, *Event Investigation and Occurrence Reporting*, and MCP-553, *Stop Work Authority*, together provide the basic process mechanisms to identify, take action, and resolve issues.

MCP-1269, *Establishing, Monitoring, and Reporting ESH&QA Performance Objectives, Goals, And Measures*, MCP-1175, *Analyzing ESH&QA Performance*, and MCP-598 program documents require review and analysis of deficiencies. Line management is provided the tools and resources to perform this task. Continued management attention is needed to ensure these processes are effective and rigorous.

Communication of issues up the management chain does occur. While the lines of communication have gone through transition pains, management is attentive to the needs of the program.

Feedback programs are integrated and analyzed to identify trends, issues, and potential repeat occurrences. This analysis is performed through several methods. These processes need continued attention to ensure identification of potential significant problems before they become events.

ICP program document PDD-1114, *Cause Analyst Training and Qualification Program*, requires the training of employees on corrective action development and causal analysis techniques. Formal cause analysis and corrective action development process are implemented in STD-1113, *Cause Analysis and Corrective Action Development*.

No opportunities for improvement noted.

SECTION V – CWI WP&C and F&I Good Practices

Good Practice(s)	Site Point of Contact
<p>The process outlined within MCP-3562, <i>Hazard Identification Analysis and Control of Operational Activities</i>, is a user friendly concisely developed procedure. The design of this MCP enhances the ability of any individual given the responsibility to generate a new, or modify an existing Operational document. The Hazard Screening Checklist (Appendix B) informs the user of the minimum set of subject matter experts required to participate with the development or modification of an Operational work control document. This approach demonstrates Line Management's direct involvement with identification of specific individuals that shall assist with the work control process.</p>	<p>James E. Kaylor Department Manager- INTEC, 526-3483</p>
<p>ICP allows use of a "step back" for any person to stop a job without declaring a "stop work". Step backs permit a "no fault" means for personnel to pause to consider and discuss situations to improve safety without completely stopping a job. The practice appears to have wide acceptance and a beneficial impact on safety thus far.</p>	<p>Bill Grace, Director Industrial Safety, 208-526-1163</p>
<p>The implementation of the Management Observation Program for INTEC has provided improved management involvement in the self assessment program. The program, as intended, meets much of the intent of this review as well as other worthwhile management goals.</p>	<p>William J. Johnson COO, 208-526-7148</p>

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Good Practice(s)	Site Point of Contact
<p>The Safety Assessment Center (SAC) provides a centralized process for timely management involvement in routine reporting, reviewing, and assigning follow-up on safety events; supports safety performance monitoring; and provides a resource for periodic safety performance summary reporting. Data is collected about events and conditions that have the potential for adversely affecting safe operations now and in the future, as well as good practices.</p>	<p>Matthew Steffa Manager – Safety Assessment Center, 208-526-7452</p>
<p>The Executive Safety Review Board (ESRB) is established to oversee the identification, analysis, reporting, and corrective actions of safety significant events, issues with programmatic implications, and other issues as determined necessary.</p>	<p>Bruce Schultz Director – ESH&Q Support Programs, 208-526-7439</p>



Idaho National Laboratory Action Plan

**Commitment 25, Feedback and Improvement
DNSFB Recommendation 2004-1**

Executive Summary

Evaluation Process

On December 2, 2005, DOE Idaho Operations Office (DOE-ID) directed Battelle Energy Alliance, LLC (BEA) to perform a self-assessment of feedback and improvement to meet Commitment 25 of the DOE Implementation Plan for Defense Nuclear Facilities Safety Board Recommendation 2004-1. The assessment was performed by a team of BEA managers and subject matter experts, using a Criteria Review and Approach Document (CRAD) supplied by DOE-ID, to determine the adequacy and effectiveness of feedback and improvement at the Idaho National Laboratory (INL).

The assessment was performed by completing three activities:

- Comparing INL program and process documentation to the criteria listed in the CRADs,
- Evaluating program and process implementation by reviewing the results of internal and external assessments performed since February 1, 2005 (the date of formation of the INL and initiation of the BEA contract), and
- Evaluating performance by reviewing previous assessment reports and performance measurement and analysis reports.

To the extent possible, the assessment included a comparison of the criteria used in the previous assessments to the criteria listed in the DOE CRADs. In some cases, the discussion and results of the assessments were used as evidence that criteria were addressed even if the criteria were not formally specified. Some additional review was performed in cases where specific DOE criteria did not appear to have been addressed.

Overall Evaluation Summary

The assessment concluded that the criteria of the performance objectives in the DOE Feedback and Improvement CRAD were adequately addressed by the INL programs and processes. The internal and external assessments reviewed during the evaluation concluded that the program and processes were effectively implemented for four of the performance objectives but implementation improvements were needed for two objectives. The evaluation ratings were the following:

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Feedback and Improvement		
	Performance Objective	Evaluation
F&I-1	Contractor Program Documentation	Fully Met
F&I-2.1(a)	Assessment	Partially Met
F&I-2.1(b)	Performance Indicators	Fully Met
F&I-2.2	Operating Experience	Fully Met
F&I-2.3	Event Reporting	Fully Met
F&I-2.4	Issues Management	Partially Met

The assessment identified six opportunities for improvement (OFIs). Four of the OFIs involved corrective actions for findings identified by the DOE Office of Independent Oversight and Performance Assurance (DOE-OA) assessment performed during FY 2005. One involved corrective actions for a reported noncompliance of Price-Anderson Amendment Act (PAAA) requirements.

The assessment format provided by DOE-ID included an identification of noteworthy practices for each objective. These noteworthy practices were described as those processes and procedures which are worthy of sharing with other sites looking to improve existing processes. Such practices were not identified in the results for two reasons:

- Many of the current INL processes are being consolidated and transformed to more effectively address the needs of the new laboratory, and
- Identifying noteworthy practices requires knowledge of the activities and practices of other sites which INL does not fully possess.

However, INL is willing to share any current or future processes and procedures which may benefit other sites in improving performance.

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Performance Objective F&I-1: Contractor Program Documentation

Opportunity for Improvement

The INL contractor assurance system documentation needs to be revised to address new DOE Order 226.1 requirements.

Action	Deliverable	Due Date	Owner / Organization
Revise INI, contractor assurance system documentation to address DOE Order 226.1 requirements and submit to DOE-ID for approval	Revised documents and INL submittal letter	6/30/2006	D. K. Jensen / Performance Assurance

Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1

BEA has not implemented a fully effective program of ATR assessment activities with sufficient scope and rigor tailored to ongoing activities, conditions, and past performance to ensure that ES&H performance is consistently and accurately evaluated. (DOE-OA Assessment, June 2005)

Action	Deliverable	Due Date	Owner / Organization
Complete 11 actions in CATS INEEL-08/19/2005-0005-1	Closure documentation identified in CATS	10/06/2006	K. W. Baldwin / Nuclear Operations Quality Assurance

Opportunity for Improvement #2

The INL assessment program has not been effectively implemented. (INL Internal Assessment)

Action	Deliverable	Due Date	Owner / Organization
Complete 13 actions in NTS-ID-BEA-INLPROGM-2005-0001	Closure documentation identified in NTS	8/31/2007	D. K. Jensen / Performance Assurance

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Opportunity for Improvement #3

BEA has not consistently implemented its corrective actions program at ATR in a manner that ensures that ES&H deficiencies are appropriately documented, categorized, and evaluated in a rigorous and timely manner, with causes, extent of condition, and appropriate recurrence controls identified. (DOE-OA Assessment, June 2005)

Opportunity for Improvement #4

Screening of external operating experience and development and tracking of responsive actions should be improved. (DOE-OA Assessment, June 2005)

Opportunity for Improvement #5

Documentation, analysis, and correction/prevention of injuries and illnesses should be improved. (DOE-OA Assessment, June 2005)

These three opportunities for improvement are addressed in one action plan.

Action	Deliverable	Due Date	Owner / Organization
Complete 18 actions in CATS INEEL-08/19/2005-0006-1	Closure documentation identified in CATS	12/12/2006	K. W. Baldwin / Nuclear Operations Quality Assurance

memorandum

DATE: February 6, 2006

REPLY TO:
ATTN OF: EM-94:Kadas

SUBJECT: **ASSESSMENT AND ACTION PLANS FOR DEFENSE NUCLEAR FACILITY
SAFETY BOARD RECOMMENDATION 2004-1, COMMITMENTS 23 AND 25**

TO: Dae Y. Chung, Director, Office of Licensing, EM-24, CLVRLF

Please find attached the Oak Ridge Office (ORO) Environmental Management (EM) final action plans prepared in response to the memoranda dated November 17 and 18, 2005, from Dr. Inés Triay on Commitment 23, Work Planning and Work Control (WP&C); and Commitment 25, Feedback and Improvement (F&I), as identified in the Implementation Plan for the Defense Nuclear Facility Safety Board (DNFSB) Recommendation 2004-1. The attached action plans incorporate comments received from EM-3 on January 26, 2006, and during the 2004-1 WP&C Commitment 23 and F&I Commitment 25 Televideo Conference on January 31, 2006. Also, attached is a compact disk containing the electronic version of the action plans.

