

Safety Review Committee
 October 17, 2008
 10:00 AM – 12:00 PM

Minutes

Committee Member	Representing	Present
Banda, Michael J.	Computing Sciences Directorate	X
Bello, Madelyn	Human Resources Advisor	X
Blodgett, Paul M.	Environment, Health and Safety Division	X
Dubon, Oscar	Materials Sciences Division	X
Francino Puget, Maria Pilar	Genomics Division	X
Kadel, Richard W.	Physics Division	
Kostecki, Robert	Environmental Energy Technologies Division	X
Leitner, Daniela	Nuclear Science Division	X
Li, Derun	Accelerator & Fusion Research Division	
Lucas, Donald	Safety Review Committee Chair	X
Lukens Jr., Wayne W.	Chemical Sciences Division	X
Martin, Michael C.	Advanced Light Source Division	X
Nakagawa, Seiji	Earth Sciences Division	X
Ohearn, Jerry	Facilities Division	
Petzold, Christopher J.	Physical Biosciences Division	X
Sopher, Ted	Information Technology Division	*
Taylor, Scott E.	Life Sciences Division	
Thomas, Patricia M.	Safety Review Committee Secretary	X
Twohey, Daniel	Directorate/Operations	
Wong, Weyland	Engineering Division	X

Others Present: Michelle Flynn, Sherman Jew, Mike Kritscher, Peter Lichty, Mike Ruggieri, Bill Wells

Chairman's Comments – Don Lucas

- **Minutes** of the September 19th meeting were approved.
- **MESH Status** – John Chernowski has asked that MESH Teams complete their final reports by November 15th. If Team Leaders are overwhelmed with other responsibilities, they should talk to their Division Directors.

Recent RPM Changes – Bill Wells

Bill Wells described a recent change to Regulations and Procedures Manual, section 7.01.B.1. A sentence was added about supervisor responsibility: “Included is the responsibility to ensure that all materials and equipment, regardless of origin, applied in performance of the work of the Laboratory are used, maintained, and serviced in a

manner that ensures the protection of environment, property, and health.” This addition was due to the mercury spill at the Molecular Foundry.

PUB-3000 Minor Changes – Bill Wells

Bill Wells described some recent minor changes to PUB-3000 that were made with the SRC Chairman’s approval:

- Chapter 18 – The Lockout/Tagout walkthrough guidance card was added to Appendix 5. There were also clarifications to distinguish Facilities high voltage work procedures from standard Lockout/Tagout
- Chapter 19 – Information about Personal Protective Equipment (PPE) for foot protection was clarified and consolidated.
- Chapter 31 – Changes were made to the Job Hazards Analysis form to achieve equivalence with the requirements of Chapter 32.

There are three additional changes in progress:

- Chapter 1, section 1.4.2 – Obsolete references to the HEAR database are being replaced with references to the new Hazard Management System.
- Chapter 1, section 1.7 – A policy statement is being added about responsibility for reporting of accidents and illnesses.
- Chapter 27, section 27.7 1 – A section is being added allowing securing of bridge cranes by locking doors or locking up radio controls.

PPE Policy – Don Lucas

Don Lucas explained that the Laboratory Director is requiring that PPE and food/beverage consumption policies be implemented in an area-based, rather than activity-based, manner. The requirements apply to all areas where chemical and biological materials are handled or stored outside of their entire original shipping containers. Area PPE requirements must be established. The minimum is eye protection and closed-toed shoes at all times. When chemicals or biological materials are being handled and there is a potential for exposure, a lab coat and gloves must also be worn. PPE requirements must be posted at all entrances to chemical/biological materials areas.

Reduced Protection Areas where there is no significant potential for exposure may be designated within the work areas using special green floor tape. There may be less PPE required within these areas.

