

Memorandum

October 9, 2009

To: Bruce L. Chrisman
From: Nancy L. Grossman
Subject: Revised FESHM Chapter 1040.1 – ES&H Self Assessment Program

FESHM Chapter 1040.1 "ES&H Self Assessment Program" has been updated to reflect changes to Fermilab's tripartite self-assessment program. The frequency has been set to one per division/section per year and the assessed division/section is given lead responsibility. Topics are selected just before the start of the assessment so they are timely, relevant, and well-defined. The arrival of QA assessments has caused them to be added as a source of information for the Fiscal Year Summary Assessment. Numerous editorial changes were also made. This chapter was out for labwide review and comments were addressed.

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

Encl.

Recommended for Approval:



Bruce L. Chrisman

10/12/09

Date

Approved:



Piermaria Oddone

10/14/09

Date

ES&H SELF ASSESSMENT PROGRAM

INTRODUCTION

ES&H Assessments are a means of collecting information about ES&H program performance. Reliable, timely information is important for top level managers to monitor the Laboratory ES&H performance against contractual requirements, raise ES&H awareness among employees, identify lessons learned that can be used to accelerate improvements, to feel confident that vulnerabilities are aggressively sought out and mitigated responsibly, to evaluate how well the Lab is fulfilling all regulatory requirements, to provide data for making risk based decisions on resource allocations and program direction, and to improve the overall laboratory ES&H program.

Fermilab is committed to implementing a strong ES&H Self Assessment program (SAP) to achieve its goal of no injuries to employees or damage to equipment and the environment. Self assessments are conducted consistent with the principles and functions of Integrated ES&H Management.

DEFINITIONS

Assessment Plan - Description of the activities and arrangements for an assessment.

Assessment Scope - Extent and boundaries of an assessment.

Assessor - A person with the competence to conduct an assessment.

Audit Criteria - Specific endpoints that delineate the desired state of the function to be audited. These often are contained in policies, procedures and requirements.

Audit Evidence - Direct observations, reviews of records, results of interviews, and analyses of their inter-relationships.

Competence - Demonstrated personal attributes and demonstrated ability to apply knowledge and skills. Competence may be obtained or improved through training, education or work experience.

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. The methods for conducting these reviews and the handling of any associated corrective 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.

Finding - A violation of a published standard. Published standards are FESHM chapters, the work smart standard set, and applicable DOE and executive orders.

Impartial/Independent - Someone outside of the scope of the assessment and not directly or indirectly responsible for the work process. *Note: The word "independent" does not necessarily mean external to the organization.*

Leading/Lagging Indicators - Anything that can be used to predict future trends. A leading indicator signals a future event and is normally tied to observation of behaviors intended to achieve a particular outcome. A lagging indicator follows an event and is used to confirm that a pattern is occurring.

Management Assessment - A comprehensive, systematic, and periodic review of an organization's activities and results compared to audit criteria.

Noteworthy Practice - A work process that is shrouded in safe work practices, improves productivity and exceeds the spirit and intent of the applicable regulations and standards. Noteworthy practices may include best management practices.

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 actions that must be addressed.

Recommendation - An opportunity for improvement of a work process or practice that does not rise to the level of a finding. May also be referred to as a Best Management Practice.

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

Tripartite ES&H Assessments - a major component of Fermilab's ES&H self assessment program. Tripartite assessments are jointly planned and performed by a Division/Section, the ESH Section, and DOE-FSO.

REFERENCES

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| (a) ISO 14001 | Environmental management systems- Requirements with guidance for use |
| (b) BSI-OHSAS 18001 | Occupational Health and Safety Management Systems Specifications |
| (c) ISO 19011 | Guidelines for quality and/or environmental management systems auditing. |
| (d) DOE P 226.1 | Department of Energy Oversight Policy |
| (e) DOE O 226.1A | Implementation of Department of Energy Oversight Policy |

RESPONSIBILITIES

The Laboratory Director is responsible for

- Establishing expectations for the self-assessment program to meet the requirements in the references
- Reviewing and accepting the annual self-assessment report and proposed corrective actions
- Conducting self assessment of key aspects of the ES&H program on a triennial basis

Division/Section Head is responsible for

- Developing a written internal self assessment program tailored to the hazards and risks associated with the work of the organization. Self-assessment programs will consist of documented inspections, management assessments and/or walkthroughs, and independent assessments.