If you have any questions, please contact me at (865) 576-0742, Cissy Perkins at (865) 576-2552, or Karen Kadas at (865) 241-2224.


Stephen H. McCracken
Assistant Manager for
Environmental Management

Attachments

cc w/attachments:

T. Evans, EM-3.2, CLVRLF
T. Krietz, EM-3.2, CLVRLF
K. Kadas, EM-94, ORO
H. Monroe, SE-30, ORO



Oak Ridge Office – Environmental Management Site Action Plan

Commitment 25, Feedback and Improvement DNSFB Recommendation 2004-1

NOTE: Change Control for this Site Action Plan resides with the Assistant Manager for Environmental Management (or designee), with a cc: to EM-3.2.

Executive Summary

Evaluation Process

The November 2005 memorandum from U.S. Department of Energy (DOE) Under Secretary David K. Garman provided criteria review and approach documents (CRADs) to be used to assess the status of field office completion of Commitment 25, "Feedback and Improvement," as discussed in the Implementation Plan responding to Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1. The purpose of this report is to summarize the results of the U.S. Department of Energy (DOE) Oak Ridge Office (ORO) Environmental Management (EM) program evaluation of Commitment 25 and to describe the corrective actions, as necessary, resulting from reviews of these CRADs.

A principle function of an Integrated Safety Management System (ISMS) directly correlates to Commitment 25: to provide feedback and continuous improvement. DOE ORO has in place ORO M100, Oak Ridge Management System Description (MSD) which incorporates the principles of ISMS. Further, the DOE ORO Office of Environmental Management has a Management System Description document which provides a comprehensive high-level description of the roles and responsibilities within the EM organization to manage its work and to manage the contracts under its responsibility. Also incorporating the foundations of ISM, the description of each management system in the EM MSD includes an identification of the requirements associated with that system as well as reference to the processes used by the EM to fulfill those requirements. The EM MSD is consistent with ORO M 100, and it provides the foundation upon which the organization can foster a culture of continuous improvement and effectively integrate the ORO safety philosophy into all aspects of work.

In 2005, each DOE ORO organization conducted a self-assessment of continued compliance with ISMS. Specifically, this self assessment included a review of the following scope elements:

- (1) Work scope, organizational structure, and roles and responsibilities are defined and workers understand their specific job functions.
- (2) For assigned work scope and duties, workers are aware of the specific safety concerns that apply to them (vehicles, plant access, emergencies, etc.)
- (3) For assigned work scope and duties, workers are fully aware of the procedures that they must follow with respect to safety and general requirements of their job.
- (4) Oversight processes which ensure that work is implemented in compliance with defined management controls are implemented.

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- (5) A system is in place and is functioning for providing consistent feedback relating to safety goals and management expectations, for improving performance, and from providing Lessons Learned.
- (6) DOE line management provides effective and formal oversight of their contractor ISMS program to ensure that hazards are analyzed, controls are developed and that feedback and improvement programs are in place and effective.

In September 2005, an independent assessment was conducted of the DOE ORO ISMS program as a whole. This independent assessment was an implementation review of the DOE ORO ISMS using Phase II CRADs derived from DOE Handbook 3027-99, ISMS Verification Team Leader's Handbook, and the DOE Implementation Plan in response to Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1. The results of the previous self assessments and the following objectives were specifically reviewed:

- DOEs procedures and mechanisms should ensure that work is formally and appropriately authorized and performed safely. DOE line managers should be involved in the review of safety issues and concerns and should have an active role in authorizing and approving work and operations.
- DOE procedures and mechanisms ensure that the hazards are analyzed, controls are developed, and feedback and improvement programs are in place and effective. DOE line managers are using these processes effectively, consistent with ORO FRAM requirements.
- High-reliability principles to establish effective ISM implementation are in place.

Both the self-assessments, as well as the independent assessment, determined that ORO, including EM, continued to effectively implement ISM. The independent assessment stated, in part:

"ORO's ISMS implementation has significantly improved since . . . 2003."

"ORO's self-assessments and contractor reviews accurately depict the state of their respective ISM programs."

Additionally, in October and November 2005, DOE ORO EM conducted Operational Readiness Reviews (ORRs) on projects to be completed by each of two prime contractors: Bechtel Jacobs Company, LLC (BJC) and Foster Wheeler Environmental Corporation (FWENC). These ORRs included independent reviews of DOE ORO EM oversight activities. Management Self Assessments were conducted prior to the initiation of the DOE ORRs. Also, a DNFSB visit occurred in November 2005 which resulted in opportunities for improvement.

During the course of these recent reviews, the feedback and improvement processes utilized by DOE ORO EM and its contractors were thoroughly assessed. As such, in completing the evaluation of the CRADs for Commitment 25, these recent reviews were referenced to demonstrate compliance with each criterion. Corrective actions for issues related to feedback and improvement resulting from the recent reviews have been included.

A Type B investigation is currently underway to evaluate the causes of a recent event. Corrective actions resulting from this investigation will be added to this Site Action Plan, once they have been identified.

Overall Evaluation Summary

The results of this evaluation determined that DOE-ORO-EM meets the objectives for CRAD-3 with opportunities for improvement noted. BJC and FWENC were found to meet the objectives of CRAD-1 and CRAD-2 opportunities for improvement noted. The following table provides the results of this evaluation.

<u>CRAD #</u>	<u>Objective Met</u>	<u>Objective Partially Met</u>	<u>Objective Not Met</u>	<u>Comments</u>
1	X			2 OFIs noted (1 BJC, 1 FWENC)
2	X			1 OFI noted (1 BJC)
3 (DOE)	X			2 OFIs noted (2 DOE)

This evaluation determined that DOE ORO EM, BJC, and FWENC have programs in place to meet the F&I CRADS when applied to various work being performed at ORO EM projects, and its oversight. The opportunities for improvement noted by this evaluation were generally not the result of a need to align current programs polices or practice to that of the expectations of improved incorporation of integrated safety management and quality assurance into work planning and control processes, but the reasonable maintenance and continual improvement of these items.

Section I-III contains those actions important to improving the effectiveness of ORO EM feedback and improvement. These sections include corrective actions taken and/or planned in response to recent ORRs and ISMS reverification as well as those resulting from reviews of these CRADs

SECTION I – DOE Oversight

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.

Opportunity for Improvement #1

The DOE ORO ISMS Self Assessment found inconsistent use of the issues tracking system, ORION2, is not supportive of efficient reporting and analysis of assessment results, performance measurement, or timely and effective closure of deficiencies and corrective actions.

DOE Action	Deliverable	Due Date	Owner/Org
EM is participating in the AMESH-led Assessment Improvement Initiative which includes improvements to ORION2 and revision of ORO O 220, Assessments.	Updated ORION system	3/31/2006	Nuclear & Operational Safety Performance Team Lead (Led by the Assistant Manager for Environment Safety and Health)
Train EM technical staff on the use of the updated ORION system.	EM technical staff training	4/30/2006	Nuclear & Operational Safety Performance Team Lead

Responsible Manager: DOE ORO EM Technical Support and Assessment Division Manager

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Opportunity for Improvement #2

The DOE ORO EM ISMS Self Assessment identified a weakness in the flowdown of roles and responsibilities and training requirements.

DOE Action	Deliverable	Due Date	Owner/Org
The AMEM issued a Training Policy requiring technical staff to acquire the appropriate site access training.	ORO EM Site Access Training Policy	9/20/2005 Complete	AMEM
EM Position Descriptions will be reviewed and updated to incorporate MSD and M110 roles and responsibilities.	Updated Position Descriptions	6/30/2006	EM Chief Operating Officer

Responsible Manager: DOE ORO EM Chief Operating Officer

SECTION II – Bechtel Jacobs Company, LLC (BJC)

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.

Opportunity for Improvement #1

The K-25/K-27 Operational Readiness Review found that the BJC Quality Assurance Program Plan has not been adequately revised to meet DOE requirements.

BJC Action	Deliverable	Due Date	Owner/Org
BJC has submitted a revised QA plan for DOE review.	Revised QA plan	11/30/2005 Complete	QA Program Manager

Responsible Manager: BJC Quality Assurance Program Manager

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.

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.

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.

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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.

Opportunity for Improvement #1

The DOE ORR for K-25/K-27 found that corrective action plans were not developed for some post-start findings noted during the contractor Operational Readiness Review (ORR).

BJC Action	Deliverable	Due Date	Owner/Org
1. Prior to completion of the ORR, BJC supplied closure evidence for this issue. The evidence was reviewed and determined to be adequate.	1. Closure evidence	10/31/2005 Complete	Project QA Manager
2. BJC will develop a management tool to make the Manager of Projects and functional managers accountable for their management assessments and encourage them to be proactive in self-identification of issues. Management assessment schedules are to be discussed at the BJC President's staff meeting where the MOPs and functional managers will report on management assessments scheduled, results, and effectiveness of corrective actions on a quarterly basis.	2. Management tool and meeting minutes from President's staff meeting.	4/30/06	BJC Quality Assurance Manager

Responsible Manager: BJC Quality Assurance Manager

SECTION III – Foster Wheeler Environmental Corporation (FWENC)

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.

