Actionable Items for Corrective Action

(Directly derived from Root Cause Analysis)

Issue 1. Line Management's execution of ES&H is less than adequate.

Root Cause 1.1.1 – Standards, policies and/or administrative controls (SPAC) lack detail, are confusing and incomplete, or do not exist. In addition, the SPACs in place are not strict enough and poorly enforced.

Root Cause 2.1.3 – The term line management is not defined in LBNL's RPM.

Root Cause 1.1.3 – Line management accountability for implementation of existing policies and administrative controls has been inadequate, resulting in deviations in implementation or non-use of standard-based safety requirements. Enforcement and communication of safety policies and procedures down the management line is less than adequate. There is evidence that the senior management support of middle and first line supervisors for doing work safely is not consistent and in some groups support is less than adequate.

Root Cause 4.4.1 – Current practice allows PIs to supervise too many people to effectively fulfill ISM responsibilities.

Root Cause 6.1.1 – Currently, no management policy requires safety walk-arounds by line managers.

Root Cause 6.3.1 – Lab policies do not specify frequency of facility inspections and training of those responsible is lacking.

Root Cause 4.3.1 – Performance expectations and review for principal investigators requires improvement.

Issue 2. ES&H Assurance mechanisms, currently based on S/As, IFAs, and MESH reviews, are ineffective.

Root Cause 2.1.1 – Not all EH&S Division technical programs include regular, required inspections of the workplace, work activities, or facilities.

Root Cause 2.1.2 - Self-assessment inspection instructions and techniques require improvement.

Root Cause 5.1.3 – The current assessment and performance evaluation processes for work authorizations, particularly AHDs, either lack the depth or are conducted by individuals closely aligned with the programs under scrutiny, thereby enhancing chances of less-than-rigorous inspections and/or evaluations.

Root Cause 7.1.3 – Corrective actions developed in response to inconsistent adherence to work planning and authorization policies are often delayed.

Issue 3. There is not a uniform process for educating managers, supervisors, and coordinators on overseeing and implementing safety in the workplace.

Root Causes 3.1.1 & 1.1.2 – The need for training of line managers to effectively carry out their safety oversight responsibilities has not been effectively analyzed. The lack of presenting a convincing analysis of the need for this training led in part to a senior management decision to not make such training a laboratory-wide requirement.

Root Cause 6.3.1 – Lab policies do not specify frequency of facility inspections and training of those responsible is lacking.

Root Cause 2.1.4 – Communication of line management ES&H responsibilities requires improvement.

Root Cause 3.1.2 – The role of safety coordinator varies across LBNL. The minimum qualifications and training of safety coordinators is not determined and formalized.

Root Cause 4.1.1 – Management's written and verbal safety communications program does not effectively communicate management concerns for quality workmanship, safety, and protection of the environment.

Root Cause 4.3.2 – In general, principle investigators do not provide proper mentoring to students and post-docs. This failure is due to lack of knowledge and training.

Issue 4. The Lab needs to be in a more proactive posture with respect to ES&H. Management policies do not provide adequate expectations and directions on risk management to allow safety to be of paramount value.

Root Cause 4.1.1 – Management's written and verbal safety communications program does not effectively communicate management concerns for quality workmanship, safety, and protection of the environment.

Root Cause 6.2.1 – Some divisions are creating administrative hazard controls that are poorly defined and difficult to implement.

Root Cause 3.2.3 – Current Standards, Policies, or Administrative Controls seem insufficient to prevent excessive risk taking.

Root Cause 3.2.1 – In the absence of information, assumptions are being made regarding the relative values of the work being performed resulting in risk acceptance that may not be what is intended.

Root Cause 3.2.2 – Risk taking is recognized, tolerated, and encouraged by workers, supervisors, coworkers, guests and students.

Root Cause 5.2.1 – The perception that a double standard exists in safety oversight for contract and LBNL craft workers.

Root Cause 3.2.5 – A significant portion of the staff believe that improvements do not occur unless there is a serious problem.

Root Cause 3.3.1 – Causal analysis is inconsistently applied and may not result in corrective actions that will prevent recurrence. Staff performing causal analysis are not adequately trained, possibly due to the failure of management to recognize the need or to identify the staff position most likely to be involved in causal analyses.

Root Cause 4.2.1 – Although evidence exists that LBNL conducts evaluation of accidents and near hit/miss events, the communication of this information to the general work population focused too heavily on previous injuries and injury rates and insufficiently on safe work practices to avoid these incidents.

Issue 5. Lab-wide work control program is less than adequate.

Root Cause 7.1.1 Standards, policies and/or administrative controls (SPAC) designed to ensure adequate work planning either lack detail and are confusing and incomplete, or do not exist. Policy for line managers to engage EH&S division staff when planning and modifying work also requires improvement.

Root Cause 5.1.1 – The Laboratory does not have a policy in place requiring formal work planning and authorization for activities and work below LBNL regulatory threshold.

Root Cause 5.1.2 – The current policy and implementation guidancee for AHDs lacks specificity, resulting in inconsistent implementation across the

institution and frequent interpretation that allows for lower standards to be used.

Root Cause 5.3.1 The Laboratory currently lacks policies and implementation modes that include rigorous hazard identification and detailed, documented work planning for project/maintenance-type work and activities including legacy clean-up activities.

Root Cause 3.2.4 – Less than adequate work control process when scope, resources, personnel, schedule change.

Root Cause 7.1.2 – Adherence to the existing work control program is less than adequate and communication by managers of the requirement and value of compliance needs reinforcement.

Root Cause 7.2.1– The requirement to keep the AHD personnel list current is not clear.