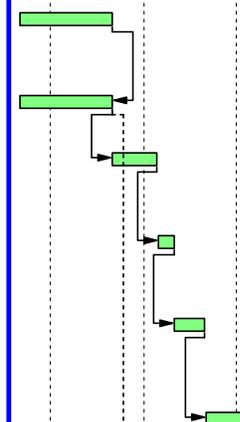


Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006				FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1		
<b>LBNL ES &amp; H Corrective Action Plan</b>														
<b>CA Category #1 - Line Management Execution of ES &amp; H</b>														
<b>Root Cause 1.1.1</b>														
1.1.1	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.													
1.1.1.01	Senior management walk-arounds are spotty and vary from once a year to twice a day. Refer to the Corrective Action for Root Cause 1.1.3 under Correction Action Category #1.													
<b>Root Cause 1.1.2</b>														
1.1.2	Root Cause 1.1.2 - The need for training of line managers to effectively carry out their safety oversight responsibilities has not been effectively analyzed.													
1.1.2.01	Principal Investigators do not appear to be well trained and prepared for their line management responsibilities. Refer to to CA for Root Cause 3.1.1 under Corrective Action Category #3.													
<b>Root Cause 1.1.3</b>														
1.1.3	Root Cause 1.1.3 - Line management accountability for enforcement of safety practices and procedures is less than adequate		01-Jun-06	28-Sep-07										
1.1.3.01a	Define line management and their roles and responsibilities in the appropriate section of the RPM.	Chu	01-Jun-06*	30-Aug-06										
1.1.3.01b	Define safety roles and responsibilities for line management in Chapter 1 of PUB 3000	Hatayama	01-Jun-06	30-Aug-06										
1.1.3.02	Obtain SRC concurrence for policy changes to line management definition and roles and responsibilities.	Chu	31-Aug-06	13-Oct-06										
1.1.3.03	Revise the current mandatory PRD ES&H evaluation criteria for managers to reflect changes in PUB 3000.	Chu	16-Oct-06	30-Oct-06										
1.1.3.04a	Provide a template for Division ISM plans that will enable Divisions to upgrade ISM Plans to reflect changes in PUB 3000.	Hatayama	31-Oct-06	30-Nov-06										
1.1.3.04b	Divisions develop ISM plans that will enable them to meet new guidance of PUB 3000.	Chu	01-Dec-06	15-Jan-07										

Refer to the Corrective Action for Root Cause 1.1.3 under CA Category #1.

Refer to to Corrective Action for Root Cause 3.1.1 under CA Category #3



- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008									
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1								
1.1.3.05	Revise the Division Self Assessment Criteria for 2007 to reflect new guidance in PUB 3000.	Krupnick	02-Oct-06*	02-Jan-07																
1.1.3.06	Evaluate the effectiveness of the changes of PUB 3000 regarding roles and responsibilities for line management in the 2007 Division Self Assessment.	Krupnick	03-Jan-07	28-Sep-07																
<b>Root Cause 2.1.3</b>																				
2.1.3	Root Cause 2.1.3 - The term line management is not defined in LBNL's RPM.																			
2.1.3.01	Line management responsibilities in performing self-assessment activities require greater definition. Refer to the Corrective Action for Root Cause 1.1.3 under Correction Action Category #1.																			Refer to the Corrective Action for Root Cause 1.1.3 under CA Category #1.
<b>Root Cause 4.3.1</b>																				
4.3.1	Root Cause 4.3.1 - Performance expectations and review for principal investigators requires improvement																			
4.3.1.01	Line managers are unaware of their specific ES&H responsibilities. Refer to the Corrective Action for Root Cause 1.1.3 under CA Category #1.																			Refer to the Corrective Action for Root Cause 1.1.3 under CA Category #1.
<b>Root Cause 4.4.1</b>																				
4.4.1	Root Cause 4.4.1 - Current practice allows PIs to supervise too many people to effectively fulfill ISM responsibilities.																			
4.4.1.01	No formal line of management authority and responsibility as defined by LBNL policy exist between the PI and staff. Refer to the Corrective Action for Root Cause 1.1.3 under CA Category #1.																			Refer to the Corrective Action for Root Cause 1.1.3 under CA Category #1.
<b>Root Cause 6.1.1</b>																				
6.1.1	Root Cause 6.1.1 - Currently, no management policy requires safety walk-arounds by line managers.																			
6.1.1.01	The Division implementation of safety walk-around programs is inconsistent. Refer to the Corrective Action for Root Cause 6.3.1 under CA Category #1.																			Refer to the Corrective Action for Root Cause 6.3.1 under CA Category #1.
<b>Root Cause 6.3.1</b>																				
6.3.1	Root Cause 6.3.1 - Lab policies do not specify frequency of facility inspections and training of those responsible is lacking.		17-Apr-06 A	30-Nov-06																