Opportunity for Improvement #1

The FWENC Contractor ORR found a number of deficiencies with the Corrective Action Management Program such as corrective action reports that were not complete and lack of trend analysis.

FWENC Action	Deliverable	Due Date	Owner/Org
Revise the CAMP procedures to clarify unclear requirements. Train to revised procedures.	Revised procedures.	1/31/2006 Complete	ES&H Manager
Perform trending and issue report.	Trend report	12/31/2005 Complete	ES&H Manager

Responsible Manager: ES& Manager

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.

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.

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.

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.

No opportunities for improvement noted at this time.



**Office of River Protection
Site Action Plan**

**Commitment 25, Feedback and Improvement
DNFSB Recommendation 2004-1**

A handwritten signature in cursive script, appearing to read "Roy J. Schepens", is written over a horizontal line.

Approved, Roy J. Schepens, Manager
Office of River Protection

NOTE: Change Control for this Site Action Plan resides with the Field Office Manager (or designee), with a cc: to EM-3.2.

Executive Summary

Evaluation Process

The U.S. Department of Energy (DOE), Office of River Protection (ORP) conducted this assessment in response to Commitment #25 of the DOE's Implementation Plan for Defense Nuclear Facilities Safety Board Recommendation 2004-1, "Oversight of Complex, High-Hazard Nuclear Operations." ORP conducted this assessment in accordance with the instructions provided in DOE Environmental Management (EM) memorandum, Chief Operating Officer for Environmental Management to Distribution, "Feedback and Improvement Assessments and Site Action Plans for Defense Nuclear Facilities Safety Board Recommendation 2004-1, Commitment 25," dated November 17, 2005. Specific direction was provided to perform a review of the DOE field office and contractor in the area of Feedback and Improvement (F&I). The assessment team determined that a combination of existing assessment data and conduct of a new assessment would be required to fully evaluate all F&I processes used by ORP and ORP prime contractors.

The assessment is the product of a joint effort of ORP and the three ORP prime contractors, CH2M HILL Hanford Group, Inc., (CH2M HILL), Bechtel National Inc. (BNI), and Advanced Technologies and Laboratories International, Inc. (ATL). The team consisted of one member each from these contractors and was led by a representative of ORP. Generally, the contractor members evaluated the F&I processes of their own companies, with oversight from the ORP team lead. The ORP representative also evaluated the ORP F&I processes.

The assessment team used the criteria and review approach documents (CRAD) specified in the EM memorandum. The team found the criteria in the CRADs were straightforward, which facilitated efficient conduct of the assessment. The assessment team compared the criteria to existing processes and identified gaps, reviewed previous internal and external assessments, and addressed effective implementation of existing requirements.

ORP, CH2M HILL, and BNI had existing F&I processes intended to respond to contract requirements. ATL, a new contractor, was still in the process of finalizing its F&I processes. For ATL, the assessment team compared existing and scheduled procedures to the CRADs, and only documented issues where the existing and scheduled procedures failed to address a criterion. There was insufficient ATL F&I activity to assess implementation of its F&I processes. Following approval of the ATL Integrated Safety Management System (ISMS) description, ORP will conduct phased verification of ISMS.

In addition to the opportunities for improvement (OFI) identified by the assessment team, ORP and its contractors identified supplemental OFIs associated with Human Performance Improvement (HPI). We plan to train our staffs on the principles of HPI and apply these principles to improve our feedback and improvement processes.

Overall Evaluation Summary

The assessment team found that ORP, CH2M HILL, and BNI had processes that complied with existing contract requirements, even though they did not satisfy all CRAD criteria. The assessment team concluded that the CRAD criteria that were not implemented at the time of the assessment represented new requirements in DOE O 226.1, "Implementation of Department of Energy Oversight Policy." None of the contractors had been directed to implement the new order, pending F&I workshops scheduled for Spring 2006. There was a range of opinions among the ORP contractors regarding the cost of implementing new requirements, and ORP contractors were awaiting clarification of requirements in the workshops before going ahead with implementation. However, at the time of the assessment, ORP was already in the process of revising its own oversight procedures to implement DOE O 226.1.

The assessment team identified a total of six OFIs.

<u>CRAD #</u>	<u>Objective Met</u>	<u>Objective Partially Met</u>	<u>Objective Not Met</u>	<u>Comments</u>
1	X			Five OFIs Noted
2	X			No OFIs Noted
3	X			Two OFIs Noted

ORP and the ORP contractors subsequently identified three supplemental OFIs addressing human performance improvement that did not flow directly from the assessment CRADs.

The F&I assessment was documented in ORP memorandum, R. J. Schepens to I. R. Triay, EM-2, "U.S. Department of Energy, Office of River Protection, Feedback and Improvement Assessment Report," 05-ESQ-094, dated December 29, 2005.

Action Plan Organization

Sections I-III contain those actions important to improving the effectiveness of F&I.

Section IV contains F&I "Good Practices" for sharing across the DOE.

Section VI contains the supplemental OFIs identified by ORP and the ORP contractors.

SECTION I – DOE Oversight

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

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

ORP M 220.1, "Integrated Assessment Program," should be revised to explicitly address oversight of all features of contractor assurance systems specified in DOE O 226.1, including cyber security, business processes, and safeguards and security.

ORP Action	Deliverable	Due Date	Owner/Org
a. Revise ORP M 220.1 to explicitly address oversight of all features of contractor assurance systems, including cyber security, business processes, and safeguards and security.	Revised ORP M 220.1	January 5, 2006 (Completed)	Patrick P. Carier / Office of Environmental Safety and Quality
b. Revise ORP M 220.1 to address oversight of other feedback systems, such as worker feedback. It should also be revised to comprehensively address oversight of communication of information, such as dissenting opinion.	Revised ORP M 220.1	January 5, 2006 (Completed)	Patrick P. Carier / Office of Environmental Safety and Quality
c. Revise ORP M 220.1 to describe a process for resolving professional disagreements over assessment issues, including provisions for independent technical reviews for significant findings.	Revised ORP M 220.1	January 5, 2006 (Completed)	Patrick P. Carier / Office of Environmental Safety and Quality

d. Revise ORP M 220.1 to the requirements for ORP oversight of contractor employee concerns processes.	Revised ORP M 220.1	January 5, 2006 (Completed)	Patrick P. Carier / Office of Environmental Safety and Quality
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Responsible Manager: Robert Barr / Director, Office of Environmental Safety and Quality

Opportunity for Improvement F&I-ORP-OFI-2

Facility Representative requirements and procedures should be revised to implement requirements of DOE O 226.1.

ORP Action	Deliverable	Due Date	Owner/Org
a. Revise Facility Representative Instructions to include provisions for: 1) resolving professional disagreements over assessment issues (i.e. minority opinions); and 2) consideration for independent technical reviews for significant findings.	Revised Facility Representative Instructions	March 31, 2006	Mark C. Brown, Tank Farm Operations Division (Responsible for all Facility Representative Instructions)

Responsible Manager: T. Zack Smith / Assistant Manager, Tank Farms Project

SECTION II – CH2M HILL

Performance Objective F&I-1: Contractor Program Documentation

Opportunity for Improvement F&I-CH2-OFI-1

CH2M HILL has implemented the required elements of an assurance system and some elements, such as the Quality Assurance Program Description document, have been approved by DOE. However, a single program description document that fully details the programs and processes that comprise the assurance system has not been developed, approved by contractor management, and forwarded to DOE for review and approval.

CH2M HILL Action	Deliverable	Due Date	Owner/Org
a. Attend Headquarters (HQ)-sponsored workshops on implementation of DOE O 226.1.	Workshop attendance	Spring 2006	Richard L. Higgins / Assessment & Corrective Actions
b. Submit a detailed contractor assurance system program description to ORP for approval.	Contractor assurance program description	October 1, 2006	Richard L. Higgins / Assessment & Corrective Actions

Responsible Manager: Richard L. Higgins / Manager, Assessment & Corrective Actions

Performance Objective F&I-2: Contractor Program Implementation

No opportunities for improvement noted at this time.

SECTION III – BNI

Performance Objective F&I-1: Contractor Program Documentation

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

BNI cannot determine the impact of developing a complete contractor assurance system until the DOE implementation manual/workshops for DOE O 226.1 are provided and a detailed gap analysis can be performed.

BNI Action	Deliverable	Due Date	Owner/Org
a. Attend HQ-sponsored workshops on implementation of DOE O 226.1.	Workshop attendance	Spring 2006	George T. Shell / Quality Assurance Department
b. Receive ORP direction to implement DOE O 226.1. (ORP to provide, based on outcome of workshops.) Based on the outcome of the workshops, perform gap analysis for implementation of DOE O 226.1.	Gap analysis for DOE O 226.1.	60 days following workshop	George T. Shell / Quality Assurance Department

Responsible Manager: George T. Shell / Manager, Quality Assurance Department

Opportunity for Improvement F&I-BNI-OFI-2

Hanford Tank Waste Treatment and Immobilization Plant (WTP) assurance activities may not encompass WTP subcontractor activities to the degree required by Appendix A to the Contractor Requirements Document of DOE O 226.1, "Implementation of Department of Energy Oversight Policy."

