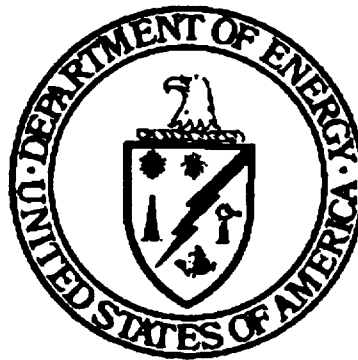


Conduct of Operations Assessment
for
Defense Nuclear Facilities Safety Board
Recommendation 94-4
Deficiencies in Criticality Safety
at Oak Ridge Y-12 Plant

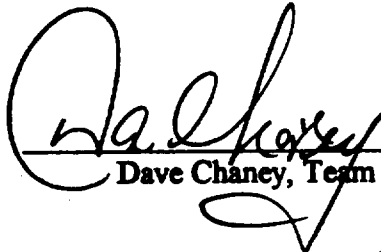


November 8, 1995

Federal Assessment Report


Federal Y-12 COO Assessment Team

The below listed Federal Y-12 COO Assessment Team members participated in this Report's preparation and concur in its final contents.



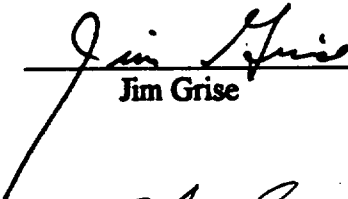
Dave Chaney, Team Leader

11/8/95
Date



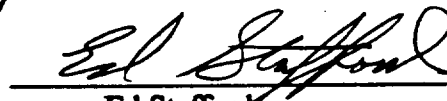
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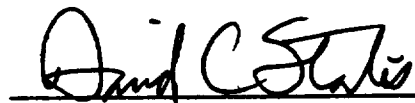
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COO Assessment Acronyms

AM-ESQ	Assistant Manager -Environment, Safety and Quality
ANL	Argonne National Laboratory
ANS	American Nuclear Society
ANSI	American National Standards Institute
CAAS	Criticality Accident Alarm System
CAP	Corrective Action Plan
COO	Conduct of Operations
CPAF	Cost Plus Award Fee
CS	Criticality Safety
CSA	Criticality Safety Approval
DTD	Deficiency Tracking System
DNFSB	Defense Nuclear Facilities Safety Board
DOE	Department of Energy
DP	Office of Defense Programs
DUO	Depleted Uranium Operations
EH	Office of Environment, Safety and Health
EOC	Emergency Operations Center
ERO	Emergency Response Organization
ES&H	Environment, Safety and Health
ESS	Energy Systems Standard
EUO	Enriched Uranium Operations
FR	Facility Representative
HP	Health Physics
HQ	Department of Energy Headquarters
IH	Industrial Health
IP	Implementation Plan
LANL	Los Alamos National Laboratory
LMITCO	Lockheed Martin Idaho Technology Company
LLNL	Lawrence Livermore National Laboratory
LMES	Lockheed Martin Energy Systems, Inc.
M&O	Management and Operations
MG3-2	Management Functional Area (RSS RA)
NCS	Nuclear Criticality Safety
OR	Oak Ridge
OSR	Operational Safety Requirements
ORO	Oak Ridge Operations Office
PNL	Pacific Northwest Laboratory
RA	Readiness Assessment
RF	Rocky Flats
RSS	Receipt, Storage, and Shipment

SAIC	Science Applications International Corporation
SAR	Safety Analysis Report
SME	Subject Matter Expert
SNL	Sandia National Laboratory
SMS	Systematic Management Systems
SR	Savannah River
TAT	Training Assist Team
USQD	Unreviewed Safety Question Determination
V&V	Verification & Validation
WHC	Westinghouse Hanford Company
WSRC	Westinghouse Savannah River Company
Y-12	Oak Ridge Y-12 Plant
YSO	Y-12 Site Office
YSORT	Y-12 Site Office Restart Team

Summary

This is the final report of the Federal Conduct of Operations (COO) Program Assessment (Assessment) of DOE support and oversight at the Oak Ridge Y-12 Plant. The Assessment was conducted by an independent assessment team in accordance with requirements of the DOE Implementation Plan for DNFSB Recommendation 94-4. This is one of several assessment activities described in the DOE Implementation Plan and is listed as Task 4-Conduct of Operations.

The Assessment was conducted October 30 through November 8, 1995 in conjunction with a similar COO assessment of the Management and Operations contractor conducted by another independent team. Activities of the two teams were coordinated and information was exchanged to increase efficiency as well as reduce duplication in the separate reports generated.

The Y-12 Site is a government owned, contractor-operated facility located in Oak Ridge, Tennessee. For many years, the primary mission at Y-12 was the production of uranium weapons components. In recent years, Y-12 has been assigned roles in support of stockpile reduction initiatives. Recently, operations resumed in the Receipt, Storage, and Shipment (RSS) facilities after completion of a Readiness Assessment (RA) conducted by DOE in accordance with DOE 5480.31. Operations also resumed in the Depleted Uranium Operations (DUO) facilities, following a Management Self Assessment monitored by YSO.

The primary focus of this Assessment was to review DOE oversight of the Y-12 RSS and DUO activities from a COO implementation perspective. COO implementation in other Y-12 facilities was reviewed. As an example, limited walkthrough and interviews were conducted in Enriched Uranium Operations (EUO) areas (Building 9212). Closure of selected DOE RA findings were also reviewed. The Assessment reviewed programmatic COO improvements made by YSO and support from DOE Headquarters and ORO.

