



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