- Provide a report to the Laboratory Director and ES&H Director on an annual basis of the results of the self-assessment program, including those actions identified in the Annual ES&H Plan.
- Identifying subjects for Tripartite Assessments based upon input from his/her organization, the ESH Section, and DOE-FSO.
- Providing personnel to participate in the Tripartite Assessment process who are impartial and independent. The D/S Head determines the level of experience, competence and training necessary to ensure the capability of the assessor/s assigned.
- Upon request of the Tripartite Assessment team, securing the participation of personnel from another D/S if an independent and impartial member of the assessed D/S cannot be found.
- Providing a coordinator to assist the Tripartite Assessment team who is not part of the assessment process.
- Developing corrective actions in response to assessment findings and entering them into ESHTRK.
- Completing corrective actions in a timely manner.
- Conducting a formal root cause analysis for any assessment findings having a risk assignment of 1 or 2 to assure corrective actions will be effective.
- Developing lessons learned (FESHM 3010) for any assessment findings having a risk assignment of 1 or 2 in order to share information across the Laboratory.

Division/Section Coordinator

- Providing organizational support to the Tripartite Assessment team, including items such as arranging for interviews and securing requested documents
- Serve as information conduit to the D/S Head regarding the planning and progress of the Tripartite Assessment.

Assessment Lead Assessor

- Plan and execute the assessment process.
- Conduct an opening and closing meeting with the D/S Head of the assessed organization.
- Draft reports with the assistance of the assessing team. Provide a copy to the D/S Head for evaluation of factual accuracy. Incorporate comments and prepare the final report for submittal to D/S Head.
- Identify any significant findings (those having a risk assignment of 1 or 2 per 1040.2), as soon as possible to the D/S Head, so that immediate action can be taken.

Assessment Team Member

- Participate in the planning and execution stages of the assessment.
- Provide input to the draft report that includes observations, recommendations, best management practices and findings.
- Participate in the opening and closing meetings with the D/S Head of the assessed organization.

The ES&H Director is responsible for

- Coordinating the Tripartite ES&H Assessment process. Determining the level of independence and potential external support needed.
- Performing lab-wide assessment against lab-wide contractual ES&H performance measures, with a report to the Director.
- Performing an annual ISM effectiveness assessment, with a report to the Laboratory Director.
- Performing an annual assessment of effectiveness of self-assessment program, based upon input for D/Ss.
- Serving as liaison for reviews conducted by DOE or external agencies.
- Conducting special independent reviews or assessments as directed by the Director.
- Arbitrating when the independence and impartiality of a tripartite member is questioned.

PROGRAM DESCRIPTION

The purpose of an assessment is to determine whether activities and related results conform to planned arrangements and whether these arrangements are implemented effectively and are suitable for achieving the organization's policy and objectives. It is a systematic, independent and documented process for obtaining audit evidence and evaluating it objectively to determine the extent to which audit criteria are fulfilled.

The principles and function of Integrated ES&H Management should be used as a guide in conducting and reporting self-assessment activities.

Wherever possible, an assessment will be conducted by comparing performance to established objectives and criteria.

Attaining full benefit from assessments for continuous improvement requires that, to the extent appropriate, findings are analyzed for root cause and trends, and action plans be prepared, and tracked until complete. Recording and tracking assessments

and any subsequent findings in the ESHTRK database are required (See chapter 1040.2 for details.). Lessons learned shall be identified and shared with the rest of the Laboratory as appropriate in order to spur improved performance.

