

## Memorandum

April 20, 2009

**To:** Bruce Chrisman  
**From:** Nancy Grossman   
**Subject:** Revised FESHM Chapter 1040.2 – ESHTRK Procedures

FESHM Chapter 1040.2, ESHTRK Procedures, has been revised; the following changes have been incorporated:

- Under the D/S Head Responsibility, Verify 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 or 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.
- The flow chart at the end of the chapter has been updated to include the verification step.

This update will close a finding from the CAS audit done in 2007.

After final approval, please return this approval page to Elizabeth Bancroft at MS119 for posting on the web.

Encl.

### Recommended for Approval:



Bruce Chrisman

4/20/09

Date

### Approved:



Piermaria Oddone

4/22/09

Date

## ESHTRK PROCEDURES

### INTRODUCTION

ESHTRK 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, ESHTRK plays a key role in monitoring the status of Fermilab's self-assessment program. This chapter contains the Lab's policy regarding its use as well as associated implementing procedures.

### DEFINITIONS

**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.

**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 investigations** - 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.

**Operational Awareness Reviews** – A review planned and conducted by DOE-FSO. Results of these reviews may be considered when developing Fermilab’s and/or division/section 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

**Regulatory Agency Inspections** – Inspection by agencies external to DOE including EPA, IEPA, and USDOT.

**Tripartite Assessment** – a major component of Fermilab’s ES&H self assessment program. The Tripartite assessment is performed and planned jointly by a Division/Section, the ESH Section, and the DOE-FSO.

**Division /Section Walkthrough** – A less formal assessment conducted by senior management personnel.

## RESPONSIBILITIES

**Divisions/Sections Heads** are responsible for

- Entering the results of their own assessments and inspections, including all findings (open and closed), into ESHTRK.
- Entering the results of the Tripartite ES&H assessments that they have led into ESHTRK.
- Developing corrective and preventive and preventive actions in response to the assessments and entering them into ESHTRK.
- Implementing corrective and preventive actions and closing them out in ESHTRK.
- Periodically review the contents of ESHTRK to check on the appropriateness and status of follow-up actions, and to identify trends.
- Verify 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 or 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.

**The ES&H Director** is responsible for

- Managing the ESHTRK database and for providing training in its use.

- Entering the results of assessments conducted by organizations external to the Lab.
- Entering the results of the Tripartite ES&H assessments led by them or DOE-FSO into ESHTRK after getting concurrence from the assessed organization.
- Entering the results of the HPR Inspections into ESHTRK.
- Quarterly reviewing the contents of ESHTRK 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 formal causal analysis.

## PROCEDURES

### ESHTRK uses

1. The use of ESHTRK is mandatory for all formal ES&H assessments (external and internal). In order to provide a standardized mechanism for measuring progress in completing assessments, formal internal ES&H assessments must be entered, regardless of the presence or absence of findings. These would include external DOE or regulatory agency reviews, ES&H Tripartites, the Laboratory Director's Triennial ES&H Assessment, etc.
2. The use of ESHTRK is mandatory for all formal 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 division/section inspections.
3. The use of ESHTRK is recommended for all other situations where the non-confidential tracking of issues and associated follow-up is desirable. ESHTRK 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 encouraged.
4. Although this system can be used to assign corrective and preventive actions down organizational lines, it must not be used to assign work across division/section lines, unless negotiated with the other division/section head in advance.

### Assessment response process

1. Although access to view the contents of ESHTRK is encouraged, data entry is generally limited to a small number of people within each division/section. These individuals are trained by ES&H and should be familiar with the detailed functioning of the database.
2. A summary of the process for managing data in ESHTRK is provided below in the form of a flowchart. This does not apply to external ES&H Assessments.
3. Findings are not entered into ESHTRK until they have been validated by the assessed organization. If the risk code (see FESHM 1040.3) is 1 or 2, the finding shall be validated immediately so that corrective and preventive action can be quickly implemented.

### Causal Analysis

Any finding entered into ESHTRK that has an associated risk code of 1 or 2 (see FESHM 1040.3) requires a formal causal analysis 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 the findings shall be examined as a group to determine if there is a need for further formal casual analysis.

### Trending and Analysis

Trending and analyses are conducted by quarterly the ESH Section to determine if associated programs need to be redirected, to verify that root causes are being adequately addressed, and appropriate lessons learned have been generated.

### Naming Conventions

In order to develop a means by which a trending analysis of ESHTRK the need to standardize the naming convention used within ESHTRK is required.

It is understood that a report entered into ESHTRK can range from the reporting of rather simple, mundane items to reporting the results of a Laboratory program involving a number buildings or operations. For this reason, a standard naming convention is needed.

*FORMAT:* Identify the nature of the assessment/inspection using the table below. The Div/Sec, the Building Name or FIMS Number is next. Lastly include what is being inspected or assessed.

For example, a TD Department Head walkthrough of the Village Machine Shop would be titled: D/S TD MACHINE SHOP DEPARTMENT HEAD WALKTHROUGH.

If there is more than one building involved, used the word MULTI for the Building Name, and include all the locations in the description field in ESHTRK.

For example, an AD Department Head Inspection of Mechanical Support would be titled: D/S AD MULTI DEPARTMENT HEAD INSPECTION

A program assessment does not need to identify buildings. For example, a Tripartite Assessment would be titled: TRI TD WORKING FROM HEIGHTS

Similarly, an injury would be titled: CAIRS/TD/SUMMER STUDENT PINCHES FINGER

If an injury is also an ORPS, the ORPS nomenclature would take precedence: ORPS PD RIGHT THUMB LACERATION

Finally, if none of the categories are appropriate, use the term "OTHER": OTHER/ES/TORNADO SHELTERING EVENT

#### Nature of Inspection

CAIRS	Injury/Illnesses
DIR	Directorate Directed Review/Audit/Assessment
EXT	External Assessment or Investigation
HPR	Highly Protected Risk
INT	Internal assessment
INV	Formal Internal Investigations other than ORPS, CAIRS, or NTS
NTS	Non-compliance Tracking System
ORPS	Occurrence Reporting and Processing System
TRI	Tripartite inspection of FSO/ESH and div/sec participation
OTHER	Not fitting into any of the above categories

## ASSESSMENT RESPONSE PROCESS