The criteria for this Assessment was based on the DNFSB Recommendation 94-4 and actions from the supporting DOE Implementation Plan. The Assessment was performance-based and the judgement of experienced technical experts was used to apply DOE requirements to overall management and operations.

The Federal COO Assessment Team (Team) determined that the DOE Facility Representatives (FRs) are performing at a high level and support implementation of COO at the floor level. The systematic YSO oversight program is well documented and performance is improving. The rapid implementation of such a program is noteworthy. There is an obvious emphasis on the importance of COO by DOE personnel.

While improvements are obvious in most areas of COO, some weaknesses were identified. There were three areas of concern:

- (1) DOE technical support available to YSO is not fully utilized. Also, there is no formal management walkthrough program at the YSO or ORO level. Such a program would provide perspective and augment staff efforts.**
- (2) The LMES Corrective Action Program is inadequate and YSO validation of issue closure is weak. These Program limitations result in issues not being properly closed and recurrence of similar issues at Y-12 facilities. Issues identified by the FRs and YSO support staff in recently issued monthly reports have not received attention from LMES. YSO efforts to improve the contractor performance in correcting root causes of issues has been ineffective.**
- (3) A number of problems were identified with the Occurrence Reporting system. The process is diluted by numerous factors and the program deviates from the intent of DOE 5000.3B / DOE O 232.1 This area needs further review and DOE attention.**

In conclusion, considerable improvement was noted in the DOE oversight of operations at Y-12; however, a number of areas need more attention. It is recommended that a similar review be conducted in six to ten months to gauge progress in implementing COO at the floor level.

Issues and noteworthy practices identified during the Assessment are listed on the following pages.

NOTEWORTHY PRACTICE:

- **YSO effectively incorporated lessons learned from other facilities associated with the development of an effective FR program and an assessment program such that implementation times were minimal. (F-COO-1.2-5)**

FINDINGS:

- **DOE-approved matrices of applicability for implementation of DOE 5480.19 do not exist for Y-12 facilities. (F-COO-1.1-2)**
- **YSORT validation and documentation of approval of DOE RSS RA corrective action plans and findings closure packages were not performed in accordance with YSO-5.4.1 and did not require lessons learned/generic implications as required by YSO-5.4.1. (F-COO-1.3-8)**
- **Facility representatives need the capability to access the ORPS system. (F-COO-3.2-1)**
- **Roll-up occurrence reports are not in accordance with requirements, and current occurrence information is not maintained in the ORPS system. (F-COO-3.2-2)**

CONCERNS:

- **There is no DP-wide guidance for conduct of operations. (F-COO-1.1-1)**
- **Responses to monthly report issues are not being received from the contractor and additional, immediate action by YSO/ORO management is warranted. (F-COO-1.2-1)**
- **Development and execution of a YSO management walkthrough program should be implemented. (F-COO-1.2-2)**
- **FRs appeared to be reluctant to call for help from other DOE staff. (F-COO-1.2-4)**
- **Sufficient dedicated matrix support from HQ-DP and ORO is not provided to strengthen DOE effectiveness in correcting COO Program deficiencies in areas of continuing YSO operations(i.e., SAR Upgrade support for positive management control of the safety envelope, SME support in NCS/IH/HP, etc.). (F-COO-1.3-1)**
- **An integrated, long-term staffing plan has not been prepared for YSO. Such a staffing plan is especially important in the current environment of reduced budgets/contractor support. (F-COO-1.3-2)**
- **Effective organizational support from the ORO Manager/HQ-DP-20 is not provided to enhance the DOE focus on corrective action management. (F-COO-1.3-3)**
- **A genuine management focus is not readily available to YSO from HQ-DP or ORO to expedite COO floor level implementation at Y-12. When compared to other DOE facilities that have undergone**

significant "Restarts," the reporting structure from YSO to ORO and DP is not effective in making resources available to Y-12. This is especially important when "Continued Operations" are being pursued in non-restarted areas(i.e., EUO). (F-COO-1.3-4)

- A program for DOE-ORO management "workarounds" is not effectively functioning at Y-12, in order that corrective action implementation importance may be stressed. (F-COO-1.3-5)
- Effective high-level COO Performance Indicators do not exist at either the YSO Manager or ORO AM-DP level. Neither an effective Issues Management System or an effective Deficiency Tracking System exists within YSO. (F-COO-1.3-6)
- Sufficient emphasis/weight has not been placed on COO by DOE in the CPAF/Incentives process. (F-COO-1.3-7)
- YSORT needs to expand its oversight effort of the procedure improvement effort to the DUO and EUO facilities. (F-COO-2.1-1)
- The corrective action program for DOE RSS RA finding MG3-2 concerning the LMES corrective action program was delayed three months and may require further YSO action. (F-COO-2.4-1)

OBSERVATION:

- Evaluate need for improved structure to weekly FR meeting. (F-COO-1.2-3)

1.0 Background

On September 27, 1994, the Defense Nuclear Facility Safety Board (DNFSB) issued Recommendation 94-4, which involved criticality safety deficiencies observed at the Oak Ridge Y-12 Plant. The Recommendation described a September 22, 1994, event in which members of the DNFSB staff noted discrepancies between the Criticality Safety Approval (CSA) requirements and the configuration of storage arrays while observing the unloading and storage of a weapon component. In responding to this identified violation of nuclear criticality safety limits, Department of Energy (DOE) and contractor personnel failed to take appropriate corrective actions in accordance with site procedures. Following the event, the operating contractor, Lockheed Martin Energy Systems Inc. (LMES), stopped nuclear operations at the Y-12 Plant.