Self-Assessments

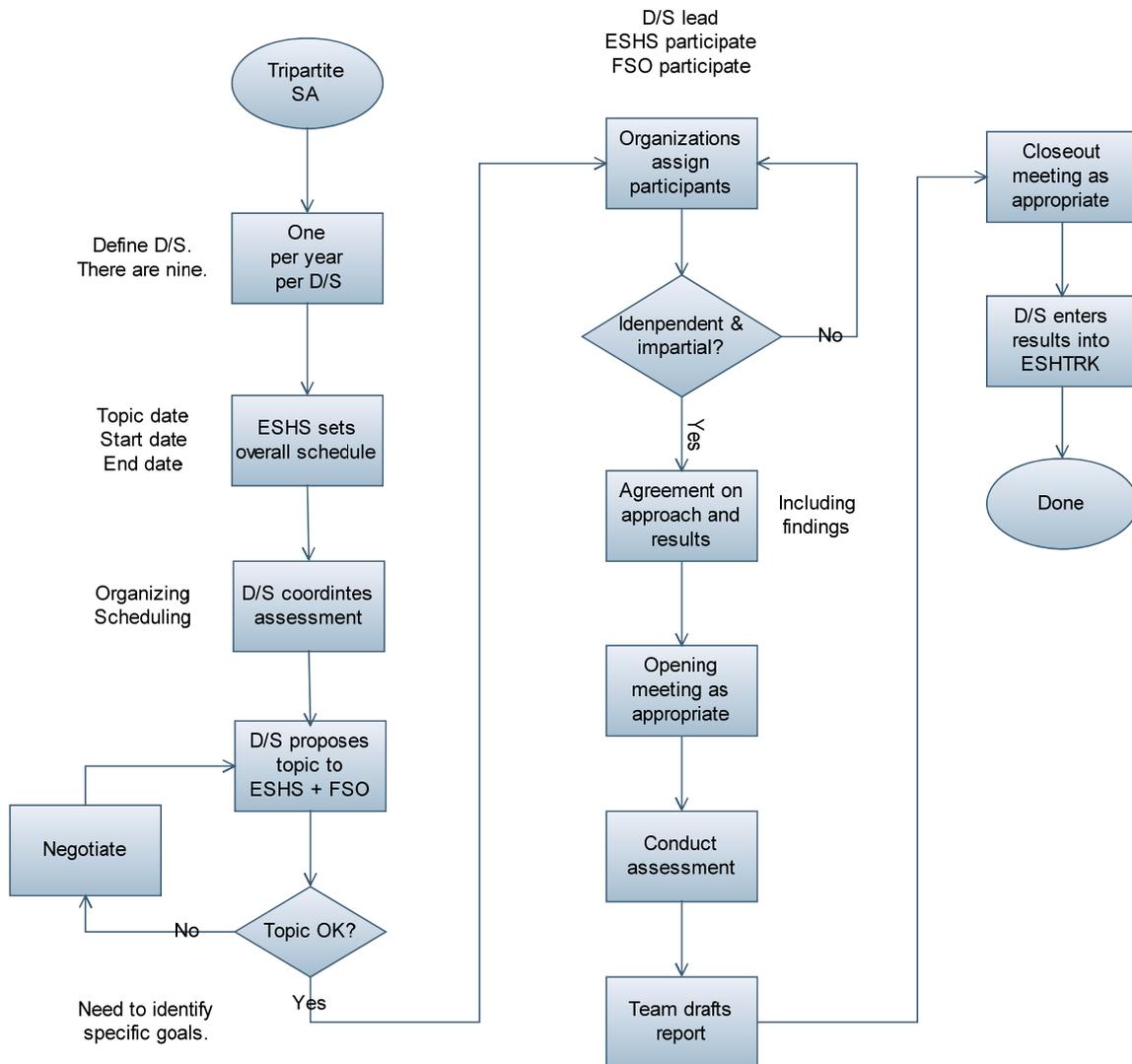
Each Division/Section Head shall establish a written self-assessment program. A roll-up assessment report of the results of these activities, including identification of trends and corrective actions is to be performed at the end of every fiscal year. A report is due to the ES&H Director, with a copy to the Laboratory Director by September 30th of each year. At a minimum, the following elements will be included in the self-assessment activities:

- OSHA-style inspections - All areas for which the Division/Section Head has responsibility must have documented inspections. The frequency of inspection should be tailored to the level of risk. "Office" areas should be inspected at least biannually, industrial and other technical areas at least quarterly. This could also include Building Manager inspections (see FESHM 5120), and radiological "Snoop Surveys". Completion of the inspection and any findings are to be documented in ESHTRK
- Management Assessments - Activities of the Division/Section Head, or designee, to satisfy himself/herself that the ES&H program has been implemented properly. Such activities may include management walkthroughs, internal team assessments, participation in an ES&H committee, review of appropriate documentation, or regular meetings with staff and workers. These can range from very informal to very formal. The results of those assessments that the D/S identifies as "formal" and any findings arising from those assessments are to be documented in ESHTRK.
- Tripartite ES&H Assessments as discussed below.
- Continuous self-assessment of performance against the contractual ES&H performance measures for which a division/section contribution can be identified. Division/Section Heads will monitor their performance against these measures and work with the ES&H Director to implement a program to support achieving the Laboratory goals. This is routinely accomplished through establishment of an Annual ES&H Plan.

