



Environment, Health & Safety Division

March 7, 2006
DIR-06-007

To: Aundra Richards, Manager
DOE-Berkeley Site Office

From: Howard K. Hatayama, Acting Director
LBNL EH&S Division

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Re: Status of ISM Peer Review Corrective Action Plan Development

The following responds to the DOE Validation Team Observations and Recommendations that you transmitted to us on 3/2/06 (Attachment A) and provides a status report on progress relative to developing a corrective action plan for the ISM Peer Review Report dated 2/10/06. This is the first of a series of weekly updates that we intend to provide to ensure that there is a common understanding of where we are in the development of the corrective action plan. I hope that this will be helpful to you in communicating with others within DOE. By copies to UC Office of the President, we are also keeping them informed of our progress.

Actions Related to Findings in the Report

- On January 4, 2006, Director Chu instructed all Principal Investigators and Supervisors to personally walk through each of the spaces where their employees work by January 20, 2006. Although it took longer to complete this effort because of planned absences and other issues, these walk-throughs were completed with very positive results both in terms of demonstrated line management responsibility for safety and actual improvements of laboratory operations. Deficiencies that could not be resolved immediately were entered into the Laboratory Corrective Action Tracking System.
- On January 24, 2006 at a Division Directors meeting, Director Chu reviewed highlights from the out-briefing and focused particularly on the issue of the Principal Investigator's role and ability to ensure that work is conducted safely. He challenged all the Divisions to take actions to address this issue. Divisions have responded in a number of different ways: increased emphasis on safety during regularly scheduled meetings, focused discussions between Division management and their post-docs and graduate students, continuing walk-throughs on a monthly basis, ensuring follow-up on deficiencies found in January walk-arounds.
- The Advanced Light Source has been addressing the issues raised by the RSC Sub-committee report. Once the ALS received the report on January 29, 2006, the SSC used the month of February to set up subgroups for each action item. In doing so, the ALS is making strong use of the newly established ALS Staff Safety Committee (SSC). The subgroups are now working on the items in cooperation with ALS Management, following an aggressive internal timeline. The Lab has also submitted a corrective action plan to DOE on these issues, as required by the PAAA.
- We are revising our procedures for performing incident investigations, and are developing a root cause analysis training module to address several issues in the report. These include making the process less intimidating for employees involved in incidents, incorporating Human Performance Improvement concepts, and strengthening our root cause analysis capability within the Laboratory for less severe injuries and incidents.

- A standing committee is continuing to develop additional modules to a recently introduced communication tool (1 Minute 4 Safety) to assist PI's and Supervisors in integrating safety into their day-to-day communication with their staff.
- A process improvement team is reviewing our Lessons Learned Program and developing revisions that will improve the usefulness of lessons learned in support of PI's and Supervisors.
- The ES&H Self Assessment criteria are being revised for 2006-07 to focus more on measuring leading indicators of safety performance.
- We have initiated a safety oriented benchmarking relationship with Intel Corporation to cover such topics as safety related metrics, incident investigation processes, accountability and communication. The information and practices gleaned from this interaction will inform the development of the CAP as well as help us improve these areas of our ISM.

Development of the Corrective Action Plan

- A plan and tentative schedule for developing the CAP was reviewed with the UC Contract Assurance Council on 2/8/06. This plan called for: 1) Derive common themes from "extent of condition" review and root cause analysis by 2/24/06, 2) Develop draft corrective action plan based on the common themes identified by 3/3/06, 3) Final corrective action plan to DOE-BSO for review and approval by 3/17/06.
- The first meeting of the CAP development team occurred on 2/8/06 where an approach was developed for the extent of condition review and root cause analysis. This approach included review of a number of incident reports, assessments, and audits which occurred over the 2003-05 timeframe.
- Review of these documents in light of the Peer Review Report lead to a meeting of the CAP development team on 3/1/06 to validate and expand on the review. At least three members of the team are trained and experienced in root cause analysis.

CAP Development Going Forward Based on DOE Feedback

- A member of the Peer Review Committee (Dennis Derkacs) has agreed to return to LBNL on 3/8/06 to advise the CAP development team on a more robust and formal process for developing the CAP. He brings a strong back ground in root cause analysis and human performance improvement along with perspective and continuity from the Peer Review Committee. From this interaction, a more formal plan for developing the CAP will be created. This plan will determine how much longer it will take us to submit a CAP for your review and approval. We will communicate this revised date to you on 3/10/06. Mr. Derkacs will also be advising us during the development of the CAP itself.

Thank you very much for your feedback and support in helping us develop an appropriate and effective CAP that is broad enough to address the systemic issues raised by the Peer Review Report. Please let me know if you need more information or if you have any comments on the path forward described above. I look forward to meeting with you on a weekly basis to keep you abreast of our progress.

cc:

S. Chu

D. McGraw

R. Foley, UCOP

R. Van Ness, UCOP

Attachment

From: "Richards, Aundra" <Aundra.Richards@bso.science.doe.gov>
Date: Thu, 2 Mar 2006 13:06:31 -0600
To: David McGraw <DCMcGraw@lbl.gov>, Steve Chu <schu@stanford.edu>
Cc: James Krupnick <JTKrupnick@lbl.gov>, Howard Hatayama
<howard.hatayama@ucop.edu>
Subject: RE:

David and Steve,

Below are observations and recommendation provided to me by the DOE Validation Team Lead.

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Observations

- The LBNL Peer Review Report is generally consistent in tone and content with what was observed during the review and reported at the out-briefing. While no contradictions were noted, there are instances where the DOE observers noted concerns that were not completely captured in the report.
- It is clear that the review was not, nor was it intended to be, an in-depth assessment of implementation against formal ISM criteria. Due to the well qualified and experienced review team members, along with the responsiveness of Laboratory management and staff during the review, the review does provide valuable insight into the safety issues at the Laboratory.
- This review, along with other recent assessment activities regarding safety management at the Laboratory, should provide sufficient information to allow the Laboratory to identify and address the underlying systemic issues that are leading to the safety concerns that have been identified. However, it is noted that the report itself identified weaknesses in root cause analysis at the Laboratory.
- Given the short length (3.5 days) of the review, it is apparent that the team was not able to cover all aspects or levels of each subject. A thorough extent of condition review will be necessary by LBNL to assure that the extent of each issue has been realized.
- It is clear from the report that there are work planning & control, and feedback & improvement system issues. As critical as these functions are to safety, the review team did a limited review of these areas.
- There are several critical issues identified in the report (e.g., fear of reporting,

incident review/critique process, ALS beam line control, and work authorization) that deserve immediate attention.

Recommendations

- A thorough root cause analysis and extent of condition review should be conducted based on the results of the Peer Review as well as other reviews that have been conducted by the Laboratory in the recent past. It is only after this type of review that a credible and effective corrective action plan (CAP) can be put together. In light of identified weaknesses in root cause analysis, the Laboratory should seriously consider obtaining expertise from outside to ensure these weaknesses don't jeopardize the effectiveness of the CAP.
- The Laboratory should take necessary interim measures to address some of the more serious issues identified in the report, while larger cultural and systematic corrective actions are being developed and implemented. The CAP schedule should include both near- and long-term milestones.
- The Laboratory should conduct a thorough analysis against the work planning and control, and feedback and improvement criteria provided in Under Secretary Garman's memoranda of November 9, 2005, and integrate the results as part of the CAP process.
- BSO and LBNL should work together to define success through establishment of mutual performance objectives, measures and expectations that are linked to the DOE Safety Management System.

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