Food and beverage areas may be designated within Reduced Protections Areas where there are no chemicals and no significant potential for contamination. Food and beverage areas must be designated using black and yellow floor tape and a specified black-on-yellow sign: “No chemicals are stored or used in the area demarcated by the yellow and black tape. Therefore, PPE is not required and food and beverages may be stored and consumed in this area.” The sign must be signed by the Line Manager responsible for the area. Food and beverages may be transported to the designated areas in closed containers, and waste disposed in a garbage can within the area. Food and beverage areas

are not allowed within any work area where biological materials are used or stored, and is not allowed in shops. Food and beverage areas are being allowed within some labs because there are groups that have their only office space within their labs.

Supervisors and Work Leads will be responsible for enforcing the PPE requirements.

EH&S will have the required tape available for Safety Coordinators next week. The green tape must be applied so that the arrows indicate where the PPE area is. Hazardous chemicals means anything having an MSDS – almost anything except water – including acetone and alcohol. Divisions should be prepared to buy more safety glasses. Dr. Lichty cautioned that the LBNL optometrist is booked a month in advance and may be taking family leave soon. It takes 3-4 weeks to order safety glasses. Divisions will be responsible for providing and managing PPE. There were questions about how to mark areas where chemicals are only used temporarily for certain procedures.

There were objections to using black and yellow tape to mark Food and beverage areas because this type of tape is generally understood to mark hazardous areas, and is used for several other purposes, such as marking clearance zones in front of electrical panels. Don Lucas responded that it takes 6 weeks to order special tape, so Divisions should use the black and yellow tape initially. There will be a special tape later. It is important that the signs and tape be uniform throughout LBNL.

Hazard warning signs are required on the doors of all labs and shops. The templates for the standard signs may be downloaded from the Chemical Hygiene and Safety Plan. The signs are to be used for all hazards except radiation and lasers, which have special signs. Old, non-standard signs should be taken down. The signs should be on doors where a hazard threshold is being crossed. Placards for the most common hazards are provided in the templates. If additional hazard placards are needed, contact Larry McLouth by e-mail. (He is on leave, but is responding to e-mails.) A “responsible person” must be designated for each space. This should be a contact person who can provide information about the hazards within the room. The contact person may be different than the Line Management chain. It could be the lead Principal Investigator, Building Manager, or Safety Coordinator for the area. It was requested that the responsibilities of this person be defined in PUB-3000, Chapter 1.

There were questions about who is required to provide specialty PPE for vendors, such as laser eye protection and electrical protection gloves. The PPE must be available before the work requiring the PPE is performed. In most cases, the vendor is required to provide the PPE. There have been cases where vendors had to be sent back because they did not arrive with the required PPE, and this has caused expense and delays for the customers. In some cases, it may be in the customer’s interest to provide the PPE. The person requesting the work should discuss this with the vendor before the service technician arrives.

First Aid Kit Policy – Dr. Peter Lichty

There has been some confusion about whether employees are allowed to have first aid kits at LBNL. Brookhaven and Argonne labs do not allow personal first aid kits. The situation at LBNL is different because our first responders are from Alameda County Fire Department, and Alameda County does not allow firefighters to do first aid without medical follow-up. In recent years, we had two LBNL people who were hospitalized with infections due to inadequate first aid. Kits with medications in them can be a problem to people with allergies, and the medications may become outdated. The e-Buy system is usually populated with products by vendors. Health Services has evaluated all the first aid kits listed on e-Buy and asked vendors to remove all the kits that contain medications. Employees will be allowed to purchase the kits that are now on e-Buy. Health Services will not provide or re-stock the personal first aid kits. They will belong to the purchasers. Dr. Lichty requested that any comments to the proposed policy be sent to him this week. The final policy will be posted on the Health Services website. There will still be a first aid kit available outside Health Services after hours. It can be opened by swiping a badge, which creates a record for Health Services follow-up.

LBNL will continue to maintain the Disaster Trauma kits. There were questions about who should be responsible for knowing the location of the trauma kits – the Building Manager or the Emergency Team Leader. PUB-3000 should be consistent with the Emergency Plan. Richard DeBusk has a contractor coming next week to start checking the trauma kits. Committee members suggested that a sticker be applied indicating when the kits were last checked, because sometimes old kits are found. Although trauma kits are intended primarily for use in major disasters, they can be used for first aid when necessary to take care of a person's urgent needs. There was a question about whether there should be a log to record use of the kits, but there is no practical way to implement this. There was a suggestion that trauma kit locations be indicated on emergency evacuation plans. The problem is that the kits tend to be moved around. The locations are supposed to be indicated on the Emergency Preparedness database.