BNI Action	Deliverable	Due Date	Owner/Org
a. Issue implementation plan for DOE O 226.1.	Implementation plan	30 days following completion of GAP analysis	George T. Shell / Quality Assurance Department
b. Submit to ORP for approval revised or new assurance system	Assurance system description(s) addressing all requirements of DOE O 226.1	8/14/06	George T. Shell / Quality Assurance

description(s) addressing all requirements of DOE O 226.1, Appendix A.			Department
c. Complete implementation of DOE O 226.1.	Letter to ORP confirming implementation	9/14/06	George T. Shell / Quality Assurance Department

Responsible Manager: George T. Shell / Manager, Quality Assurance Department

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

WTP assurance activities may not encompass WTP business operations to the degree required by Appendix A to the Contractor Requirements Document of DOE O 226.1, "Implementation of Department of Energy Oversight Policy."

BNI Action	Deliverable	Due Date	Owner/Org
a. Submit to ORP for approval revised or new assurance system description(s) addressing business operations assurance system requirements of DOE O 226.1, Appendix A. (With BNI commitment F&I-BNI-OFI-2.b)	Assurance system description(s) addressing business operations assurance system requirements of DOE O 226.1, Appendix A.	8/14/06	George T. Shell / Quality Assurance Department
b. Complete implementation of DOE O 226.1, including requirements for business operations assurance systems. (With BNI commitment F&I-BNI-OFI-2.c.)	Letter to ORP confirming implementation	9/14/06	George T. Shell / Quality Assurance Department

Responsible Manager: George T. Shell / Manager, Quality Assurance Department

Performance Objective F&I-2: Contractor Program Implementation

No opportunities for improvement noted at this time.

SECTION IV – ATL

Performance Objective F&I-1: Contractor Program Documentation

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

ATL does not have a procedure for causal analysis.

ATL Action	Deliverable	Due Date	Owner/Org
a. Issue a procedure for causal analysis.	Procedure for causal analysis	3/1/06	Phyllis H. Bruce / Contract Assurance Program

Responsible Manager: Phyllis H. Bruce / Contract Assurance Program Manager

Performance Objective F&I-2: Contractor Program Implementation

No opportunities for improvement noted at this time.

SECTION V – ORP Site F&I Good Practices

Good Practice(s)	Site Point of Contact
<p>Good Practice #1: ORP's oversight procedure includes tables specific to each contractor that comprehensively specify all DOE assessment requirements applicable to the contractor. The tables were developed from systematic reviews of contract requirements, regulations, and DOE directives.</p> <p>ORP found these tables are extremely valuable in developing annual assessment plans by assuring required assessments are always included.</p>	Patrick P. Carier (509) 376-3574
<p>Good Practice #2: ORP senior management is active in the assessment program. The Assessment Program Committee, which includes the Deputy Manager, meets quarterly. During quarterly meetings, management evaluates the past years ORP's reports, PAAA activities and assessment findings and observations to identify trends. When trends are identified the assessment plan is revised to assess weak areas.</p>	Patrick P. Carier (509) 376-3574
<p>Good Practice #3: CH2M HILL enters DOE Lessons Learned, Safety Notices, Safety Bulletins, and Data Collection Sheets into its issues management system, the Problem Evaluation Request system. This documents the review of each issue by the appropriate subject matter experts and tracks actions taken in response.</p>	Richard Higgins (509) 373-5305
<p>Good Practice #4: Senior CH2M HILL managers review the results of internal and external assessments as part of bi-weekly Executive Safety Review Board meetings.</p>	Richard Higgins (509) 373-5305
<p>Good Practice #5: CH2M HILL assessment schedules and copies of assessments are available on the company's intranet for retrieval by employees.</p>	Richard Higgins (509) 373-5305

<p>Good Practice #6: The BNI Quality Assurance Information System's user-friendly design and standard reporting features permit ready and consistent retrieval of corrective action information for analysis and development of quality-related performance indicators.</p>	<p>George T. Shell (509)371-2377</p>
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SECTION VI – Supplemental Goals

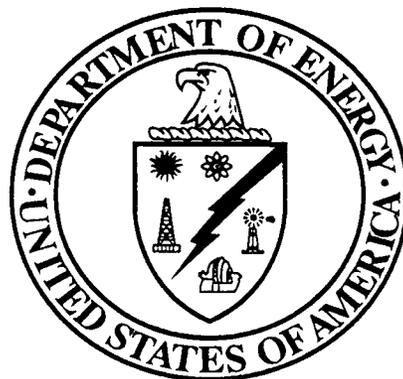
Supplemental Goal F&I-1: Human Performance Improvement (HPI)

Opportunity for Improvement F&I-ORP-SUPOFI-1

ORP and its contractors should implement human performance improvement programs.

ORP Action	Deliverable	Due Date	Owner/Org
a. Develop and approve a joint ORP/Prime Contractor HPI strategic plan that addresses the eight initiatives of the HPI leadership framework.	Approved strategic plan	June 1, 2006	Shirley J. Olinger / DEP
b. Train ORP Facility Representatives and supervisors on HPI principles and techniques.	Lesson plans and training rosters	September 1, 2006	Shirley J. Olinger / DEP
c. Provide contract direction to BNI, CH2M HILL, and ATL for implementing the strategic plan. Resolve funding issues, identify achievable dates, identify performance measures.	Contract changes for CH2M HILL, BNI, and ATL	September 30, 2006	For CH2M HILL and ATL: Dana Bryson / AMTF For BNI: Mike Thomas / AMWTP

Responsible Manager: Shirley Olinger / Deputy Manager



Portsmouth/Paducah Project Office

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DNSFB Recommendation 2004-1

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**Approved, William Murphie, Manager
Portsmouth/Paducah Project Office**

Note: Change Control for this Site Action Plan (SAP) resides with the PPPO Manager, with a cc to EM-3.2.

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Commitment 25, Feedback & Improvement– DNFSB Recommendation 2004-1

Executive Summary

The Department of Energy (DOE) Chief Operating Officer for Environmental Management (EM) requested via memorandum, dated November 17, 2005 that EM sites take specific actions to address the Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1, Commitment 25. These actions are in support of the DOE Under Secretary for Energy, Science and Environment memorandum, dated November 9, 2005, that establishes the path forward for meeting Commitment 25 of the DOE Implementation Plan for DNFSB 2004-1, *Oversight of Complex, High Hazard Nuclear Operations*.

This action plan documents the results of a self-assessment conducted as an on-site review of field element performance. The Portsmouth Paducah Project Office (PPPO) conducted a review of the Criteria and Review Approach Documents (CRADs) provided.

The PPPO has demonstrated partial compliance with the feedback and improvement oversight performance objective. This action plan incorporates report results from assessments conducted for feedback and improvement oversight at the Portsmouth and Paducah sites during calendar year 2005. PPPO procedures are common to both the Portsmouth and Paducah sites. PPPO oversight activities include scheduled assessments, periodic surveillances, walk-throughs, readiness reviews and Implementation Validation Reviews (IVRs) conducted at one/or both sites. Limited site assessment activities were also conducted in December to provide additional self-assessment information to address the performance objective.

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Overall Evaluation Summary

The following table provides the results of this assessment.

Commitment 25 Criteria and Review Approach Document	Feedback & Improvement - 1	Feedback & Improvement - 2	Feedback & Improvement - 3
DOE PPPO			Partially Met (5 Opportunities for Improvement (OFI's))
Uranium Disposition Services, LLC	Partially Met (2 OFI's)	Partially Met (4 OFI's)	
LATA/Parallax Portsmouth, LLC	Met	Partially Met (4 OFI's)	
Theta Pro2Serve Management Company, LLC	Partially Met (3 OFI's)	Partially Met (See OFI's for F&I -1)	
Bechtel Jacobs Company	Met (1 OFI)	Met	
Swift and Staley Mechanical Contractors, Inc.	Partially Met (1 OFI)	Partially Met (5 OFI's)	

Section I – DOE Oversight

Performance Objective F&I-1: Contractor Program Documentation

No opportunities for improvement noted at this time.

Performance Objective F&I-2: Contractor Program Implementation

No opportunities for improvement noted at this time.

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

Opportunity for Improvement #1

Update and complete PPPO oversight procedures and plans.

DOE Action	Deliverable	Due Date	Owner / Org
Complete the preparation and implementation of the oversight plans and procedures associated with the PPPO contracts.	Update and issue Federal Employee Occupational Safety & Health Plan.	03/31/06	D. Kozlowski/ PPPO R. Underwood/ PPPO
	Review, update and issue the Corrective Action Closure Program procedures.	04/30/06	D. Kozlowski/ PPPO R. Underwood/ PPPO
	Review, update and issue the Independent Assessment Program procedures.	04/30/06	D. Kozlowski/ PPPO R. Underwood/ PPPO
	Issue PPPO Oversight Plan.	04/30/06	D. Kozlowski/ PPPO R. Underwood/ PPPO

Responsible Manager: Rachel Blumenfeld

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Opportunity for Improvement #2:

Provide training, unless exempted by previous experience and knowledge, to PPPO staff designated to conduct work planning and work control oversight. Training should include surveillance/assessment techniques and the methods for documenting surveillance/assessment results.