The DNFSB Recommendation 94-4 stated that reviews of adherence to nuclear criticality safety limits at the Y-12 Plant revealed widespread noncompliance. The Recommendation also identified weaknesses in key areas of the criticality safety program including procedures and Conduct of Operations (COO), as well as DOE and contractor experience, training, qualifications, and performance. In response to the DNFSB Recommendation, DOE established a Senior Steering Committee and a Senior Working Group to develop an overall strategy. In February 1995, Office of Defense Programs (DP) issued the *Department of Energy Implementation Plan for Defense Nuclear Facilities Safety Board Recommendation 94-4, Deficiencies in Criticality Safety at the Oak Ridge Y-12 Plant*. This Implementation Plan (IP) describes schedules for the phased resumption of activities at the Y-12 Plant. The following tasks were identified as part of the IP:

- Task 1 – Organization
- Task 2 – CSAs/OSRs
- Task 3 – Criticality Safety
- Task 4 – Conduct of Operations
- Task 5 – Technical Competence
- Task 6 – Corrective Actions
- Task 7 – Reporting Requirements
- Task 8 – Change Control

2.0 Introduction

The DOE established two independent teams to evaluate the full COO Program at the Oak Ridge Y-12 Plant. The evaluations assessed the DOE Headquarters (HQ), Oak Ridge Operations Office (ORO), Y-12 Operations Office (YSO), and the Management and Operations (M&O) contractor. The two Teams consisted of DOE technical managers, M&O contractors, and consultants with COO expertise.

Task 4 of the IP is the Y-12 COO Assessment. The Assessment was an evaluation of COO direction, support, and oversight provided by the DOE at YSO, at ORO, and at HQ. The Contractor Assessment, which was conducted simultaneously at Y-12, focused on the LMES COO Program at Y-12.

These representative COO assessments compared the full Y-12 COO Program against DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities*, by utilizing the method established during the Pantex Plant COO Enhancement Program. The assessments also incorporated the broader DNFSB Recommendation 92-5 concepts.

The Federal Team members used this methodology to evaluate:

- The COO actions completed to date at the Y-12 Plant
- The long-term posture of LMES COO Program
- The DOE ORO accomplishments related to their COO implementation plans
- The Y-12 implementation of the requirements of DOE 5480.19
- The contents of previous Y-12 COO assessments
- The effectiveness of corrective actions taken as a result of previous assessments.

The Team members applied their experience gained from similar reviews at the Pantex Plant, Rocky Flats Site, and the Los Alamos TA-55 facility to provide observations, suggestions, and recommendations to optimize the Y-12 COO assessment process.

The results from each assessment are documented in separate reports. After concurrence, these Reports will be provided to the DOE 94-4 Senior Steering Committee. Once that Committee concurs with the Reports, the Reports will be submitted to the DNFSB to satisfy a Recommendation 94-4 IP commitment. Return visits to the site may be required, in order to help the site determine the effectiveness of the corrective actions associated with these assessments.

A glossary of definitions specific to the Assessment is included in this Report as Appendix D. Assessment acronyms are listed the front of the Report.

3.0 Purpose

The primary purpose of the IP Task 4 COO assessments was to establish the implementation level of COO activities at LMES and at Y-12. With the help of these two assessments, Y-12 will better identify deficiencies and establish a combined corrective action plan of tasks that will enhance the Y-12 COO Program. The recommendations identified in the assessment reports were intended to be useful, manageable, and support institutional improvements. The recommendations should also promote a positive standards-based, compliance culture that corrects the root causes of previously identified deficiencies.

A secondary purpose of the assessments, is to evaluate whether the Oak Ridge facility is sustaining resumption oriented commitments and whether the facility's longer term plans are consistent with the other Recommendation 94-4 and related LMES commitments already specified in the IP.

4.0 Objectives and Scope

The objectives of the Y-12 COO assessments were to:

- Perform independent assessments of the implementation level of COO activities at Y-12 (for both DOE and LMES)
- Conduct a comprehensive review of the Y-12 COO Program.

Each COO assessment team achieved these objectives through observations of facility activities, interactions with site personnel, review of procedures, review of corrective actions, tours of facilities, and inspections of systems/equipment.

COO covers some aspect of the scope of all the 94-4 IP Tasks. The IP Task 4 COO assessments evaluated how the programs/processes of the other 94-4 IP Tasks are conducted at Y-12. IP Task 4 did not evaluate how the other 94-4 IP Tasks were conducted.

The representative COO assessments were primarily directed at Y-12's Receipt, Storage, and Shipment (RSS) and Depleted Uranium Operations (DUO) organizations. Appendix C, *Y-12 COO Assessment Facilities List*, provides a listing of the facilities included as part of the COO assessments.