Results of Berkeley Site Office Review – Don Lucas

There was an out-briefing last week to senior management. The purpose of the review was Integrated Safety Management (ISM) validation and verification. The scope of the review was limited to specific elements of the ISM system, and should not be taken as an indication of our preparedness for the Health, Safety and Security (HSS) review. The overall impression of the reviewers from Oak Ridge was that LBNL looked better than they expected. The reviewers did not have much time to prepare for the review, so they allowed some input from Divisions as to which areas to visit and who to interview. LBNL received one red score, for Facilities work controls processes through the Maximo system. The reviewers also found some significant concerns outside the scope of the review, such as the group that did not want to cooperate with the recommendation to move their coffee pot off the top of a refrigerator.

There were questions from the reviewers about safety problems that are fixed immediately. The Safety Review Committee discussed whether items that are fixed immediately should be tracked, and how to track them. Don Lucas recommended that each work area maintain a spreadsheet. Some divisions already have other systems in place. Nuclear Science has quarterly walkthrough reports that are sent to the Division Safety Coordinator. Advanced Light Source has their own database for supervisors to record walkthrough findings. The Corrective Action Tracking System (CATS) can also be used. Some Division Safety Committees discuss corrective actions that have been taken and record them in their meeting minutes. It was suggested that the goal of recording immediate corrective actions be communicated rather than a specific method, and that Best Practices be identified. The Division Directors and HSS review “red team” will meet next week. This issue should be discussed at the meeting.

Near-Hit Program discussion

Dr. Chu mentioned in his address to the Laboratory that he wants all Divisions to implement a “Near Hit” sharing program. Some Divisions have contests or events where sharing of lessons learned is encouraged. There are some questions about what types of “Near Hit” events should be discussed. Engineering Division has a video that describes what a “Precursor Event” is. Weyland Wong will look into whether this video can be shared.

Lockout-Tagout (LOTO) – Richard DeBusk

Richard DeBusk reminded the Committee about the letter Dr. Chu sent to all Division Directors asking them to review their LOTO programs and respond by the end of October with either a statement of full compliance or a plan to come into compliance. EH&S has resources to assist Divisions with their reviews. Contact Keith Gershon for assistance. There is a “1 minute 4 Safety” presentation available that discussed LOTO. There are also Today at Berkeley Lab articles, and information from the EHS0010 Introduction to ES&H at LBNL course. Workers should be able to assess whether they have equipment that needs LOTO.

Vendors intending to do work requiring LOTO will need to have written procedures if there are two or more sources of energy that need to be controlled. It doesn’t matter whether the vendor or LBNL writes the procedure; however, the procedure must be completed before the work is initiated. Divisions should assess what equipment will need LOTO procedures and decide who is going to service the equipment. There should be a plan for equipment likely to require servicing. The plan could be to require the vendor to provide the LOTO procedure. It is better to decide this ahead of time, not when the servicing is needed. Keep copies of the LOTO procedure because the vendor could change.

LBNL will soon be using only red locks for LOTO. Some Facilities groups have been using different colors, but they will all be changed to red. The red locks will only be used for LOTO. Advanced Light Source may have some red locks used for radiation control.

They will have to review and revise this system. There will be a PUB-3000 change about the new policy, which is expected to become effective the end of November. There will be articles in Today at Berkeley Lab.

DOE Health, Safety, and Security (HSS) Review preparation discussion

The HSS review team could be looking at information posted on LBNL websites now. We can expect to start receiving requests for information after the December 3-4 scoping visit.

There was a concern that the automatic notification system for expired training has not been working. This is being fixed.

The meeting was adjourned at 11:45 AM

Respectfully submitted, Patricia M. Thomas, SRC Secretary