

**Safety Review Committee
October 20, 2006
10:00 AM – 12:00 PM**

Minutes

Committee Member	Representing	Present
Ager, Joel W.	Materials Sciences Division	
Banda, Michael J.	Computing Sciences Directorate	X
Blodgett, Paul M.	Environment, Health and Safety Division	X
Cork, Carl	Physical Biosciences Division	
Fletcher, Kenneth A.	Facilities Department	
Franaszek, Stephen	Genomics Division	
Garbis, Carla	Directorate/OCFO/Human Resources	
Kadel, Richard W.	Physics Division	
Leitner, Daniela	Nuclear Science Division	
Lucas, Donald	Environmental Energy Technologies Division	X
Lukens Jr., Wayne W.	Chemical Sciences Division	
Martin, Michael C.	Advanced Light Source Division	X
Nakamura, Seiji	Earth Sciences Division	X
Seidl, Peter A.	Accelerator & Fusion Research Division	X
Taylor, Scott E.	Life Sciences Division	X
Thomas, Patricia M.	Safety Review Committee Secretary	X
Wong, Weyland	Engineering Division	X

Others Present: Ken Barat, Patrick Burke, Richard DeBusk, Mark Freiberg, Howard Hatayama, Carol Ingram, Neil Landau, Tony Linard, Georgeanna Perdue, John Seabury, Linda Smith

Minutes of September Meeting – The minutes were approved.

Chairman's Comments – Don Lucas

e-mail addresses

Don Lucas followed up with David McGraw on the status of the Safety Review Committee's previous recommendation that all badged employees provide an e-mail address. Sandy Merola is working on the issue.

PUB-3000 Review Process

Georgeanna Perdue was introduced as the new PUB-3000 Manager. She will be coordinating the preparation of proposed PUB-3000 changes with the chapter authors. There will be a lot of changes coming in the next few months. The SRC may need to meet a second time if there is too much to get through the agenda in one meeting. SRC members requested that changes to be considered should be provided no later than the Wednesday of the week preceding the meeting. SRC members want to have time to read

the proposals and schedule meetings with their Division Directors to discuss. Georgeanna Perdue is working on setting up an e-room to post the proposed changes. Committee members requested a brief paragraph as to why changes are being made. This is included in the review form, which will also be posted on the e-room.

MESH status

The Facilities Division MESH response will be ready for the November SRC meeting. The Materials Sciences Division MESH review report will not be completed in time to schedule the MESH response at the November meeting. It will be moved to December.

Proposed Changes to PUB-3000

Chapter 1, Section 1.3.2 Division Safety Coordinators – Richard DeBusk, Bo Bodvarsson, Weyland Wong

Bo Bodvarsson, Earth Sciences Division Director, said that he has been very fortunate to have a first class Division Safety Coordinator and Division Safety Committee. He would like to make the Safety Coordinator job more uniform throughout LBNL. Dr. Chu has said that we are not paying enough attention to safety early in projects. At Earth Sciences Division, every proposal is reviewed and signed by the Safety Coordinator. They receive about 2 proposals/day (400-500/year). Dr. Bodvarsson recommends that all Divisions include their Safety Coordinator in their proposal review process.

Weyland Wong, Safety Coordinators' Subcommittee Chair, said that there will be more work to be done after the Division Safety Coordinator responsibilities are adopted. The Coordinators will need to be trained and qualified to carry out the responsibilities. Weyland Wong will work with Richard DeBusk to organize best practices sharing sessions for the Coordinators.

Richard DeBusk answered questions from SRC members:

- Clarification was requested for the responsibility to “ensure that division-specific safety training, if needed is developed and implemented effectively.” Does division-specific training include on-the-job training? Richard DeBusk said he was thinking of training at the division level. Safety Coordinators often work with EH&S to develop or tailor classes to meet the needs of their division. Safety Coordinators can also assist individual labs in preparing on-the-job training as requested by the researchers. “Ensure” might not be the best word.
- In some cases, Division Directors have assigned some safety tasks to people other than the Safety Coordinator. The Safety Coordinator will have responsibility to coordinate and manage the tasks, but they are not required to do everything by themselves. Line Management is responsible for ensuring there are sufficient resources to get the work done.
- How frequently will 10 CFR 851 reports be required and how much work is involved? These reports are prepared by EH&S for significant safety problems that meet the reporting criteria. There have only been about 8 reports during the

trial period. Divisions are asked to provide information and do a factual accuracy check of the report prepared by EH&S.