DOE Action	Deliverable	Due Date	Owner / Org
Conduct training activities to strengthen the current PPPO resources and increase the site oversight capabilities of the contractors' work activities.	Provide training on surveillance/assessment techniques and the methods for documenting surveillance/assessment results.	5/31/06	L. Maghrak/ PPPO J. Saluke/ PPPO

Responsible Manager: Rachel Blumenfeld

Opportunity for Improvement #3:

Prepare and implement oversight schedules based on hazards, risks and available resources.

DOE Action	Deliverable	Due Date	Owner / Org
Develop integrated oversight schedules based for the Paducah and Portsmouth sites. Include oversight of ISMS elements, such as work planning, work control and feedback and improvement management systems.	Prepare and implement an integrated assessment schedule.	03/31/06	R. Underwood/ PPPO J. Saluke/PPPO L. Maghrak/PPPO
	Prepare and implement an integrated surveillance schedule.	03/31/06	R. Underwood/ PPPO J. Saluke/PPPO L. Maghrak/PPPO
	Prepare and implement a management walkthrough schedule.	03/31/06	R. Underwood/ PPPO J. Saluke/PPPO L. Maghrak/PPPO

Responsible Manager: Rachel Blumenfeld

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Opportunity for Improvement #4:

Clarify PPPO staff roles and responsibilities to conduct oversight of all stages of the Contractors' work planning and work control process on a routine basis.

DOE Action	Deliverable	Due Date	Owner / Org
Revise existing PPPO requirements to clearly identify PPPO staff oversight roles and responsibilities for work planning and work control processes.	Revise PPPO Management Plan	5/31/06	D. Kozlowski/ PPPO R. Underwood/ PPPO

Responsible Manager: Rachel Blumenfeld

Opportunity for Improvement #5:

Establish routine performance communication within PPPO and to contractors.

DOE Action	Deliverable	Due Date	Owner / Org
Develop tools for routinely communicating performance results internally within PPPO and externally to the contractors.	Establish performance metrics information to be collected by contractors.	03/31/06	D. Kozlowski/ PPPO
	Implement periodic reporting of operational performance information to PPPO management and site contractors.	03/31/06	D. Kozlowski/ PPPO

Responsible Manager: Rachel Blumenfeld

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Section II – UDS

Performance Objective F&I-1: Contractor Program Documentation

Opportunity for Improvement #1:

Some implementing plans and procedures need to be revised based on recent contract changes.

UDS Action	Deliverable	Due Date	Owner/Org.
Review plans and procedures for compliance with revised DOE contract	Initiate action item reports in internal tracking system for identified deficiencies	2/28/06	Jim Brackett, QA Manager Don Parker, ES&H/SM Doug Adkisson
Revise implementing procedures based on review	Revised procedures issued	3/31/06	Jim Brackett, QA Manager Don Parker, ES&H/SM Doug Adkisson

Responsible Manager: Josie Blackmon, Compliance Officer

Opportunity for Improvement #2:

Some Departments have been inconsistent in meeting requirements of the management assessment procedure.

UDS Action	Deliverable	Due Date	Owner/Org.
Clarify expectations of managers to comply with management assessment	Letter from Project Manager to managers identified in the management assessment procedure instructing them: A. to re-read management assessment procedure and provide documentation completion of reading; B. to perform at least two management assessments each year; C. to identify the topic and dates that their management assessments are to be conducted.	01/16/06	Tim Forden, PM
	Planned management assessments input shall be provided to QA Manager by managers for developing Integrated	01/30/06	Jim Brackett, QA Manager

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UDS Action	Deliverable	Due Date	Owner/Org.
	Management Assessment Schedule.		
	Integrated Management Assessment Schedule issued	02/03/06	Jim Brackett, QA Manager
	Updated Integrated Management Assessment Schedule issued on the first working day of each month.	03/01/06	Jim Brackett, QA Manager

Responsible Manager: Josie Blackmon, Compliance Officer

Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1:

Trending program has not been implemented. Trend codes are not being assigned in the condition reporting system.

UDS Action	Deliverable	Due Date	Owner/Org.
Revise Trending Program Procedure	Issue revised Trend Analysis procedure	03/01/06	Jim Brackett, QA Manager
	Conduct training on revised procedure	03/01/06	Jim Brackett, QA Manager
	Review all condition reports and assign trend codes where missing	03/01/06	Jim Brackett, QA Manager

Responsible Manager: Josie Blackmon, Compliance Officer

Opportunity for Improvement #2:

Lessons learned program has not been fully implemented. Data is not being entered into the DOE lessons learned system and data from the system is not being utilized.

UDS Action	Deliverable	Due Date	Owner/Org.
Revise Lessons Learned Procedure	Issue revised procedure	06/30/06	Jim Brackett, QA Manager
	Commence entering lessons learned into DOE database	06/30/06	Jim Brackett, QA Manager

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UDS Action	Deliverable	Due Date	Owner/Org.
	Commence dissemination of lessons learned from DOE database	06/30/06	Jim Brackett, QA Manager

Responsible Manager: Josie Blackmon, Compliance Officer

Opportunity for Improvement #3:

Occurrence Notification and Reporting procedure revision that incorporates latest DOE order changes is currently being revised.

UDS Action	Deliverable	Due Date	Owner/Org.
Revise Occurrence Reporting and Notification Procedure	Issue revised procedure	1/31/06	Josie Blackmon, Compliance Officer
	Conduct training of appropriate personnel	1/31/06	Josie Blackmon, Compliance Officer

Responsible Manager: Josie Blackmon, Compliance Officer

Opportunity for Improvement #4:

Condition Report resolution and closure is not as aggressive as it should be.

UDS Action	Deliverable	Due Date	Owner/Org.
Improve compliance to condition reporting procedure	Revise UDS-QAP-005, Condition Reporting, to include description of periodic condition report status reporting to UDS management and DOE.	2/16/06	Jim Brackett, Quality Manager

Responsible Manager: Josie Blackmon, Compliance Officer

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

No opportunities for improvement noted at this time.

Section III – LPP

Performance Objective F&I-1: Contractor Program Documentation

No opportunities for improvement noted at this time.

Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1

LPP should institute a better reporting system for how feedback is implemented into work packages and job tasks.

LPP Action	Deliverable	Due Date	Owner / Org
Revise LPP-PO-1001 to incorporate the appropriate criteria from LPP-0043, <i>Work Control Improvement Plan</i>	LPP-PO-1001 <i>Work Control Process</i>	3/13/06	Tim Larabee Work Control

Responsible Manager: Tim Larabee, Work Control Manager

Opportunity for Improvement #2

LPP should make better use of the work control software for feedback tracking.

LPP Action	Deliverable	Due Date	Owner /Org
Evaluate SOMAX software for use in tracking feedback.	Correspondence documenting the determination of the adequacy of SOMAX to track feedback and the path forward.	4/01/06	Tim Larabee Work Control

Responsible Manager: Tim Larabee, Work Control Manager

Opportunity for Improvement #3

LPP needs to develop a system to encourage the initiation of positive lessons learned.

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LPP Action	Deliverable	Due Date	Owner /Org
Revise LPP-PO-1001 to incorporate the appropriate criteria from LPP-0043, <i>Work Control Improvement Plan</i> .	LPP-PO-1001 <i>Work Control Process</i>	3/13/06	Tim Larabee Work Control

Responsible Manager: Tim Larabee, Work Control Manager

Opportunity for Improvement #4

LPP needs to develop a web site that includes access to site specific performance metrics based on feedback for continuous improvement.

LPP Action	Deliverable	Due Date	Owner /Org
Develop an Intranet Web Site For LATA/Parallax that utilizes Microsoft SharePoint Portal	Develop the Intranet Web Site for use by LPP Users	02/06/2006	Jeff Pinkerton Public Affairs & IT

Responsible Manager: Ken Sheldon, IT Manager

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

No opportunities for improvement noted at this time.

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Section IV – TPMC

Performance Objective F&I-1: Contractor Program Documentation and Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1

Performance documents were coversheeted from the previous Contractor and have not been revised to be fully integrated into the TPMC system to accurately reflect organization roles and other administrative differences.

