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JAN 31 2006

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

FROM:

Phil Hill
CAMILLE YUAN-SOO HOO
MANAGER

SUBJECT:

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

REFERENCES:

- 1) Memorandum from D'Agostino to Site Managers,
Requesting the Submittal of Site Assessment Report and
Site Action Plan for DNFSB Recommendation 2004-1
Commitment 25, dated November 14, 2005
- 2) Email from Carl Sykes to Distribution, DNFSB
Commitment 25 Template, dated December 12, 2005

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

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

Attachments

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

Thomas D' Agostino

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cc:

Carl Syke, NA-124

Wayne Shotts, LLNL, L-001

Bill Bookless, LLNL, L-668

Rex Beach, LLNL, L-470

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

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

January 30, 2006

Objective: F&I-1: Contractor Program Documentation

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

Evaluation

Performance Objective Partially Met

Results

This objective was evaluated through a combination of previous evaluations¹ from external organizations and the Livermore Site Office (LSO) (i.e., the 2004 Independent Oversight Inspection of ES&H Management at LLNL (2004 OA-40 assessment) conducted by the Office of Independent ES&H Oversight and Performance Assurance (now known as OA-40), the Livermore Site Office For-Cause Appraisal of the LLNL Radiation Protection Program conducted in January 18-28, 2005, etc.), and the LSO's review of a number of ES&H self assessments conducted by LLNL. Note that the evaluation of criterion was limited to only the ES&H aspect of the contractor assurance system.

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

¹Examples of previous assessments:

- 2004 Office of Independent Oversight and Assurance Assessment
- 2005 LSO Radiation Protection For Cause Review
- 2006 LSO Management Self Assessments for the CDNS Review

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

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

Noteworthy Practices:

None reported

Judgments of Need:

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

Objective: F&I-2: Contractor Program Implementation

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

Evaluation:

Performance Objective is partially met

Results:

All five criteria under this sub-objective were reviewed by a number of previous assessments¹. These assessments found that the framework for ISMS including the area of Feedback and Improvement was in place; however there were a number of weaknesses identified in the implementation of the programs. Examples of weaknesses found include the following:

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

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

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

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

Noteworthy Practices:

None reported

Judgments of Need:

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

Objective: F&I-2: Contractor Program Implementation

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

Evaluation:

Objective is met, but judgments of need were identified.

Results:

All criteria under this sub-objective were reviewed in previous assessments¹. LLNL's ORPS reporting process is well documented in the ISMS Description and the LLNL ES&H Manual. LLNL has documentation of identifying Lessons Learned for organizations outside the Laboratory as well as submitting Lessons Learned for consideration by the DOE Complex. Lessons Learned are electronically captured and posted by subject area to be integrated with the work planning process. Lessons Learned at the activity level, through post-job briefings are inconsistently performed. The 2004 OA-40 Assessment Report states: "Increased rigor is needed to ensure that Lessons Learned are consistently evaluated for applicability to LLNL activities and conditions and that corrective/preventive actions tailored to LLNL are identified and implemented where appropriate". The LLNL Corrective Action 1.6 provides LLNL with process improvements to strengthen this feedback.

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

Noteworthy Practices:

None reported

Judgments of Need:

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

Objective F&I-2: Contractor Program Implementation

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

Evaluation:

Performance Objective is partially met.

Results:

All criteria under this sub-objective were reviewed during previous assessments¹. The 2004 OA-40 assessment (Finding #11) found that “LLNL deficiency and issues management process and performance are not fully effective in documenting ES&H program and performance deficiencies and ensuring that effective corrective and preventive actions are developed and tracked to completion”. The 2004 OA-40 assessment (Finding #12) also found that “Injury and illness investigations lack sufficient rigor to ensure that causes are identified and that appropriate, effective and preventive actions are identified and implemented.” Progress has been made in bringing additional formality for the program to identify issues and report, analyze, and address operational events, accidents, and injuries through recent changes to the LLNL ES&H Manual. These improvements include changes to address root cause, effectiveness reviews and extent of condition actions that enhance the program.

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

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

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

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

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

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

Noteworthy Practices:

None reported

Judgments of Need:

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

Objective F&I-2: Contractor Program Implementation

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

Evaluation:

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

Results:

All criteria under this sub-objective were reviewed during previous assessments¹. ES&H deficiencies and issues are captured in LLNL's Issues Tracking System (ITS) database. There is no limitation as to what can be tracked. There are minimum data elements that must be tracked. Each directorate manages their own data, and the OIPA manages the institutional data in the ITS. Deficiencies are required to be track to closure and an analysis must be performed and discussed in the annual self-assessment reports at the directorate level.

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

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

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

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

Noteworthy Practices:

None reported

Judgments of Need:

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

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

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

Evaluation:

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

Results:

This objective was evaluated through a combination of previous evaluations¹ from the Office of Independent ES&H Oversight (OA-40) assessment of ES&H Management Program at LLNL in 2004, and the Livermore Site Office (LSO) management self assessments conducted in January 2006 in preparation for the Chief of Defense Nuclear Safety (CDNS) biennial review.

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

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

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

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

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

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

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

Noteworthy Practices

None identified

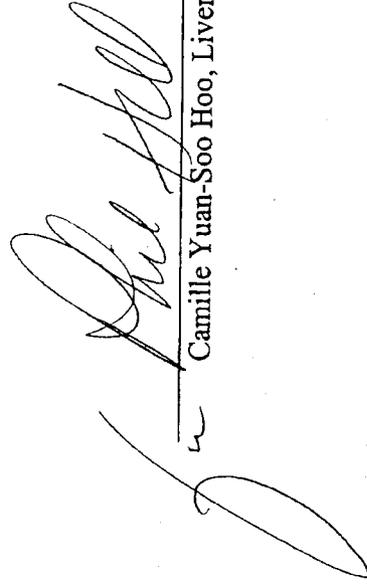
Judgments of Need:

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

DNSFB Recommendation 2004-1 Implementation Plan

Site Action Plan

Commitment 25, Feedback and Improvement



Camille Yuan-Soo Hoo, Livermore Site Office

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Objective: F&I-1: Contractor Program Documentation

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

Judgments of Need

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

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

Existing Corrective Actions:

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

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

Judgments of Need

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

Existing Corrective Actions

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

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

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

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

Existing Corrective Actions

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

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

Judgments of Need

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

Existing Corrective Actions

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

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

Judgments of Need

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

Existing Corrective Actions

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

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

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

Judgments of Need

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

Existing Corrective Actions (only open corrective actions are listed)

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