The scope of the COO assessments included, but was not limited to, the following topics:

- DOE and contractor management of COO programs
- Applicable portions of completed Readiness Assessments
- Completed actions in Near-Term Initiatives for COO activities
- Corrective actions related to probable causes documented in the Type C Investigation
- Corrective actions related to causal factors in the LMES internal report, *Evaluation of Criticality Safety Discrepancy Data*
- Progress by LMES in Phase III and IV activities involving criticality safety as defined in Y/AD-623, *Plan for Continuing and Resuming Operations*
- Any Special Operations that were in progress:
 - One-time operations
 - Those operations that will become part of standard operations

5.0 Assessment Results

DOE DIRECTION AND GUIDANCE

DOE 5480.19 Direction

The flow of Conduct of Operations guidance and assistance from Headquarters through ORO and YSO to LMES has strengths and weaknesses. DP-24 is providing Conduct of Operations assistance from Headquarters, but there is no DP-wide program for raising the standard of Conduct of Operations performance at activities outside of DP-20. ORO is playing a passive role - providing assistance upon request but not actively evaluating and pushing Conduct of Operations improvement at Y-12. YSO is aggressively seeking to improve the current status by using its Facility Representatives to monitor status and by working with LMES management to approach Conduct of Operations implementation in a systematic fashion. YSO has clearly defined its expectations for Conduct of Operations improvement to LMES, but contractor response to implement changes has been slow.

Issues:

F-COO-1.1-1: CONCERN: There is no DP-wide guidance for conduct of operations.

F-COO-1.1-2: FINDING: DOE-approved matrices of applicability for implementation of DOE 5480.19 do not exist for Y-12 facilities.

Oversight Program

The Team observed FRs and SMEs in the field, reviewed program documentation, and discussed program status with both DOE and contractor personnel in order to evaluate the overall adequacy of the YSO assessment program. YSO has developed a comprehensive, integrated assessment plan and is adequately executing the plan. Lessons learned are being incorporated and sections added as the program matures. Personnel effectively reviewed field activities and questioned personnel on practices and procedures when issues were noted. The DOE personnel exhibited adequate technical knowledge and should continue to develop as they complete formal qualifications and gain facility experience. Overall, the assessment program and personnel are adequate to execute an effective oversight program which promotes continual improvement.

Issues:

F-COO-1.2-1: CONCERN: Responses to monthly report issues are not being received from the contractor and additional, immediate action by YSO/ORO management is warranted.

- F-COO-1.2-2: CONCERN:** Development and execution of a YSO management walkthrough program should be implemented.
- F-COO-1.2-3: OBSERVATION:** Evaluate need for improved structure to weekly FR meeting.
- F-COO-1.2-4: CONCERN:** FRs appeared to be reluctant to call for help from other DOE staff.
- F-COO-1.2-5: NOTEWORTHY PRACTICE:**
YSO effectively incorporated lessons learned from other facilities associated with the development of an effective FR program and an assessment program such that implementation times were minimal.

Corrective Action Program

In the DNFSB Recommendation 94-4 Implementation Plan Near-Term Task N3.1, LMES identified insufficient priority being placed on corrective actions as a weakness.

The Y-12 COO Assessment Program Plan requires contractor findings be entered into issues management and tracking systems, that contractor corrective action plans be reviewed and field verified, and that some performance indicators relating to corrective actions awaiting implementation be monitored. This system is currently ineffective. YSO procedures are not consistently used in tracking and closure of corrective actions. The Y-12 Site Office Deficiency Tracking Database (DTD) is not user-friendly, does not sort CAPs submitted to YSO late (>30 days from issuance of YSO's finding), and has inaccurate finding issuance/CAP closure dates in some instances (i.e., File Code 50791 (Title: External Assessment-Site Wide-Award Fee)). YSO plans to develop an issues management system and enhance corrective action tracking at Y-12. The ORO AM-ES&Q plans to implement a SME matrix plan for support to YSO, including walkthrough at Y-12.

The Y-12 Site Office Annual Assessment Plan Management Systems Functional Area (Semiannual Surveillance MS-1) covers the collection of those requirements to be followed by site and facility management to develop a program of commitment to environment, safety and health (ES&H) in a formal, controlled manner. These requirements involve . . . commitment . . . to implement the ES&H programs and to ensure consistent and adequate management oversight. Effective management systems are required to develop and maintain ES&H programs. Elevation of corrective action "issues" is not inherent in the structure of DOE/YSO's corrective action management system. YSO Corrective Action Program implementation has not been successful in preventing repeated occurrences or developing root cause problem solutions. Although DOE-HQ/ORO/YSO have reviewed past problems regarding implementation of DOE 5480.19 and

actions taken at other DOE sites (i.e., Pantex, Rocky Flats, LANL, and SR), the DOE Corrective Action Program has not been effective.

The Y-12 DOE 5480.19 implementation plan is not aggressive and results in slow progress in achieving floor-level implementation. The most recent Cost Plus Award Fee (CPAF) COO weight was 10%. This percentage is insufficient, given that weights at other DOE sites which continued to operate through COO upgrades (i.e., within the AL system), weigh COO higher (i.e., 15%). These other DOE sites are giving consideration of further increase to that COO weight, in addition to COO special emphasis areas.