TPMC Action	Deliverable	Due Date	Owner/Organization
Managers prioritize (0, 1, 2 and 3, with 1 as the highest priority) assigned performance documents for revision, and provide lists to Procedure Manager.	Prioritized lists of assigned performance documents.	January 16, 2006	Managers (collectively under Buck Sheward, President)
Procedure Manager combine Manager prioritized lists into one list.	Combined prioritized list of performance documents.	January 23, 2006	Chip Stanizzo, Procedure Manager, Environmental, Safety, Health and Quality
Procedure Manager meet with Managers to develop Performance Documents Work-Off Plan to revise prioritized performance documents [Priority 1 and 2, including those needed to implement the Integrated Safety Management System (ISMS), by June 30, 2006, and Priority 3 by December 31, 2006].	Performance Documents Work-Off Plan	February 15, 2006	Chip Stanizzo, Procedure Manager, Environmental, Safety, Health and Quality
Quality Assurance (QA) Specialist enter rolling 30-day look-ahead action assignments to implement the Performance Documents Work-Off Plan into the Commitment Tracking System (Tracker) for closure tracking.	Tracker 30-day look-ahead Performance Documents Work-Off Plan action assignments.	February 20, 2006	Cathy Forshey, QA Specialist, Environmental, Safety, Health and Quality

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TPMC Action	Deliverable	Due Date	Owner/Organization
Complete Priority 1 and 2 performance document revisions.	Tracker action assignments closure documentation.	June 30, 2006	Managers (collectively under Buck Sheward, President), and Chip Stanizzo, Procedure Manager, Environmental, Safety, Health and Quality
Complete Priority 3 performance document revisions.	Tracker action assignments closure documentation.	December 31, 2006	Managers (collectively under Buck Sheward, President), and Chip Stanizzo, Procedure Manager, Environmental, Safety, Health and Quality

Responsible Manager: Elise Allison, ESH&Q Manager

Opportunity for Improvement #2

The Oversight Plan is in "Draft" completion and will be issued by January 2006.

TPMC Action	Deliverable	Due Date	Owner/Organization
QA Program Lead issue Oversight Plan	Oversight Plan	January 31, 2006	Dan Longpre, QA Program Lead, Environmental, Safety, Health and Quality

Responsible Manager: Elise Allison, ESH&Q Manager

Opportunity for Improvement #3

The QA Trending Program is in development and will periodically (expected Quarterly, beginning March 2006) compile selected assurance data into a summary report for review by management and DOE to help in focusing on improvement areas, where needed.

TPMC Action	Deliverable	Due Date	Owner/Organization
QA Program Lead meet with Managers and DOE to identify trending criteria.	Memo to file of list of Trending Criteria	February 3, 2006	Dan Longpre, QA Program Lead, Environmental,

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TPMC Action	Deliverable	Due Date	Owner/Organization
			Safety, Health and Quality
QA Program Lead meet with Information Technology (IT) Programmer and QA Specialist to develop Trending System Plan.	Trending System Plan	February 20, 2006	Dan Longpre, QA Program Lead, Environmental, Safety, Health and Quality
IT Programmer work with QA Specialist to complete Trending System Plan, and enter trending data into database, as appropriate.	Tracker action assignments closure documentation.	April 3, 2006	Tim Burton, Computing and Telecommunications Manager
QA Specialist work with IT Programmer to generate first Quarterly Trending Report	Trending Report	April 17, 2006	Cathy Forshey, QA Specialist, Environmental, Safety, Health and Quality

Responsible Manager: Elise Allison, ESH&Q Manager

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

No opportunities for improvement noted at this time

Section V – BJC

(NOTE: BJC is transitioning out as the Remediation Contractor for the Paducah Site. PRS will assume responsibility on April 24, 2006)

Performance Objective F&I-1: Contractor Program Documentation

Opportunity for Improvement #1

The Quality Assurance Program Plan (QAPP) has not been submitted for DOE for 2006.

BJC Action	Deliverable	Due Date	Owner/Organization
Submit QAPP to DOE for annual approval	QAPP and Implementing Flowdown Matrix	January 31, 2006	D. L. Chumbler Quality Assurance

Responsible Manager: D. L. Chumbler, Quality Assurance

Performance Objective F&I-2: Contractor Program Implementation

No opportunities for improvement noted at this time

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

No opportunities for improvement noted at this time

Section VI – SST

Performance Objective F&I-1: Contractor Program Documentation

Opportunity for Improvement #1

Minor deficiencies noted during daily oversight of work activities by the safety organization are not reported. There is no data collection system for the minor deficiencies. The Safety Department monitors and reinforces expected performance and corrects minor deficiencies as they occur, yet these problem areas are not recorded for trends or recurrence. The ES&H Manager will review this Observation and determine if corrective actions are required

SST Action	Deliverable	Due Date	Owner / Org
ES&H Manager to evaluate this apparent underreporting of minor safety deficiencies and take appropriate action.	SST to develop a method of documenting and tracking minor safety deficiencies.	02/28/06	J. McVey, SST
	If documentation and tracking of minor safety deficiencies are determined to be not necessary, SST to provide justification to the local DOE office.	02/28/06	J. McVey, SST

Responsible Manager: J. McVey, SST

Performance Objective F&I-2: Contractor Program Implementation

Opportunity for Improvement #1

Because of the nature of SST's workforce, none of the assessments have been conducted by work performers. All assessments have been completed by members of SST management team. This practice excludes a very knowledgeable portion of the workforce from making a contribution to the feedback and improvement process.

SST Action	Deliverable	Due Date	Owner / Org
SST should discuss possible assessment	Results of the SST/PACE discussions regarding participation	02/28/06	T. Stanberry, SST

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SST Action	Deliverable	Due Date	Owner / Org
program participation with PACE Union leadership.	in the assessment program will be communicated to the local DOE office.		

Responsible Manager: T. Stanberry, SST

Opportunity for Improvement #2

The Swift & Staley Integrated Assessment Plan (issued 10/4/05) identified five performance indicators to be developed. To date, none of these performance indicators have been established.

SST Action	Deliverable	Due Date	Owner /Org
Develop the following Performance Indicators: <ul style="list-style-type: none"> • Gold Chart Performance Metrics • ALARA Metrics • Personal Injury/Accident TRC Rates • Labor Costs • Epidemiological Analysis – OSH Studies 	SST to establish the Performance Indicators specified in the Integrated Assessment Plan.	02/28/06	S. Polston, SST
	For those PIs not developed per the Integrated Assessment Plan, prepare a basis document detailing reasons for non-implementation.	02/28/06	T. Stanberry, SST

Responsible Manager: S. Polston, SST

Opportunity for Improvement #3

SST's current performance indicator activity has not been finalized. Five customers were selected for the Customer Grade Card pilot, but only two responded. Continued effort or a different approach is required by SST to enlist the cooperation of the customer base when the Grade Card goes active.

SST Action	Deliverable	Due Date	Owner / Org
Place the customer grade card performance measure into protection.	SST to develop and implement a revised marketing strategy.	02/28/06	S. Polston, SST
	Results from the initial response will be published as a	04/30/06	T. Stanberry, SST

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SST Action	Deliverable	Due Date	Owner / Org
	performance indicator.		

Responsible Manager: T. Stanberry, SST

Opportunity for Improvement #4

There have been at least two product alerts or recalls received by SST in the past month. The Corrective Action Tracking System (CATS) was not utilized in either of these cases to identify, assign, track and close actions associated with the alert or recall. The CATS database preliminary version was completed in November and has not entered full service as of this date.

SST Action	Deliverable	Due Date	Owner / Org
Complete the Corrective Action Tracking System and utilize this system for corrective actions, safety alerts, lessons learned, etc.	SST to complete testing of the CATS database and place in service.	01/31/06	T. Stanberry, SST
	Input previous assessment findings, safety alerts and applicable lessons learned into CATS.	01/31/06	T. Stanberry, SST
	Input assessment observations into CATS.	02/28/06	T. Stanberry, SST

Responsible Manager: T. Stanberry, SST

Opportunity for Improvement #5

Several lessons learned from external sources (e.g., Bechtel Jacobs Corp, WGI) have been received and investigated. However, the mechanism for lessons learned needs to be better defined. SST will develop a lessons learned method that encompasses internal as well as external sources and provides closure documentation.

SST Action	Deliverable	Due Date	Owner / Org
Develop and publish a lessons learned procedure that includes internal and	SST to develop and issue a lessons learned procedure.	04/30/06	T. Stanberry, SST

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SST Action	Deliverable	Due Date	Owner / Org
external sources.			

Responsible Manager: T. Stanberry, SST

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

No opportunities for improvement noted at this time.

Feedback & Improvement Good Practices

Although good practices were identified by DOE and the Contractors, these good practices lacked adequate justification or specificity to be included. DOE will identify future good practices as part of our oversight program.

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A handwritten signature in black ink, appearing to read "Keith Klein", is written over a horizontal line.

**Approved, Keith Klein, Manager
Richland Operations**

NOTE: Change Control for this Site Action Plan resides with the Field Office Manager (or designee), with a cc: to EM-3.2.

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Executive Summary

Evaluation Process

This assessment was conducted as part of the U.S. Department of Energy, Richland Operations Office (RL) response to Commitment #25 of the Department of Energy's Implementation Plan (IP) for Defense Nuclear Facilities Safety Board (DNFSB) Recommendation 2004-1, "Oversight of Complex, High-Hazard Nuclear Operations". The assessment was performed 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. Washington Closure Hanford, LLC (WCH) was not evaluated at this time due to the recent contract transition and impending ISMS verification scheduled for FY 2006. WCH ISMS verification actions have been incorporated into this action plan.