The written assessment program shall be a controlled document. The written program shall contain a document number, revision number, and issue date.

Tripartite Assessments

Tripartite assessments involve the partnering of three organizations in evaluating an aspect of ES&H performance within a division/section. Those three organizations are the ES&H Section, DOE-FSO, and the division/section being evaluated. This approach reduces the need for redundant assessments, allows concentration of expertise, and provides opportunities for operational awareness. In addition, the collaborative style tends to minimize defensive behaviors and focuses the process on the ES&H topic at hand. A diagram of the tripartite assessment process is shown below.



Each division/section is expected to complete one tripartite assessment per year. The ES&H Section establishes the annual Labwide schedule, while divisions/sections are responsible for leading the assessments within their organization. The ES&H Section also provides due dates for divisions/sections to propose topics, as well as dates for the start and completion of assessments. Topics proposed by the division/section are

reviewed by the ES&H Section and DOE-FSO. If necessary, all three organizations negotiate to establish a mutually agreeable revised topic. Specific assessment goals should be identified to assure the assessment is effective and efficient. Each organization is responsible for assigning someone to participate on the assessment team. Two major considerations for inclusion are expertise in the topic and independence from the particular organization(s) being assessed. Other people within the assessed division/section may be called upon to secure documentation and schedule interviews and site visits. Since these individuals are not evaluating their organization's performance as part of the assessment, they need not be impartial/independent. The details of the assessment approach and interpretation of results are left to the judgment of the assessors. This includes the identification of findings, as well as the need to hold meetings with division/section management at the beginning or end of the assessment. Reports are drafted by the team members and results are entered into ESHTRK by the division/section leading the review.

Independent Assessments

At the discretion of the Laboratory Director and/or ES&H Director, an independent assessment may be conducted on an as-needed basis and is 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. The Laboratory Director or ES&H Director will appoint an assessment lead and team membership. The need for a formal root cause analysis will be identified.

Director's Triennial ES&H Assessment

Every three years, the Laboratory Director conducts an 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. The ES&H Director will recommend a topic to the Laboratory Director. The Laboratory Director will appoint an assessment lead and team membership. The need for a formal root cause analysis will be identified.

External Assessments

On occasion, there may be assessments performed by agencies external to Fermilab. These include DOE-FSO Operational Awareness Reviews, DOE Assessments, and regulatory agency inspections. The ESH Section will coordinate these assessments with the affected organizations, including factual accuracy review of report, and entering of assessment and findings and recommendations into ESHTRK.

The inspections performed by regulatory agencies entities are generally done with minimal notice and the protocol for both the inspection and any corrective actions is specified by the inspecting agency. All Laboratory personnel are expected to cooperate fully with such inspections. Inspectors from any external regulatory agency should always be directed to begin their inspection by visiting DOE-FSO. All documentation generated in response to such an inspection should be routed through DOE-FSO.

Fiscal Year Summary Assessment

At the end of the fiscal year, the ES&H Section will perform an assessment of the Laboratory's Integrated ES&H Management System. The purpose of this assessment is to review the results of all the assessments and inspections conducted that year, including QA assessments and external reviews, and identify strengths, weaknesses, and trends within the Laboratory's ES&H programs. This assessment will be documented and the report will be submitted to the Laboratory Director for acceptance. Recommendations for improvement will be identified.

This assessment will serve as the basis for the various required summary assessments, including the Annual IES&HM Effective Assessment and assessment against contractual performance measures.

Other Assessments

At the discretion of the ES&H Director, other assessments may be conducted on an as-needed basis and 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. The ES&H Director will appoint an assessment lead and team membership.

Assessor Competence

The organization that is leading the assessment will assure that the lead assessor is qualified through training and/or experience to lead the assessment. An individual shall not be assigned to lead an assessment until he/she has participated in at least two prior assessments as a team member.

Records

Assessment reports shall be entered into ESHTRK. Any other formal records associated with the activities of this chapter shall be kept in a central location for a period of 3 years.