Issues:

- F-COO-1.3-1: CONCERN: Sufficient dedicated matrix support from HQ-DP and ORO is not provided to strengthen DOE effectiveness in correcting COO Program deficiencies in areas of continuing YSO operations(i.e., SAR Upgrade support for positive management control of the safety envelope, SME support in NCS/IH/HP, etc.).
- F-COO-1.3-2: CONCERN: An integrated, long-term staffing plan has not been prepared for YSO. Such a staffing plan is especially important in the current environment of reduced budgets/contractor support.
- F-COO-1.3-3: CONCERN: Effective organizational support from the ORO Manager/HQ-DP-20 is not provided to enhance the DOE focus on corrective action management.
- F-COO-1.3-4: CONCERN: A genuine management focus is not readily available to YSO from HQ-DP or ORO to expedite COO floor level implementation at Y-12. When compared to other DOE facilities that have undergone significant "Restarts," the reporting structure from YSO to ORO and DP is not effective in making resources available to Y-12. This is especially important when "Continued Operations" are being pursued in non-restarted areas(i.e., EUO).
- F-COO-1.3-5: CONCERN: A program for DOE-ORO management "workarounds" is not effectively functioning at Y-12, in order that corrective action implementation importance may be stressed.
- F-COO-1.3-6: CONCERN: Effective high-level COO Performance Indicators do not exist at either the YSO Manager or ORO AM-DP level. Neither an effective Issues Management System or an effective

Deficiency Tracking System exists within YSO.

F-COO-1.3-7: CONCERN: Sufficient emphasis/weight has not been placed on COO by DOE in the CPAF/Incentives process.

F-COO-1.3-8: FINDING: YSORT validation and documentation of approval of DOE RSS RA corrective action plans and findings closure packages were not performed in accordance with YSO-5.4.1 and did not require lessons learned/generic implications as required by YSO-5.4.1.

DOE Personnel Training and Qualification

The objective of the review for this area was to verify that the DOE personnel are properly trained and qualified to perform their oversight functions in the area of Conduct of Operations. The Task 5 Training Assist Team (TAT) assessed this same area in August 1995; therefore, the focus of the Assessment was on initial progress on recommendations from the TAT. Implementing those recommendations will be most conducive to improved oversight of Conduct of Operations. Task 4 COO performance-based assessments of DOE personnel performing oversight functions in the area of Conduct of Operations were used to determine the implementation level of training and qualification.

Substantial progress has been achieved on several of the TAT recommendations. Strengthening line management ownership and commitment to training were evident. Although development of facility-specific training remains incomplete (as identified by the TAT report and the DOE Readiness Assessment for RSS), DOE staff was now aware of and committed to the path forward for the identification, development, and completion of the training. The Training and Development Division of ORO has matrixed a full-time employee to YSO for assistance in completing the training development, and YSO employees are actively involved in providing the technical expertise necessary to complete the training materials.

Another of the TAT recommendations was to define and implement FR roles and responsibilities during an emergency. Although formal documentation is not yet in place to complete actions on this recommendation, FRs have now received the necessary Emergency Response training and access authorizations to respond to the scene of an emergency. The FRs are aware of their management's expectations during emergency response.

The FRs had an excellent understanding of Conduct of Operations concepts. In one instance, a FR was observed discussing an issue associated with operator aids with a LMES facility manager. The discussion clearly demonstrated not only the FR's knowledge of the requirements, but his understanding of the concepts and fundamental reasons for the requirements.

The DOE personnel involved in the oversight of the contractor in the area of Conduct of Operations have been properly trained and qualified to perform their jobs. Continued progress toward full implementation of the TAT recommendations will further enhance the competency and performance of the personnel.

Issues:

None.

DOE PARTICIPATION IN CORRECTION OF PREVIOUS ASSESSMENT DEFICIENCIES

Procedure Improvement

The team reviewed the documentation of the closure activities for the DOE RSS RA findings concerning procedures. Considerable work had been accomplished to upgrade the RSS "in use" procedures and work for the total procedure up upgrade process in the RSS facilities was well planned and on schedule. The DOE support group was adequately staffed to support their plan to review and validate this process. The records reviewed and activities observed indicated that the planned activities were being performed satisfactorily. The LMES COO reviews were being conducted in a professional manner and DOE/YSORT was familiar with the process and observed these activities routinely. The DOE/RSS FR is very familiar with the entire LMES procedures process and is effective in the oversight role. The overall status of the procedure activities in the Disassembly and Assembly organization is similar to the RSS process. This is not the case in the DUO and EUO organizations. The DOE/YSORT staff is not currently staffed or prepared to support these efforts by LMES, when they commence.

Issues:

F-COO-2.1-1: CONCERN: YSORT needs to expand its oversight effort of the procedure improvement effort to the DUO and EUO facilities.

Conduct of Operations Findings

The team reviewed the documentation of the closure activities for the DOE RSS RA findings concerning LMES conduct of operations. The evidence files contained corrective action plans (CAPs) for resolving the findings. Evidence files for findings which were already closed contained appropriate evidence from LMES documenting closure and signed by YSO. Interviews with the YSORT staff revealed that, following resumption of RSS, YSORT personnel discovered that validation of LMES CAPs and closure activities had not been performed and documented in accordance with YSO-5.4.1. YSORT personnel are currently performing actions and additional validations as necessary to document CAP approval and/or finding closure. In at least one instance, the additional validation activities have revealed a prestart finding which may have been closed without the listed corrective actions being adequately performed (Finding OP1-1). The issue is currently under review by YSORT.