- Actual Work
- Remaining Work
- Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
6.3.1.01	Revise the requirement for management walk-arounds in Chapter 1 of PUB 3000	Hatayama	01-Jun-06*	18-Aug-06								
6.3.1.02	Develop and deliver safety walk-around training (EHS-27)	Hatayama	17-Apr-06 A	29-Jun-06								
6.3.1.03	Assess effectiveness of safety walk-arounds and present results to the SRC.	Krupnick	01-Jun-06*	30-Nov-06								
6.3.1.04	The SRC will review the effectiveness of improvements in line management walk-arounds (including the effectiveness of EHS-27) and direct additional actions as needed.	Lucas	01-Jun-06	30-Nov-06								
<b>CA Category #2 - ES &amp; H Assurance Mechanisms</b>			02-Jan-06 A	28-Sep-07								
<b>Root Cause 2.1.1</b>			01-May-06 A	28-Sep-07								
2.1.1	Root Cause 2.1.1 - Not all EH&S Division technical programs include regular, required inspections of the workplace, work activities, or facilities.											
2.1.1.01	Determine and document which efforts that are underway in support of 10 CFR 851 implementation address root cause 2.1.1 (e.g. one existing task is to "develop program validation methodology").	Hatayama	01-May-06 A	14-Jul-06								
2.1.1.02	Solicit and document feedback on existing instructions and techniques from Division Safety Coordinators and EH&S Liaisons.	Krupnick	22-May-06*	16-Jun-06								
2.1.1.03	Survey EH&S Group Leaders/Technical Leads to determine baseline of EH&S assurance systems for technical programs.	Krupnick	07-Jun-06*	05-Jul-06								
2.1.1.04	Catalog EH&S programs' assurance system: survey of GL/Technical Leads	Krupnick	07-Jun-06*	05-Jul-06								
2.1.1.05	Develop Assurance Systems for EH&S Technical Programs.	Hatayama	06-Jul-06	15-Sep-06								
2.1.1.06	Document enhanced and/or newly develop EH&S Technical Program Assurance Systems, ES&H Self Assessment Program, PUB 5344.	Krupnick	18-Sep-06	29-Sep-06								
2.1.1.07	Validate effectiveness of enhanced / newly developed EH&S Technical Program assurance systems.	Krupnick	03-Aug-06*	28-Sep-07								
<b>Root Cause 2.1.2</b>			01-Mar-06 A	02-Apr-07								

- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006				FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1		
2.1.2	Root Cause 2.1.2 - Self-assessment inspection instructions and techniques require improvement.													
2.1.2.01	Solicit and document feedback on existing instructions and techniques and on January walk-throughs from Division Safety Coordinators and EH&S Liaisons.	Krupnick	22-May-06*	16-Jun-06										
2.1.2.02	Compile lessons learned (including noteworthy practices) on January 2006 walk-throughs.	Krupnick	09-Jun-06*	23-Jun-06										
2.1.2.03	Determine requirements for additional documents, as required.	Krupnick	26-Jun-06	21-Jul-06										
2.1.2.04	Determine requirements for training, as deemed necessary.	Hatayama	26-Jun-06	21-Jul-06										
2.1.2.05	Incorporate feedback and results from actions 1-3 into the following documents and training:	Hatayama	24-Jul-06	29-Sep-06										
2.1.2.05a	Environment, Safety, and Health Self Assessment Program, PUB-5344	Hatayama	24-Jul-06*	29-Sep-06										
2.1.2.05b	Tools and procedures for conducting Division ES&H Self-Appraisals, PUB-3105	Hatayama	24-Jul-06*	29-Sep-06										
2.1.2.05c	ES&H Self-Assessment Training	Hatayama	24-Jul-06*	29-Sep-06										
2.1.2.05d	Performing an Effective Safety Walk-around, EHS 27. Refer to to Corrective Action for Root Cause 3.1.1 under Corection Category #3.													
2.1.2.06	Develop additional training as appropriate.	Hatayama	24-Jul-06*	22-Dec-06										
2.1.2.07	Revise IFA and MESH protocols for FY06.	Krupnick	01-Mar-06 A	24-May-06 A										
2.1.2.08	Assess effectiveness of revised IFA and MESH protocols.	Krupnick	01-Nov-06*	30-Nov-06										
2.1.2.09	Revise division self-assessment criteria based on Lab policy.	Krupnick	03-Jul-06*	02-Jan-07										
2.1.2.10	Revise Partnership Agreement between LBNL and UCB, ensuring consistency with Lab policy.	Chu	02-Oct-06*	02-Apr-07										
<b>Root Cause 5.1.3</b>			02-Jan-06 A	16-Aug-07										

