



FESHM 1010.2: frESHTRK PROCEDURES

Revision History

Author	Description of Change	Revision Date
Nancy L. Grossman	Definitions and terms were standardized between each of the FESHM chapters and the CAPA procedure. Particularly Corrective Action, Preventive Action, Root Cause Analysis, ESHTRK became frESHTRK, Causal analysis was replaced with root cause analysis (from our earlier work on the Root Cause Analysis Procedure) and carried forward. We also added reference to (1004.1001 Fermilab Corrective & Preventive Action Procedure) and (1004.1002 Fermilab Root Cause Analysis Procedure) if they were not already present in FESHM chapters.	March, 2011



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1.0 INTRODUCTION

frESHTRK is a database that is used at Fermilab primarily to support ES&H performance monitoring and follow-up of associated issues. Although issue tracking systems are often viewed as large “to do lists,” they can also provide valuable information about the status of associated programs. In particular, frESHTRK plays a key role in monitoring the status of Fermilab’s self-assessment program and other issues. This chapter contains Fermilab’s policy regarding its use as well as associated implementing procedures.

2.0 DEFINITIONS

- **Corrective Action -**
Action to eliminate the cause of a detected nonconformity or other undesirable situation.
Note: There can be more than one cause for nonconformity. Corrective action is taken to prevent recurrence whereas preventive action is taken to prevent occurrence.
- **Director’s Triennial ES&H assessments -**
Assessment whose purpose is to determine how well the Laboratory is meeting its goals to maintain a safe work place, protect the environment, strive for the highest quality work, and comply with Laboratory requirements.
- **D/S/C/Center Internal Assessment -**
An assessment conducted entirely by D/S/C personnel and reported internally to the head of the D/S/C to measure the degree of compliance with DOE orders, FESHM or other directives from agencies of the federal and State government.
- **D/S/C/Center Walkthrough -**
A less formal assessment conducted by senior management personnel.
- **DOE Headquarters Reviews -**
Reviews conducted by DOE organizations at the headquarters level, i.e., Office of Science or Environment, Safety, and Health. The methods for conducting these reviews and the handling of any associated corrective and preventive actions that result from them are established by the sponsoring Office.
- **ESH Section Independent Assessments**
Assessments conducted on an as-needed basis by the ESH Section that are scheduled outside the Tripartite Assessment process. Such supplemental assessments may be motivated by an incident, a perceived weakness in an ES&H program, or by a new ES&H requirement.
- **Formal ES&H investigation -**
Investigations required by Fermilab’s Work Smart set of standards, including Computerized Accident Investigation Reporting System (CAIRS) and Occurrence Reporting and Processing System (ORPS) investigations, as well as formal internally initiated investigations.



- **Highly Protected Risk Inspections -**
ES&H inspections of buildings conducted by the Fire Protection Engineer and members of the assessed organization.
- **Lessons Learned (LL) -**
A "good work practice" or innovative approach that is captured and shared to promote repeat application. A lesson learned may also be an adverse work practice or experience that is captured and shared to avoid recurrence.
Note: Consult [OOBP Procedure #3903](#) for a description of the lessons learned program and implementation procedures.
- **Operational Awareness Reviews -**
A review planned and conducted by DOE-FSO. Results of these reviews may be considered when developing Fermilab's and/or D/S/C self-assessment reports. Findings from these reviews are formally transmitted to the Laboratory along with requests for corrective and preventive actions that must be addressed.
- **Preventive Action -**
Action to eliminate the cause of a potential nonconformity or other undesirable potential situation.
Note: There can be more than one cause for a potential nonconformity. Preventive action is taken to prevent occurrence whereas corrective action is taken to prevent recurrence.
- **Regulatory Agency Inspections -**
Inspection by agencies external to DOE including EPA, IEPA, and USDOT.
- **Root Cause Analysis -**
An identified reason for the presence of a defect or problem. The most basic reason, which if eliminated, would prevent recurrence. The source or origin of an event. Root cause is also known as the system cause.
- **Third Party Audits/Assessment -**
Audits and/or assessments performed on the organization by agencies external to Fermilab.
Note: Does not include those already defined above.
- **Tripartite Assessment**
A major component of Fermilab's ES&H self-assessment program. The Tripartite assessment is performed and planned jointly by a D/S/C, the ESH Section, and the DOE-FSO and led by a member of the organization being assessed.