The team reviewed the CAPs for a sample of the findings to determine the adequacy of the actions to resolve the findings. The listed actions appear to adequately address the findings in RSS if implemented as written. Analyses of lessons learned which may apply to other facilities to be started in the future and/or generic implications are limited, and DOE oversight activities

associated with approval of the CAPs did not require stronger lessons learned/generic implication analyses as required by procedures YSO-5.4.1 and YSO-3.2. This deficiency is part of a broader finding on implementation of lessons learned and identification of generic implications.

Issues:

See FINDING: F-COO-1.3-8

DOE-OR Findings

The team reviewed the documentation of the closure activities for the DOE RSS RA findings concerning DOE-OR. The evidence file for the one prestart finding only contained a copy of the actual evidence used for closure. Contrary to YSO procedures, no corrective action plan (CAP) for resolving the finding and evaluating generic implications was developed.

For the six post-start findings, the YSO Manager assigned the responsibility for developing CAPs to the appropriate managers. Five of the evidence files contained CAPs in the format requested. Three of those contained review and approval signatures. None of the post-start CAPs contained any references to generic implications and none of the evidence files contained evidence of verification and validation activities (V&V) required by YSO procedures. Interviews with the YSORT staff revealed that no further V&V activities similar to those being performed for the LMES findings were planned for the OR findings (see discussion in Conduct of Operations findings section).

The team reviewed the CAPs for the post-start findings to determine the adequacy of the actions to resolve the findings. The listed actions appear to adequately address the findings as they apply to RSS if implemented as written. Analyses of lessons learned which may apply to other facilities to be started in the future and/or generic implications are limited, and DOE oversight activities associated with approval of the CSAs did not require stronger lessons learned/generic implication analyses as required by YSO procedures. This deficiency is part of a broader finding on implementation of lessons learned and identification of generic implications.

Issues:

See FINDING: F-COO-1.3-8

Management Corrective Action Findings

The team reviewed the DOE RSS RA findings concerning the LMES corrective action process at Y-12. The pre-start finding had been satisfactorily closed and the evidence indicated adequate review and validation by DOE/YSO. The post-start finding action plan required a quality group assessment to determine further action needs. The completion of this assessment is scheduled for

the end of December 1995. DOE/YSO has approved this plan. The impact and generic implications of a deficient site wide corrective action program have not yet been formally considered. The corrective action plan allows delay of any meaningful actions for a period of three months.

Issues:

F-COO-2.4-1: CONCERN: The corrective action program for DOE RSS RA finding MG3-2 concerning the LMES corrective action program was delayed three months and may require further YSO action.

OCCURRENCE NOTIFICATIONS AND REPORTING

DOE ORO/YSO Involvement in the Notification Process

The team performed interviews and reviewed records to determine the effectiveness of the notification process. Notifications of Unusual Occurrences and Off-Normal Occurrences are accomplished in a timely manner and individuals were aware of their roles and responsibilities. In addition, the team observed notifications of two actual Off-Normal Occurrences and one notification of a drill occurrence during field assessments of FR daily routines and assessments. The notifications were complete and timely.

The team interviewed the ES&H Branch Chief in order to determine his involvement in Emergency Response Organization (ERO) notifications. The interview revealed that notifications were accomplished in a timely manner. The ES&H Branch Chief further described his involvement in an Emergency Operations Center (EOC) activation in response to a loss of incoming site power on October 23, 1995. Notifications by the automated pager system were timely, and activation of the EOC occurred without delay.

The team reviewed the Y-12 Emergency Plan and associated procedures to determine the extent of involvement by DOE in emergency responses. The YSO Manager and ES&H Branch Chief were listed by name as "DOE Officials" on the EOC Duty Roster. The roles and activities for the DOE Officials are identified in the ORO cadre checklist for the DOE position.

Issues:

None.

Reducing Reportable Events

YSO and LMES personnel are actively involved in the occurrence reporting process. Facility Representatives are informed of events, and they are attending event critiques. At the time of the Assessment, Facility Representatives do not have convenient access to the ORPS system. The ORPS system does not always have the most current occurrence event information, and some deficiencies exist in the way roll-up reports are handled.

Issues:

F-COO-3.2-1: FINDING: Facility representatives need the capability to access the ORPS system.

F-COO-3.2-2: FINDING: Roll-up occurrence reports are not in accordance with requirements, and current occurrence information is not maintained in the ORPS system.

Appendix A

Roles and Responsibilities

Team Leaders

The Team leaders were responsible for developing the COO Assessment Plan, for managing the Assessments, for briefing on-site personnel, and for writing the Assessment Reports. Prior to the onsite assessment, the Team leaders coordinated with HQ, ORO, YSO, and LMES personnel on logistics, required training, security access requirements, identification of counterparts, selection of facilities to be assessed, and an assessment schedule. The Team leaders were also responsible for conducting the entrance and exit meetings with HQ, ORO, YSO, and LMES personnel.

The Team leaders conducted daily briefings with HQ, ORO, YSO, and LMES personnel to review observations, concerns and findings, and approve the near-term daily schedule of activities (e.g., interviews, walkdowns, observations, and technical discussions). Team leaders facilitated the determination of the validity of any potential finding identified by the Team. They also resolved any conflicts between Team members and HQ, ORO, YSO, or LMES personnel. The Team leaders ensured the collection, for use in the final Assessment Reports, of any photographs or other pertinent reference materials. They also ensured the coordination of all IP Task 4 activities with activities of 94-4 IP Tasks 2, 3, 5, 6, and 7.