Refer to to Corrective Action for Root Cause 3.1.1 under CA Category #3

- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006				FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1		
5.1.3	Root Cause 5.1.3 - The current assessment and performance evaluation processes for work authorizations, particularly AHDs is less than adequate.													
5.1.3.01	Revise IFA guidance to focus on formally authorized work in the assessed division.	Krupnick	02-Jan-06 A	22-May-06 A	[Actual Work Bar]									
5.1.3.02	Assess effectiveness of revised IFA protocol. Refer to to CA for Root Cause 2.1.2 under CA Category #7				[Actual Work Bar]									
5.1.3.03	Solicit feedback from Group Leaders and Division Safety Coordinators to determine merits of liaisons performing IFAs of other divisions.	Krupnick	07-Jun-06*	05-Jul-06										
5.1.3.04	Provide input for AHD database upgrades to enhance Division Self-Assessment validation process.	Krupnick	07-Jun-06	10-Jul-06										
5.1.3.05	Incorporate recommendations from Root Cause above in AHD database.	Hatayama	11-Jul-06*	04-Oct-06										
5.1.3.06	Incorporate AHD database upgrades into FY07 SA validation	Krupnick	14-Jul-06*	16-Aug-07										
<b>Root Cause 7.1.3</b>			02-Jan-06 A	19-May-06 A										
7.1.3	Root Cause 7.1.3 - Corrective actions to address inconsistent adherence to work planning and authorization policies are often delayed due to non-identification of task master.		02-Jan-06 A											
7.1.3.02	Developed Corrective Action Tracking System (CATS)	Krupnick	02-Jan-06 A	19-May-06 A	[Actual Work Bar]									
<b>CA Category #3 - Educating Managers, Supervisors and...</b>			01-May-06 A	11-Oct-07										
<b>Root Cause 2.1.4</b>														
2.1.4	Root Causes 2.1.4 - Communication of Line Management ES&H responsibilities requires improvement.													
2.1.4.01	Define Line Managers ES&H Roles and Responsibilities. Refer to to Correction Action for Root Cause 3.1.1 under CA Category #3				[Actual Work Bar]									
<b>Root Cause 3.1.1</b>			16-Oct-06	11-Oct-07										
3.1.1	Root Causes 3.1.1 - The need for training of line managers to effectively carry out their safety oversight responsibilities has not been effectively analyzed.													