3.0 RESPONSIBILITIES

3.1 D/S/C Heads are responsible for

- Entering the results of their internal assessments and inspections, including all findings (open and closed), into frESHTRK.



Note: Even though a finding may be immediately closed we need to track the fact that it was found in order to establish trends.

- Entering the results into frESHTRK of the Tripartite ES&H assessments that were led by the D/S/C.
- Developing corrective and preventive actions (1004.1001 Fermilab Corrective & Preventive Action Procedure) in response to the assessments and entering them into frESHTRK.
- Implementing corrective and preventive actions and closing them out in frESHTRK.
- Entering lessons learned corrective and preventive actions into frESHTRK.
- Periodically reviewing the contents of frESHTRK to check on the appropriateness and status of follow-up actions, and to identify trends.
- Verifying that corrective and preventive actions were implemented as reported. All findings with a Risk Code of 1 or 2 will have their corrective and preventive actions verified within 90 days of reported closure. Ten percent of the findings with a Risk Code of 3 will have their corrective and preventive actions verified. Documentation of the verification process shall be done annually through frESHTRK.

Note: Findings with risk code 4 or 5 are considered de minimus and do not need verification.

3.2 The ES&H Director is responsible for

- Managing the frESHTRK database and for providing training in its use.
- Entering the results of assessments conducted by organizations external to Fermilab.
- Entering the results of the HPR Inspections into frESHTRK.
- Entering LL reviews into frESHTRK if it is determined that they are applicable lab wide.
- Performing a quarterly review of the contents of frESHTRK to check on the appropriateness and status of follow-up actions, and to identify trends and lessons learned. Categories of findings will be examined to determine need for root cause analysis.
- Reviewing trending and analyses to determine if associated programs need to be redirected, to verify that root causes are being adequately addressed, and appropriate lessons learned were generated.



4.0 Procedures

4.1 frESHTRK uses

- Mandatory for all ES&H assessments (external and internal). In order to provide a standardized mechanism for measuring progress in completing assessments, internal ES&H assessments must be entered, regardless of the presence or absence of findings. These would include but is not limited to external DOE or regulatory agency reviews, ES&H Tripartites, the Laboratory Director's Triennial ES&H Assessment, etc.
- Mandatory for all investigations and inspections. The reports and any associated findings shall be entered. Examples include Occurrence Reporting and Processing System (ORPS), Computerized Accident Investigation Reporting System (CAIRS), Highly Protected Risk Inspections, and internal assessments and inspections.
- Mandatory for all drill critique findings and findings associated with emergency events. Note: This includes recommended actions that result from a hot wash conducted after the Emergency Operations Center (EOC) activation.
- Recommended for all other situations where the non-confidential tracking of issues and associated follow-up is desirable. frESHTRK can accommodate the tracking of a wide variety of issues and follow-up data, and its use is strongly encouraged. However, personnel related issues such as attendance problems should be avoided since access to records across organizational lines is discouraged.
- Although this system can be used to assign corrective and preventive actions down organizational lines, it must not be used to assign work across D/S/C lines, unless negotiated with the other D/S/C head in advance.
- Mandatory for actions to be taken as a result of non-conformances from third party audits/assessments.
- Mandatory for actions to be taken resulting from the application of lessons learned received from sources such as; internal, external from other federal agencies, private industry, industry groups or those that are DOE generated.

4.2 Assessment Response Process

- Although access to view the contents of frESHTRK is encouraged, data entry is generally limited to a small number of people within each D/S/C. These individuals should be familiar with the detailed functioning of the database.
- Findings are not entered into frESHTRK until they have been validated by the assessed organization. If the risk code (see FESHM 1010.3) is 1 or 2, the finding shall be validated immediately so that corrective and preventive action can be quickly implemented.



4.3 Root Cause Analysis

A finding entered into frESHTRK that has an associated risk code of 1 or 2 (FESHM 1010.3 refers) requires a root cause analysis (1004.1002 Fermilab Root Cause Analysis Procedure) to assure that the corrective and preventive actions will be effective in preventing recurrence. The Chief Operating Officer is automatically notified of all Codes 1 or 2 entries. During the quarterly review for trends, all findings shall be examined as a group to determine if there is a need for further formal casual analysis.