Assessment Team Members

The Federal Team members conducted a comprehensive review based on the criteria specified in the COO Assessment Plan's Appendix C, *94-4 IP Task 4 Performance Objectives, Review Criteria, Approach and Expectations for the Assessment of DOE Actions Regarding the Implementation of Conduct of Operations at Y-12*. The Contractor Team members conducted a comprehensive review based on the criteria specified in the COO Assessment Plan's Appendix D, *Task 4 Performance Objectives, Review Criteria, Approach and Expectations for the Assessment of LMES*.

The Team members reviewed prior Y-12 COO assessments, focusing on LMES and Y-12 findings, corrective actions, interim actions, and post-resumption activities. They documented their reviews on the Assessment Forms found in the COO Assessment Plan's Appendix E, *Assessment Forms*. The Teams gathered assessment data by independent verification, direct observations of facilities (walkdowns), interviews with appropriate DOE and LMES personnel, and reviews of documents and programs.

Team members provided daily summaries of their activities that were utilized during the daily site management briefings and Team meetings. The data from the daily summaries was used as bases for the final Assessment Reports.

Additional Team member responsibilities included the following:

- **Prepare and sign assessment forms,**
- **Prepare assigned report sections,**
- **Provide written descriptions of dissenting issues,**
- **Provide concurrence with the final report.**

ORO, YSO, and LMES Personnel

YSO and LMES provided on-site office spaces with dedicated personnel and work stations for use by the Teams. Conference rooms, copy machines, fax machines, and requested reference materials were provided in the area adjacent to the Teams' office spaces. Additionally, YSO and LMES personnel arranged for secure environments and equipment to support reviews of classified documents and activities.

ORO, YSO, and LMES personnel provided Team members with appropriate site specific training, escort services, and with any information the Assessment Teams requested for their comprehensive evaluations. ORO, YSO, and LMES personnel served as counterparts, responsible for providing necessary technical assistance for the Team members.

ORO, YSO, and LMES personnel reviewed the approved Assessment Forms and provided response acceptance in Section IV of the Assessment Form 2s (Appendix E of the COO Assessment Plan).

Following the COO Assessments, HQ, ORO, YSO, and LMES personnel, in conjunction with the Team members, will establish what corrective actions are needed to close any identified Assessment findings. In addition, ORO may be requested to provide the Team leaders with photographs of the site processes and other specified reference materials for use in the final report.

Assessment Team Process

Organization and Training

Prior to the onsite assessment activities, the Assessment Teams was trained so they had escorted access to the Y-12 facility. Training included basic security training and site orientation. Team leaders verified that each Team member was technically competent and had no direct connection with Y-12 operations that could affect their independence.

Protocol

The Assessments required an open exchange of information between Team members, HQ, ORO, YSO, and LMES. Evidence of successful communication between these individuals included the following:

- Entrance meeting with HQ, ORO, YSO, and LMES to discuss the objectives of the assessment and obtain HQ, ORO, YSO, and LMES perspectives on assessment activities.
- Team leaders briefings of HQ, ORO, YSO, and LMES site management on the scope, purpose, and objective of the assessments.
- Establishment of counterpart contacts who facilitated information flow and logistics for the Team.
- Candid discussions that involved all parties.
- Daily meetings between the Team leaders and appropriate DOE or facility management throughout the Assessments. These meetings were used to review observations, concerns, and findings, as well as to arrange and schedule activities (e.g., interviews, walkdowns, observations, and technical discussions).
- Exit meeting at the end of the Assessments with Team members, ORO, YSO, and LMES to discuss the issues identified, validate their correctness, and ensure the most up-to-date information available.

Assessment Process

Planning Activities

Some members of each Assessment Team conducted a preliminary site visit for training and to resolve any pre-assessment issues. During the preliminary visit, the Team representatives selected buildings to be assessed and established lists of interviews, references, and site counterparts. Since all Team access was to be escorted-access, basic security training was all that was received. Other training was available, but not provided, which included LMES General Employee Training, Radiation Worker II, Criticality Safety, Emergency Preparedness, and/or Hazard Communications. With personally delivered reference packages that were sent before the Assessments, the Team members became familiar with DNFSB Recommendations 92-5, 93-6, and 94-4 (Appendix G of the Assessment Plan); the DOE IP; Y/DD 500, *The Y-12 Plant Nuclear Criticality Safety Program Description*; Y/AD-622, *Type C Investigation of the Y-12 Plant Criticality Safety Approval Infractions Event*, and other background information.

Performance Objectives, Review Criteria, Approach, and Expectations

The COO Assessment Plan provided the necessary guidance for conducting the evaluations associated with the 94-4 IP Task 4. Appendices C and D of the COO Assessment Plan contain the performance objectives, review criteria, approach, and expectations for each assessment. The criteria provided the basis for the Teams to conduct their work within the defined scope of the assessments. The review criteria provided guidance for interviews with personnel, reviews of procedures and programs, walkdowns of systems, and observations of facility conditions.

Assessment Forms

Appendix E of the COO Assessment Plan contained the assessment forms used by Team members for documenting their reviews. Assessment Form 1 was used for documenting the detailed review of each objective. Assessment Form 2 was used to identify findings, concerns, observations, or noteworthy practices. Team members discussed with the Team leaders and appropriate HQ, ORO, YSO, or LMES representatives any issue raised prior to classification as a finding, concern, observation, or noteworthy practice. Definitions of these and other terms can be found in this Report.