Refer to to CA for Root Cause 2.1.2 under CA Category #7

Refer to to CA for Root Cause 3.1.1 under CA Category #3

- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

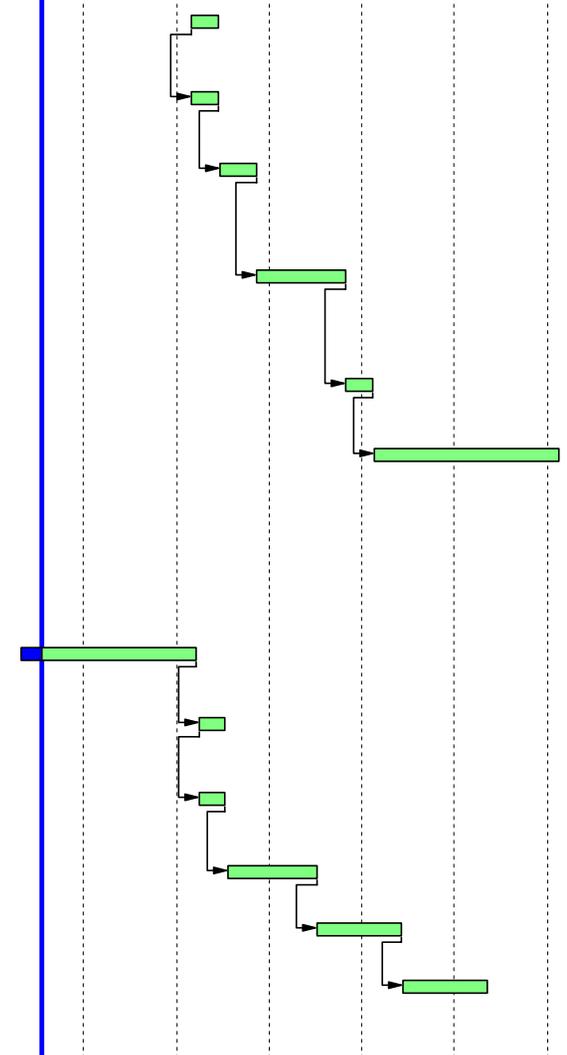
**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
3.1.1.01	Establish the LBNL ES&H (not HR) definitions plus roles and responsibilities of line manager, supervisor and safety coordinators. Refer to the Corrective Action for Root Cause 1.1.3 from CA Category #1.											
3.1.1.02a	Establish the need, scope, requirements of line manager safety oversight training.	Hatayama	16-Oct-06*	10-Nov-06								
3.1.1.02b	Perform a Gap Analysis on oversight training requirements. Document Findings.	Hatayama	16-Oct-06*	10-Nov-06								
3.1.1.02c	Review existing LBNL policy regarding line manager safety oversight training requirements and revise training as required	Chu	13-Nov-06*	18-Dec-06								
3.1.1.02d	Establish training course evaluation process that measures the effectiveness and quality of not only each class taught but periodically of the course /program	Hatayama	19-Dec-06	15-Mar-07								
3.1.1.02e	Establish retraining/refresher training interval criteria for safety training courses	Hatayama	16-Mar-07*	12-Apr-07								
3.1.1.02f	Develop training schedule. Train new and exiting staff as required.	Hatayama	13-Apr-07	11-Oct-07								
<b>Root Cause 3.1.2</b>			<b>01-May-06 A</b>	<b>02-Aug-07</b>								
3.1.2	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.											
3.1.2.01	Determine and formalize roles and responsibilities for safety coordinators across LBNL. Update Pub 3000	Chu	01-May-06 A	20-Oct-06								
3.1.2.02a	Review qualifications of all safety coordinators against new requirements	Chu	23-Oct-06	17-Nov-06								
3.1.2.02b	Analyze, determine and formalize minimum training for safety coordinators	Chu	23-Oct-06	17-Nov-06								
3.1.2.02c	Develop training course(s) for Safety Coordinators	Hatayama	20-Nov-06	15-Feb-07								
3.1.2.02d	Initiate training for all coordinators (as necessary)	Hatayama	16-Feb-07	10-May-07								
3.1.2.02e	Review effectiveness of training and recommend changes as necessary	Krupnick	11-May-07	02-Aug-07								
<b>Root Cause 4.1.1</b>			<b>01-Jun-06</b>	<b>01-Nov-06</b>								

Refer to the Corrective Action for Root Cause 1.1.3 from CA Category #1.