- EH&S works directly with researchers to prepare some types of work authorizations, such as RWAs. The Safety Coordinator's role is to coordinate the documentation as needed, and keep track of the status of the authorizations.

The proposal was approved by all SRC members present.

Chapter 1, Section 1.8 Definitions, Abbreviations, and Acronyms – Georgeanna Perdue, Don Lucas

The definitions section will be changed first. Other chapters will be changed later to conform the use of terms with the new definitions. There will be inconsistencies until the rest of PUB-3000 is updated.

“Staff” is being defined as “anyone with an LBNL badge.” Staff will include guests and users with badges. Human Resources has signed off on the new definitions.

“EH&S” means the Environment, Safety and Health Division. It was suggested that the acronym be changed to “EHSD” to avoid confusion with “ES&H” which means environment, safety and health programs throughout LBNL.

“Line Management” is not always the same thing as “Safety Line Management”. “Line Management” extends from the Lab Director to supervisors and includes policy and personnel responsibilities. “Safety Line Management” is the unbroken chain from the Lab Director to each Worker for direction of day-to-day activities.

The proposal was approved by all SRC members present.

Chapter 3, Health Services – Paul Blodgett

Chapter 3 is being updated to meet the requirements of 10 CFR 851. The proposed changes are mostly minor edits with no significant change in the way Health Services does work.

Pre-placement, transfer, and termination medical exams are now required to be offered. EHSD is working on a way of tracking completion of the exams through the training database.

Dr. Lichty is being defined as the “Site Occupational Medical Director” under section 3.22.1. There is a requirement to invite the Site Occupational Medical Director to all worker health and safety meetings. We believe this means institutional safety committee meetings, not every project or division meeting where safety is discussed. It would be helpful to have a list of the committee meetings Dr. Lichty expects to be invited to attend.

Section 3.10 Examinations for Laser Users would require users of Class 3B and Class 4 lasers to undergo an eye examination performed by an optometrist before they can begin working with lasers and after any accidental exposure to a laser. It directs laser users to contact Health Services for an appointment for an examination. LBNL Laser Safety Officer Ken Barat said that the American National Standards Institute (ANSI) is doing away with the requirement for a laser eye exam. LBNL has been allowing new laser users 30 days to get the exam because Health Services only offers the exams once a week. Laser users can present documentation of an examination by an external optometrist to Health Services, but it must be a laser eye exam. The purpose of the exam is to determine if there is a pre-existing problem that would put the worker at risk. Any problems would be discussed with the worker's supervisor. This is covered by the ANSI standard on work restrictions under section 3.13. It should not be difficult for an optometrist to tell old eye injuries from new ones. Ken Barat would like to meet with Dr. Lichy to discuss some changes to the wording of section 3.10 before it is adopted.

Section 3.15 Medical Emergencies and First Aid directs people to Health Services from 7:30 AM to 3:30 PM, and to the Fire Department at other times. There was a comment that there have been some problems in communicating information about ongoing emergencies during the shift change. The Emergency Planning Subcommittee will bring up this issue with Dan Lunsford.

The proposal was approved by all SRC members present, with the exception of section 3.10. Ken Barat will discuss section 3.10 with Dr. Lichy and it will be brought to the SRC again with proposed revisions.

Chapter 6, Safe Work Authorizations, Appendix D (electronic AHDs) – John Seabury

John Seabury started with a Lessons Learned from Lawrence Livermore National Laboratory (LLNL). If you are using a piece of paper to block the projector, be sure to allow plenty of air space between the paper and the projector bulb. There was a small fire at LLNL resulting from a piece of paper overheating from contact with a projector.

This is the first in a series of changes to Chapter 6. There will be more changes in response to reviews. The term "renewal" is being changed to "reauthorization". Appendix D applies to AHDs. The AHD database is now active and in use. There is at least a placeholder for all active AHDs on the system, although all the information has not been posted yet for most AHDs. The intent is to implement the transition to electronic AHDs gradually over the next year, so that all AHDs are reviewed via the electronic system by September 2007. EHSD will help Principal Investigators/Work Leads learn how to use the system. Meanwhile, Divisions can do paper-based reauthorizations as needed to allow work to continue until the AHD reauthorization is recorded in the database.