Feedback and Improvement, specifically Fluor Hanford, Inc. (FHI) Corrective Action Management, has been a focus area of RL oversight for the past three years. RL performed a core surveillance of corrective action management each of the last three years and Core Surveillances are scheduled for Independent/Management Assessment and ISMS/Feedback and Improvement for FY 2006. In each case, a surveillance guide is developed and performed simultaneously at each FHI project to determine individual and sitewide issues. RL just completed a core surveillance on Independent/Management Assessment that was integrated into the single Feedback and Improvement assessment. The assessment resulted in the identification of nine opportunities for improvement in RL and FHI processes. This action plan contains the actions to address the programmatic opportunities for improvement and does not include the individual facility resolution of specific issues identified in each of the surveillance reports. Those items will be evaluated and resolved at the facility level through the corrective action management process.

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Overall Evaluation Summary

The results of this assessment determined that RL and FHI have Feedback and Improvement mechanisms in place, however, DOE O. 226.1 and the proposed DOE O. 210.x are expected to further improve these processes. The objectives for three of the CRADs was identified as fully met with four objectives as partially met. Actions have been designed to address each of the opportunities for improvement as discussed in greater detail below.

<u>CRAD #</u>	<u>Objective Met</u>	<u>Objective Partially Met</u>	<u>Objective Not Met</u>	<u>Comments</u>
1		X		3 OFIs noted
2.1	X			No issues noted
2.2		X		1 OFI noted
2.3	X			No issues noted
2.4	X			1 OFI noted
3		X		3 OFIs noted
Sup		X		1 OFI noted

Summary of Results for F&I-1:

Program Documentation: Based upon the Feedback and Improvement assessment, RL and FHI have established the necessary operational assurance programs, however, the programs are not integrated in accordance with DOE O 226.1, requirements. RL is in the process of implementing DOE O 226.1 in site contracts, and these actions are incorporated into this action plan. In addition, WCH was not evaluated at this time due to the recent contract transition and impending ISMS verification scheduled for FY 2006. WCH ISMS verification actions have been incorporated into this action plan. Finally, a recently completed RL core surveillance in November 2005 on Independent and Management Assessment identified the need for improved self-critical evaluation to improve the effectiveness of the FHI management assessment program to identify and resolve latent organizational weaknesses. Thus, RL found that adequate program documentation was in place to support feedback and improvement with three opportunities for improvement.

Summary of Results for F&I-2.1:

Assessments and Performance Indicators: Based upon the F&I assessment above, RL and FHI have established adequate assessment and performance indicator processes, with some indications of continuous improvement evident. Thus, this objective and its criteria have been met with exceptional practices for RL (MOP and IEP) and FHI oversight (QDAWG) planning.

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Summary of Results for F&I-2.2:

Operating Experience: Based upon the documented F&I assessment, RL and FHI have established operating experience processes for the requirements that are currently established. It is recognized that implementation of DOE O 210.x, when approved, will drive numerous changes to the operating experience process. Thus, this objective and its criteria have been met with actions to improve the process through implementation of DOE O. 210.x once it has been issued.

Summary of Results for F&I-2.3:

Event Reporting: Based upon the F&I assessment, RL and FHI have established adequate event reporting processes. ORPS is adequately implemented and has been supplemented by a CRD to provide additional RL requirements related to hazardous energy control and near miss events. Thus, this objective and its criteria have been met with no opportunities for improvement noted.

Summary of Results for F&I-2.4:

Issues Management: Based upon the F&I assessment and routine RL oversight, RL and FHI have established adequate issues management processes, with some minor opportunities for continuous improvement that have been documented and evaluated. Specifically, a recent RL self-assessment identified a need to strengthen RL processes to identify and respond to vulnerabilities and improvement opportunities. Thus, this objective and its criteria have been met with one opportunity for improvement.

Summary of Results for F&I-3:

RL Line Management Oversight: Based upon the F&I assessment, RL has established adequate line management oversight processes, with some minor opportunities for continuous improvement. The first opportunity for improvement is to establish mechanisms to effectively evaluate HQ and RL overlap and redundancy in oversight. The second opportunity is to clarify roles and responsibilities for QA oversight. This issue was identified during a recent EM assessment of the RL QA program. The final opportunity for improvement is to establish mechanisms to evaluate RL processes against others in the DOE complex or industry practices. The objective and its criteria have been partially met. One exceptional practice for routine documentation, communication, and trending of RL oversight using the Operational Awareness database, was identified.

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Summary of Results for F&I-Sup:

Supplemental Criteria: Evaluation of RL and FHI processes against the supplemental criteria found that processes are in general compliant with the criteria; however, there are opportunities to improve causal analysis and the resulting corrective actions to consistently identify latent organizational weaknesses and take corrective actions that foster a work environment of error identification and resolution. Numerous indications are available that indicate error suppression tendencies and pockets that do not indicate a receptive, learning environment. To foster these attributes and improve overall safety culture, RL, FHI, and WCH are pursuing a joint strategic plan to integrate Human Performance Improvement into site management systems. General training has commenced with a systematic plan currently in development.

Conclusion:

In general, feedback and improvement across RL and FHI facilities is being performed adequately to support overall continuous improvement. Numerous opportunities to improve exist, including significant management system changes driven by the implementation of DOE O. 226.1 and DOE O. 210x. The single largest area of improvement will be realized through the effective implementation of Human Performance Improvement across RL, FHI, and WCH.

Section I contain those actions important to improving the effectiveness of the RL feedback and improvement.

Section II contains those actions necessary to verify Washington Closure Hanford ISMS, including feedback and improvement.

Section III contains those actions important to improving the effectiveness of FHI feedback and improvement.

Section IV contains RL feedback and improvement “Good Practices” for sharing across the DOE.

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SECTION I – DOE-RL

Performance Objective F&I-1: Program Documentation

Opportunity for Improvement #1

DOE O. 226.1 was issued in September 2005 and requires implementation for RL contracts. RL has completed a record of decision, and actions are established to incorporate this order into the FHI and WCH contracts. A number of the criteria were not fully met within the feedback and improvement assessment since they were based upon DOE O. 226.1 that has not been fully implemented. RL has also included the action to revise the Feedback and Improvement CRAD to encompass the draft oversight manual CRAD for use in future RL core surveillances of this topic.

DOE Action	Deliverable	Due Date	Owner/Org
Incorporate CRD 226.1 into prime contracts.	Copy of the contract modification for both FHI and WCH.	June 30, 2006	Rob Hastings, RL
Incorporate DOE O. 226.1 into Richland Integrated Management System.	Copy of the changes to RIMS procedures that demonstrate DOE O. 226.1 implementation.	April 30, 2006	Charlie Kasch, RL
Incorporate draft Oversight Manual Feedback and Improvement CRAD into the RL Surveillance Guide.	Copy of the revised Feedback and Improvement Surveillance Guide.	March 15, 2006	Rob Hastings, RL

Responsible Manager: Assistant Manager for Safety and Engineering

Performance Objective F&I-2.1: Assessment and Performance Indicators

No opportunities for improvement noted at this time.

Performance Objective F&I-2.2: Operating Experience

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Opportunity for Improvement #1

RL has reviewed the draft DOE O 210.x and met with EH to provide initial comments to the draft directive. Once issued, RL will evaluate the directive per the established requirements management process and enhance the existing site process using the requirements of DOE O 210.x.

DOE Action	Deliverable	Due Date	Owner/Org
Perform Record of Decision against DOE O. 210.x.	Copy of the approved Record of Decision.	Four months following DOE 210.x approval.	Al Hawkins, RL
Incorporate DOE O. 210.x into prime contracts.	Copy of the contract modification.	Twelve months following DOE 210.x approval.	Al Hawkins, RL

Responsible Manager: Office of Organizational Effectiveness and Communication

Performance Objective F&I-2.3: Event Reporting

No opportunities for improvement noted at this time.

Performance Objective F&I-2.4: Issues Management

Opportunity for Improvement #1

A recent EM QA assessment identified opportunities for improvement in the RL self-assessment process.

DOE Action	Deliverable	Due Date	Owner/Org
Train RL supervisors/managers on the expectations and requirements for self-assessments.	Copy of the training materials and course completion rosters.	September 30, 2006	Al Hawkins, RL
Establish requirements for RL self-assessment refresher training.	Copy of the RIMS procedure change to capture the refresher requirements.	September 30, 2006	Al Hawkins, RL

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Responsible Manager: Office of Organizational Effectiveness and Communication

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

Opportunity for Improvement #1

Although RL incorporates HQ oversight schedules into the annual Integrated Evaluation Plan, no mechanisms are in place to routinely interface to minimize overlap.

DOE Action	Deliverable	Due Date	Owner/Org
Establish RIMS processes to periodically evaluate HQ and RL overlap of oversight.	Copy of the revised RIMS procedure.	May 30, 2006	Rob Hastings, RL

Responsible Manager: Assistant Manager of Safety and Engineering

Opportunity for Improvement #2

A recent EM assessment of RL and contractor QA implementation identified a weakness in staff understanding of responsibilities for QA oversight. RL is currently developing a corrective action plan to strengthen QA oversight roles and responsibilities for RL staff.