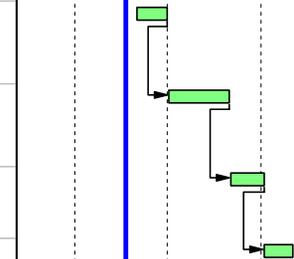
- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**  
**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
					4.1.1	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.						
4.1.1.01a	Review and evaluate existing management safety communications plan and revise as necessary.	Chu	01-Jun-06*	30-Jun-06								
4.1.1.01b	Initiate and verify or establish new requirements for the management safety communications plan.	Chu	03-Jul-06	31-Aug-06								
4.1.1.01c	Develop/ revise management safety communications plan.	Chu	01-Sep-06	04-Oct-06								
4.1.1.01d	Develop management communications program based on new/ revised plan.	Chu	05-Oct-06	01-Nov-06								
<b>Root Cause 4.3.2</b>												
4.3.2	Root Cause 4.3.2 - Principal investigators do not provide proper mentoring to students and post-docs due to lack of knowledge and training.											
4.3.2.01a	Enhance mentoring and safety awareness of post-docs. Analyze the purpose and content of the current EHS0024 ES&H for Mentors & Supervisors course and how/when it is being offered to PI's. Refer to CA for Root Cause 3.1.1 under CA Category #3											
4.3.2.01b	Revise EHS0024 (if necessary) to include additional safety awareness. Refer to to CA for Root Cause 3.1.1 under CA Category #3											
4.3.2.01c	Make EHS0024 required for all staff who mentors post-docs. Refer to to CA for Root Cause 3.1.1 under CA Category #3											
4.3.2.01d	SRC review effectiveness of EHS0024 and suggest changes as necessary. Refer to to CA for Root Cause 3.1.1 under CA Category #3											
<b>Root Cause 6.3.1</b>												
6.3.1.0	Root Cause 6.3.1 - Lab policies do not specify frequency of facility inspections and training of those responsible is lacking.											



Refer to to Corrective Action for Root Cause 3.1.1 under CA Category #3

- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
6.3.1.01a	Revise (if necessary) Lab policy on work place inspections. Review existing Lab policies to identify current requirement for work place inspections and inspection frequency, revise as necessary. Refer to to CA for Root Cause 3.1.1 under CA Category #3											
6.3.1.02a	Define responsibility for work place inspections and required training. Review existing Lab policies to identify current responsibility for performing work place inspections and training requirements. Refer to the Corrective Action for Root Cause 3.1.1											
6.3.1.02b	Piloted EHS0027 "How to perform an effective safety walk-around" is with Lab SRC to determine acceptance as safety training course. Refer to the Corrective Action for Root Cause 1.1.3 & 3.1.1 under CA Category #3											
6.3.1.02c	Ensure a training analysis has been performed on EHS0027. Refer to the CA for Root Cause 3.1.1 under Correction Action Category #3											
6.3.1.02d	Ensure a training analysis has been performed on EHS0027. Refer to the CA for Root Cause 3.1.1 under CA Category #3											
6.3.1.02e	SRC review effectiveness of training and recommend changes as necessary. Refer to the CA for Root Cause 3.1.1 under CA Category #3											
<b>Root Cause 7.1.2</b>			01-Jun-06	27-Oct-06								
7.1.2	Root Cause 7.1.2 - Adherence to the existing work control program is less than adequate and communication by managers of the requirement and the value of compliance needs reinforcement.											
7.1.2.01	Review the results of the 2005 and 2006 IFAs and MESH reviews to identify aspects of the work control that are not being effectively implemented.	Hatayama	01-Jun-06*	29-Sep-06								
7.1.2.02	Develop a plan to improve training of individuals responsible for formal authorization documents and the communication of formal authorization requirements to staff and students.	Hatayama	01-Jun-06*	29-Sep-06								