There will be an EHSD review of the reauthorization of each AHD at least every 3 years (or 3 revisions) to ensure all changes are being included. The review may occur sooner

than 3 years if there are significant changes (increase in hazards or change in hazard type). The PI/Work leader can update the authorized personnel list at any time without going through the reauthorization process.

For section 6.3.3, there was a comment that for some work authorizations, such as RWAs, the reauthorization process does not go through the Division Safety Coordinator. The PI/Work Lead has primary responsibility to ensure the work is reauthorized. It was requested that clarifying language be added to section 6.3.3. John Seabury will make the changes and pass them by Don Lucas and Pat Thomas.

Footnote 2 will conform to the new definition of Work Lead.

Section 6.3.5 says that Temporary Work Authorizations may not be used to reflect changes to work covered by an existing Formal Authorization and may not be used to authorize work during the period that a Formal Authorization is being prepared. The intent is that temporary authorizations are not to be used in place of AHDs for the same work. There should be a footnote clarifying the phase-in process whereby a chemical or technique may be tried under a temporary authorization, then added to the AHD if it is determined to be suitable for further use in the experiment.

The action items are to review the use of terms for conformance to the new definitions adopted today, to clarify the distinctions between AHDs and other Formal Authorizations that are granted by different processes, and to describe the phasing-in process for electronic AHDs and clarify that paper-based AHDs are still valid until the phase-in process is complete.

The proposal was approved by all SRC members present.

Discussion items:

Status of LBNL/UC MOU regarding laser training – Howard Hatayama, Mark Freiberg

There is a steering committee led by Graham Fleming and Beth Burnside and 9 subcommittees working on LBNL/UC interaction issues. Howard Hatayama and Mark Freiberg are on the steering committee. Mark Freiberg is the Director of EH&S programs on campus. Some of the issues include defining who is an employee and who logs which injuries (they should not be double-counted), and determining whether any or all DOE expectations flow to campus with project funding. UCB wants to wait until the steering committee meets before making any changes to the MOU. A meeting is tentatively planned at the end of the month. The last MOU revision took 3 years, and LBNL cannot wait that long to meet DOE mandates which may conflict with the existing MOU. Non-LBNL projects funded by DOE have different requirements than projects funded through LBNL.

The Laser Safety Subcommittee is concerned about LBNL employees working off-site. The campus Laser Safety Officer is working with Ken Barat to try to make training at LBNL and UC equivalent. Staff working for or at LBNL need to meet DOE/LBNL training requirements. Badged people doing non-LBNL funded work on campus do not need to meet the LBNL training requirements. A DOE special operations report after a series of accidents found deficiencies in mentoring, observation, and training. The report recommended documented, hands-on training and Laser Safety Officer site visits. Some, but not all, of these requirements come from the ANSI standard. The issue was discussed in May. Don Lucas would like to discuss the issue with LBNL senior management (Dr. Chu, Graham Fleming, David McGraw, Sandy Merola) and Howard Hatayama.

LSO visits to laser labs are also required on campus. The problem is that information from the inspections needs to be transferred to LBNL. We don't have a comprehensive list of LBNL-funded people on campus. The contract has a 1997 list. We need to clarify the people and spaces involved. Don Lucas suggested looking at the list of people who stated on their Job Hazards Questionnaire that they are working on campus.

The Safety Review Committee passed a motion recommending that the Chairs of the Safety Review Committee and Laser Safety Subcommittee meet with LBNL senior management to discuss the issues regarding LBNL/UCB laser safety. Mark Freiberg asked to be invited to the meeting.

McCallum-Turner and Peer Review Update—Howard Hatayama

LBNL has received a draft report for factual accuracy review from McCallum-Turner. LBNL will respond to McCallum-Turner with comments within a couple of days. Howard Hatayama plans to use a smaller group to develop an Implementation Plan for the McCallum-Turner findings than was used for the Peer Review. The corrective actions from the Peer Review will be rolled into the Implementation Plan. Howard Hatayama wants a representative from the SRC, Facilities, Procurement, Human Resources, and a researcher representative on the team to develop the Implementation Plan. The cost of the McCallum-Turner audit was about \$120K.

The meeting was adjourned at 12:00 PM
Respectfully submitted,
Patricia M. Thomas, SRC Secretary