DOE Action	Deliverable	Due Date	Owner/Org
Clarify responsibilities for QA oversight in RIMS and communicate to RL staff.	Copy of the revised RIMS procedure and communication to staff.	July 1, 2006	Charlie Kasch, RL

Responsible Manager: Assistant Manager of Safety and Engineering

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Opportunity for Improvement #3

Mechanisms are not currently in place to evaluate contractor assurance program descriptions across the DOE complex nor industry practices. During RL implementation of DOE O. 226.1, RIMS procedures will be revised to include consideration of DOE complex and industry practices.

DOE Action	Deliverable	Due Date	Owner/Org
Revise RIMS to include evaluation of contractor assurance programs against the DOE complex and industry practices.	Copy of the revised RIMS procedure and communication to staff.	May 30, 2006	Charlie Kaseh, RL

Responsible Manager: Assistant Manager of Safety and Engineering

Performance Objective F&I-Sup: Supplemental Criteria

Opportunity for Improvement #1

Prior to this feedback and improvement assessment, FHI identified an opportunity to improve project performance through training and adoption of Human Performance Improvement principles. This effort will involve a change in culture expected to span multiple years, however, RL and FHI will develop a strategy in accordance with the Human Performance Leadership Framework developed at a 2000 INPO industry working meeting in May 2000. The eight initiatives included the following: strategic plan, organizational structure, expectations, communication plan, reward and reinforcement plan, work processes and jobsite conditions, training and education, information system/sharing/learning. The actions below establish the foundation for RL, FHI, and WCH continuous improvement in this area.

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DOE Action	Deliverable	Due Date	Owner/Org
Develop and approve a joint DOE-RL/FHI/WCH HPI strategic plan that addresses the eight initiatives of HPI leadership framework.	Copy of the Strategic Plan.	June 30, 2006	Doug Shoop, RL
Train RL Facility Representatives and supervisors on Human Performance Improvement principles and techniques.	Course completion evidence in training records.	September 1, 2006	Doug Shoop, RL

Responsible Manager: Assistant Manager of Safety and Engineering

SECTION II – Washington Closure Hanford (WCH)

Performance Objective F&I-1: Program Documentation

Opportunity for Improvement #1

WCH recently received the contract for RL River Corridor Closure workscope and is, therefore, in the process of developing an ISMS system description for all WCH workscope. Based upon this process, an opportunity for improvement has been identified to capture the need for ISMS verification of WCH in FY 2006.

DOE Action	Deliverable	Due Date	Owner/Org
Complete the WCH ISMS phase I verification.	Phase I ISMS verification report.	May 30, 2006	Doug Shoop, RL
Complete WCH ISMS Phase II verification.	Phase II ISMS verification report.	September 30, 2006	Doug Shoop, RL

Responsible Manager: Assistant Manager for Safety and Engineering

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Performance Objective F&I-2.1: Assessment and Performance Indicators

No opportunities for improvement noted at this time.

Performance Objective F&I-2.2: Operating Experience

No opportunities for improvement noted at this time.

Performance Objective F&I-2.3: Event Reporting

No opportunities for improvement noted at this time.

Performance Objective F&I-2.4: Issues Management

No opportunities for improvement noted at this time.

Performance Objective F&I-Sup: Supplemental Criteria

No opportunities for improvement noted at this time.

SECTION III – Fluor Hanford Inc. (FHI)

Performance Objective F&I-1: Program Documentation

Opportunity for Improvement #1

RL recently completed surveillances of FHI implementation of QA Management Assessment requirements identifying a need for increased self-critical evaluation to improve the effectiveness of the program and resolve latent organizational conditions. Over the last several years, FHI has implemented a number of actions to monitor management assessment quality and establish performance indicators. Some improvement has been observed, however, continued maturation and integration of Human Performance Improvement (HPI) techniques are warranted to achieve consistent, high quality error identification and resolution.

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FHI Action	Deliverable	Due Date	Owner/Org
Enhance management assessment process through the use of mentors, identification of oversight areas using the QDAWG, and HPI techniques for infield performance observations.	Products (QDAWG Reports, MA, MA Mentor Package, etc.) that demonstrate improved effectiveness of Management Assessment process.	June 30, 2006	Donna Busche, FHI

Responsible Manager: Vice President of Regulatory Compliance, FHI

Performance Objective F&I-2.1: Assessment and Performance Indicators

No opportunities for improvement noted at this time.

Performance Objective F&I-2.2: Operating Experience

No opportunities for improvement noted at this time.

Performance Objective F&I-2.3: Event Reporting

No opportunities for improvement noted at this time.

Performance Objective F&I-2.4: Issues Management

No opportunities for improvement noted at this time.

Performance Objective F&I-Sup: Supplemental Criteria

Opportunity for Improvement #1

Prior to this feedback and improvement assessment, FHI identified an opportunity to improve project performance through training and adoption of HPI principles. This effort will involve a change in culture expected to span multiple years, however, RL and FHI will develop a strategy in accordance with the Human Performance Leadership Framework developed at a 2000 INPO industry working meeting in May of 2000. The eight initiatives include the following; strategic plan, organizational structure, expectations,

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communication plan, reward and reinforcement plan, work processes and job site conditions, training and education, information system/sharing/learning. The actions below establish the foundation for FHI continuous improvement in this area.

FHI Action	Deliverable	Due Date	Owner/Org
Train FHI line management and senior management on Human Performance Improvement principles and techniques.	Evidence of training completion	September 1, 2006	Tony Umek, FHI

Responsible Manager: Vice President of Safety and Health, FHI

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SECTION IV – DOE-RL F&I Good Practices

Good Practice(s)	Site Point of Contact
<p>Good Practice #1: FHI has adopted a Quarterly Data Analysis Working Group (QDAWG) to evaluate performance data for trends and use of assessment, event reporting, or corrective action management tools to improve performance. This effort has allowed for early identification and resolution of precursor trend indications</p>	<p>Bob Barnettlor, FHI: (509) 373-9501</p>
<p>Good Practice #2: RL uses a Master Oversight Plan to quarterly identify project weaknesses or areas in need of oversight. This information is used to propose oversight areas which is then integrated between FRs, SMEs, SSOs, and project staff to maximize the utilization of RL oversight resources and the opportunity to influence project performance</p>	<p>Rob Hastings, RL: (509) 376-9824</p>
<p>Good Practice #3: RL uses a Core Surveillance process to evaluate multiple facilities simultaneously against a common surveillance guide/CRAD. The results of the oversight are evaluated for cross-cutting and programmatic issues that are then transmitted to the contractor for evaluation and action.</p>	<p>Rob Hastings, RL: (509) 376-9824</p>
<p>Good Practice #4: RL uses an access “Operational Awareness” database to provide real-time documentation and tracking of daily operational oversight results. This data is further utilized to communicate field information to RL senior management on a regular basis and directly supports trend analysis on a monthly and quarterly basis. Finally, this tool allows for prompt identification of issues to contractor staff so issues can be addressed at the lowest level necessary. The tool also provides data that is integrated with RL formal oversight documented in the form of surveillances and assessments.</p>	<p>Rob Hastings, RL: (509) 376-9824</p>



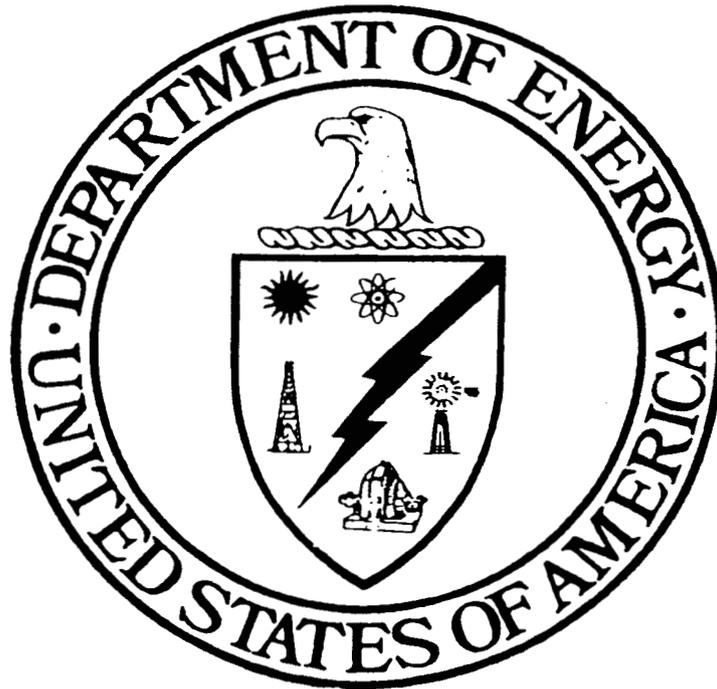
Savannah River Site Site Action Plan

**Commitment 25, Feedback and Improvement
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**Approved, Jeffrey M. Allison, Manager
Savannah River Site**

NOTE: Change Control for this Site Action Plan resides with the Field Office Manager (or designee), with a cc: to EM-3.2.



**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 Manual 12Q, 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*

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