Refer to to Corrective Action for Root Cause 3.1.1 under CA Category #3

- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
7.1.2.03	Present Plan to the SRC for concurrence and initiate.	Hatayama	02-Oct-06	27-Oct-06								
<b>CA Category #4 - Proactive Posture on ES &amp; H</b>			15-Mar-06 A	28-Sep-07								
<b>Root Cause 3.2.1</b>			01-Jun-06	29-Jun-07								
3.2.1	Root Cause 3.2.1-Workers may be taking risks greater than what is expected.											
3.2.1.01	Develop presentation materials to support EH&S communications between management and direct reports on the topic of risks. Refer to the corrective action for Root Cause 4.1.1 under CA Category #3.				Refer to the Corrective Action for Root Cause 4.1.1 under CA Category #3.							
3.2.1.02	Add requirements for safety communications to Performance Review and Development forms. Refer to the corrective action for Root Cause 1.1.1 under CA Category #1.				Refer to the corrective action for Root Cause 1.1.1 under CA Category #1.							
3.2.1.03	Perform a survey on the safety culture at Berkeley Lab and report results to Lab Management and employees.	Hatayama	03-Jul-06*	29-Jun-07	[Green bar spanning FQ3, FQ4, FQ1, FQ2, FQ3, FQ4]							
3.2.1.04	Revise institutional ISM Plan and Division ISM Plans to define and discourage excessive risk taking. Define and compare types of risks (safety risks versus research program risks)	Hatayama	01-Jun-06*	01-Aug-06	[Green bar spanning FQ3]							
<b>Root Cause 3.2.2</b>			01-Jun-06	01-Mar-07								
3.2.2	Root Cause 3.2.2 - Risk taking is recognized, tolerated, and encouraged by workers, supervisors, coworkers, guests and students.											
3.2.2.01	Develop presentation materials to support EH&S communications between management and direct reports on the topic of risks. Refer to the corrective action for Root Cause 3.2.1 under CA Category #4.				Refer to the Corrective Action for Root Cause 3.2.1 under CA Category #4.							
3.2.2.02	Issue a memo from the Directorate that defines types of risks and discourages excessive risk taking in safety.	Chu	01-Jun-06*	01-Aug-06	[Green bar spanning FQ3]							
3.2.2.03	Add requirements for safety communications to Performance Review and Development forms.	Chu	01-Jun-06*	01-Mar-07	[Green bar spanning FQ3, FQ4, FQ1, FQ2, FQ3, FQ4]							
3.2.2.04	Perform a survey on the safety culture at Berkeley Lab and report results to Lab Management and employees.	Hatayama	01-Jun-06*	29-Sep-06	[Green bar spanning FQ3]							
<b>Root Cause 3.2.3</b>												

- Actual Work
- Remaining Work
- Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**  
**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
3.2.3	Root Cause 3.2.3 - Current Standards, Policies, or Administrative Controls seem insufficient to prevent excessive risk taking.											
3.2.3.01	Revise institutional ISM Plan and Division ISM Plans to define and discourage excessive risk taking. Define and compare types of risks (safety risks versus research program risks). Refer to the corrective action for Root Cause 3.2.1 under CA Category #4											
3.2.3.02	Distribute memo from upper management that defines types of risks and discourages excessive risk taking in safety. This would be first of routine periodic memos from upper management on EH&S issues. Refer to CA Root Cause 4.1.1, CA Category 3											
3.2.3.03	Add requirements for safety communications to Performance Review and Development forms. Refer to CA Root Cause 4.1.1, CA Category 3											
3.2.3.04	Revise EH&S 26 to include greater emphasis on defining, communicating and managing safety risks. Refer to the corrective action for Root Cause 3.2.1 under CA Category #4											
<b>Root Cause 3.2.5</b>												
3.2.5	Root Cause 3.2.5 - A significant portion of the staff believe that improvements do not occur unless there is a serious problem.											
3.2.5.01	Develop presentation materials to support EH&S communications between mngmnt and direct reports. Refer to the CAs for Root Cause 3.2.1 Under CA Category #4.											
3.2.5.02	Perform a survey on the safety culture at Berkeley Lab. Report results from survey to Lab management and employees. Refer to the corrective action for Root Cause 3.2.2 under CA Category #4.											
<b>Root Cause 3.3.1</b>					15-Mar-06 A	28-Sep-07						
3.3.1	Root Cause 3.3.1 - Root Cause analysis may be inadequate due to training inadequacies.											
3.3.1.01	Revise incident investigation procedures	Hatayama	01-Jun-06*	30-Jun-06								
3.3.1.02	Provide Tap Root and training to incident investigators	Hatayama	15-Mar-06 A	31-Aug-06								

Refer to the Corrective Action for Root Cause 3.2.1 under CA Category #4

Refer to the Corrective Action for Root Cause 4.1.1, CA Category 3

Refer to the Corrective Action for Root Cause 3.2.1 under CA Category #4

Refer to the Corrective Action for Root Cause 3.2.1 Under CA Category #4.

Refer to the Corrective Action for Root Cause 3.2.2 under CA Category #4.



- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**  
**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006				FY2007				FY2008				
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1					
3.3.1.03	Provide incident investigation training to Division Safety Coordinators and EH&S Liaisons.	Hatayama	01-Jun-06*	01-Sep-06													
3.3.1.04	Revise investigator training to minimize stress to individuals under investigation.	Hatayama	01-Jun-06*	28-Sep-07													
<b>Root Cause 4.2.1</b>			01-Jun-06	01-Aug-06													
4.2.1	Root Cause 4.2.1 - Management safety communications are not consistently focused on lessons learned from accident/ incident investigations.																
4.2.1.01	Develop presentation materials to support EH&S communications between management and direct reports. Refer to corrective action Root Cause 4.1.1, CA Category 3.				Refer to Corrective Action Root Cause 4.1.1, CA Category 3.												
4.2.1.02	Implement enhanced Lessons Learned program to accept near misses	Krupnick	01-Jun-06*	03-Jul-06													
4.2.1.03	Institute routine periodic memo from upper management to employees on EH&S issues	Chu	01-Jun-06*	01-Aug-06													
<b>Root Cause 5.2.1</b>																	
5.2.1	Root Cause 5.2.1 - The perception that a double standard exists in safety oversight for contract and LBNL craft workers.																
5.2.1.02	Develop standardized approach to EH& H oversight. Refer to corrective actions for root cause 5.3.1, CA Category #5.				Refer to Corrective Actions for root cause 5.3.1, CA Category #5.												
<b>Root Cause 6.2.1</b>																	
6.2.1	Root Cause 6.2.1 - Some divisions are creating administrative hazard controls that are poorly defined and difficult to implement.																
6.2.1.01	Develop hierarchical approach to hazards control. Refer to corrective actions for Root Cause 5.1.1, CA Category #5.				Refer to Corrective Actions for Root Cause 5.1.1, CA Category #5.												
<b>CA Category #5 - Lab-Wide Work Control</b>			10-Jan-06 A	31-Oct-07													
<b>Root Cause 3.2.4</b>			01-Jun-06	31-Oct-07													
3.2.4	Root Cause 3.2.4 - Work control processes are less than adequate when scope, resources, personnel, schedule change.																
3.2.4.01	Develop a system to identify people who perform work under a formal authorization	McGraw	01-Jun-06*	31-Jan-07													

- Actual Work
- Remaining Work
- Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
3.2.4.02	Develop procurement policies and procedures for tagging new acquisitions.	McGraw	01-Jun-06*	31-Jan-07								
3.2.4.03	Present proposed system to SRC	McGraw	01-Feb-07	15-Feb-07								
3.2.4.04	Use feedback from the SRC and other sources to guide the development of a system that manages changes in scope, resources, personnel and schedule that is graded to the level of authorization and can be effectively implemented	McGraw	16-Feb-07	28-Sep-07								
3.2.4.05	Publish new policies and procedures in PUB 3000	Hatayama	01-Oct-07	31-Oct-07								
<b>Root Cause 5.1.1</b>			<b>01-Jun-06</b>	<b>31-Aug-07</b>								
5.1.1	<b>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.</b>	Chu										
5.1.1.01	Form a Team of Line Managers, Division Safety Coordinators and EH&S liaisons to develop methods to formalize and document "line management authorization" of work.	Chu	01-Jun-06*	12-Jul-06								
5.1.1.02	Develop a proposal for presentation to the SRC.	Chu	01-Jun-06*	13-Sep-06								
5.1.1.03	Incorporate feedback from the SRC, DSCs and Liaisons and develop a policy on review and documentation for line management authorization of work.	Chu	01-Jun-06*	10-Nov-06								
5.1.1.04	Integrate the approved methodology into PUB 3000	Hatayama	01-Jun-06*	12-Feb-07								
5.1.1.05	Develop appropriate training/ communication as needed.	Hatayama	01-Jun-06*	10-Nov-06								
5.1.1.06	Develop appropriate validation during the 2007 Self Assessment.	Krupnick	10-Jan-07*	31-Aug-07								
<b>Root Cause 5.1.2</b>			<b>22-May-06</b>	<b>29-May-07</b>								
5.1.2	<b>Root Cause 5.1.2 - The current policy and implementation guidance for AHDs lacks specificity.</b>											
5.1.2.01	Transition all AHDs to the electronic AHD system	Hatayama	22-May-06*	22-Nov-06								
5.1.2.02	Evaluate the need to include SME review for non-laser AHDs and incorporate results in the Pub 3000.	Hatayama	01-Jun-06*	31-Jul-06								

- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
5.1.2.03	Evaluate and develop the on-line technical support and/or training for AHD-preparers and adjust or enhance the training as necessary.	Hatayama	01-Jun-06*	31-Aug-06		█						
5.1.2.04	Complete a review of all policies relating to AHD.	Hatayama	01-Sep-06*	01-Nov-06			█					
5.1.2.05	Collect and review feedback from the 2006 IFA pertaining to the formal authorization program.	Hatayama	01-Jun-06*	31-Oct-06		█						
5.1.2.06	Propose new formal authorization policies and guidelines to the SRC. (If Needed)	Hatayama	01-Nov-06	31-Jan-07				█				
5.1.2.07	Publish the final policy revision in Pub3000.	Hatayama	01-Feb-07	30-Mar-07					█			
5.1.2.08	Evaluate implementation of policy revision. Publish final policy.	Krupnick	02-Apr-07	29-May-07						█		
<b>Root Cause 5.3.1</b>			<b>10-Jan-06 A</b>	<b>26-Oct-07</b>								
5.3.1	<b>Root Cause 5.3.1 - Work and hazard identification for projects/ maintenance-type work and activities is less than adequate.</b>											
5.3.1.01	Evaluate existing policies governing hazard identification and oversight work performed by the Facilities Division.	McGraw	01-Jun-06*	31-Jul-06		█						
5.3.1.02	Evaluate existing policies governing hazard identification and review for work performed by construction sub-contractors.	McGraw	01-Jun-06*	31-Jul-06		█						
5.3.1.03	Evaluate existing policies governing hazard identification and oversight for work performed by equipment vendors.	Hatayama	01-Jun-06*	31-Aug-06		█						
5.3.1.04	Develop a proposal for hazard assessment and planning for these work classes and present this to the SRC.	Hatayama	01-Sep-06	31-Oct-06			█					
5.3.1.05	Incorporate feedback from Line Managers/ SRC, DSCs and Liaisons and develop a policy on review and documentation for these categories of work.	McGraw	01-Nov-06	31-Jan-07				█				
5.3.1.06	Integrate the approved methodology into PUB3000	Hatayama	01-Feb-07	28-Feb-07					█			
5.3.1.07	Develop additional training/communication	Hatayama	01-Mar-07	30-Apr-07						█		
5.3.1.08	Review and evaluate effectiveness during the 2007 Self Assessment	Krupnick	01-May-07	31-Jul-07							█	

- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06



Activity ID	CAP Action Items	Responsible Person	Start	Finish	FY2006		FY2007				FY2008	
					Q2	FQ3	FQ4	FQ1	FQ2	FQ3	FQ4	FQ1
5.3.1.09	Revise Division Self-Assessment to validate effectiveness.	Krupnick	10-Jan-06 A	31-Aug-07								
5.3.1.10	Implement review process (External to Subject Division) for this element.	Krupnick	03-Sep-07	26-Oct-07								
<b>Root Cause 7.1.1</b>												
7.1.1	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.											
7.1.1.01	Define process for lower-level hazards. Refer to the corrective actions for Root Cause 5.1.2, CA Category #5, 5.1.3 CA Category #2											
<b>Root Cause 7.2.1</b>												
7.2.1	Root Cause 7.2.1- The requirement to keep the AHD personnel list current is not clear.											
7.2.1.01	Review current EH&S policy documents (e.g. Pub 3000) to determine what existing language, if any, addresses this issue. Refer to the corrective actions for Root Cause 5.1.2, CA Category #5											
7.2.1.02	Develop proposed policy and present it to the SRC. Refer to the corrective actions for Root Cause 5.1.2, CA Category #5											
7.2.1.03	Implement policy and reflect this in Pub3000 where appropriate (chapter 6 at a minimum) Refer to the corrective actions for Root Cause 5.1.2, CA Category #5											

Refer to the Corrective Actions for Root Cause 5.1.2, CA Category #5, 5.1.3 CA Category #2

Refer to the Corrective Actions for Root Cause 5.1.2, CA Category #5

- █ Actual Work
- █ Remaining Work
- █ Critical Remaining Work

**2006 ISMS Peer Review Corrective Action Plan Schedule**

**Lawrence Berkeley National Laboratory**

CAP Schedule - By Corrective Action Category 31-May-06