Team members submitted assessment forms to their Team leader for review and approval. The Team leader then submitted the Assessment Form 2 to appropriate ORO, YSO, or LMES personnel for their response. ORO, YSO, and LMES personnel reviewed the approved Assessment Forms, provided responses, recorded the date, and indicated their acceptance in Section IV of Assessment Form 2s.

Document Reviews, Facility Walkdowns, and Interviews

A tour of Y-12 facilities was conducted, during the preliminary site visit to familiarize the attending Team members with the layout of Y-12 facilities. During the first day of the assessment period, Team members conducted more familiarization tours. As the Assessments progress, additional walkdowns were taken to identify and characterize issues and concerns. DOE and/or LMES representatives knowledgeable of Y-12 facility conditions accompanied Team members during these walkdowns.

Interviews were used to gather information on specific topics. Interviews were scheduled, after document reviews, facility walkdowns, and observations.

Classified Information Security

Although some of the information needed to complete these assessments may be classified, the Report contains as much information as possible in an unclassified form. Materials generated onsite (e.g., working notes, Assessment Forms, etc.) were reviewed for classification.

The site provided the necessary safeguards and security administrative support to the Assessment Team members. This included providing secure environments and equipment. Areas approved for

classified work were identified during the preliminary site visit and the initial tours. The goal was achieved to provide classified work support, so that classified documents, notes, and discussions were declassified through revision and interpretation. The final report was also reviewed for classification.

The scope of the security related administrative support included the following items:

- Secure work areas and areas outside security zones
- Access to unclassified and secure equipment (personal computers, laser printers, copiers, etc.)
- Unclassified and classified document storage
- Access to an authorized classifier
- Site classified documents
- Personnel access and badging
- Telephones (including access to secure telephones if needed)
- Authorization for to/from Y-12 transport of personal notebook computers and diskettes

To allow complete access to technical security areas, all Assessment Team members had current Q clearances.

Appendix B

Team Composition

Assessment Team Members

Members of the Assessment Teams were selected on the basis of technical expertise and assessment experience. The use of Team members from a number of DOE sites promotes the exchange of good practices, lessons learned, and diverse perspectives. These individuals are familiar with assessment methodology and experienced in conducting interviews, observing in-progress activities, and performing walkdowns of facility systems and equipment operation. The Assessment Teams include DOE technical experts, senior M&O contractors, and highly qualified consultants.

ASSESSMENT TEAM MEMBERS

DOE ASSESSMENT

D. Chaney - DOE-HQ (Team Leader)
C. Everatt - DOE-SRO
D. States - DOE-HQ
J. Grise - Consultant/SMS
E. Stafford - Consultant/SWEC

LMES ASSESSMENT

D. Branch - Kaiser-Hill, RF (Team Leader)
G. Francis - Kaiser-Hill, RF
J. Angelo - Mason-Hanger, Pantex
D. Butler - Mason-Hanger, Pantex
W. Condon - Westinghouse, SRS

Area Assignment for Federal Assessment Team

Member Name	Counterpart(s)	Area	Comments
Dave Chaney	Dale Christenson	COO Management Organization Corrective Action Planning	Federal Team Leader
Carl Everatt	Mike Miller (FR) David Wall (FR) Steve Wellbaum (RSS)	Facility Representative (FR) Program Rad Con Practices	
Jim Grise	Ken Ivey (RSS)	Resource Management Procedure Program	HQ, ORO, & YSO HQ, ORO, & YSO
Ed Stafford	Mike Glasman (DUO)	Subject Matter Expert (SME) Program Drill/Casualty Response Program Control of Safety Envelope / Documentation	DOE and DOE/LMES
David States	Jeff Cravens (DUO)	Interfaces	HQ-ORO-YSO-LMES

Federal Y-12 COO Assessment Team Biographical Summaries

Federal Team Leader

DAVID CHANEY – DOE HQ/Defense Programs

Mr. Chaney is the Pantex Team Leader for the Office of Site Operations (DP-24), U.S. Department of Energy (DOE) Headquarters in Germantown, MD. He provides technical and programmatic leadership for the Pantex Team with responsibility for organizing work efforts, recommending the assignment of individuals, coordination and technical monitoring of contractor support of the Pantex Plant in Amarillo, Texas. He holds a B.S. in Systems Engineering from the U.S. Naval Academy, and MBA and Juris Doctor from the University of Miami. He has 25 years of Navy and commercial nuclear experience. His commercial nuclear experience includes positions as Corporate Director of Nuclear Licensing, Nuclear Station Engineering Manager, Director of Performance Assurance and in various project management areas. He has certification as a Senior Reactor Operator (SRO) from Westinghouse and as Engineer Officer in the Naval Nuclear Propulsion Program. Since joining DOE in 1992, he has been supporting various areas of DOE Defense Programs: the Office of Engineering and Operations Support, the Pantex Program Office and the Office of Site Operations. He lead the recent Pantex Conduct of Operations upgrade program, is the Defense Programs lead for the Nuclear Weapons Disposition Policy/Proposed Munitions Rule, and is the Weapons Components Team Co-Leader for the Materials-in-Inventory (MIN) Secretarial Initiative.

Federal Team Members

CARL A. EVERATT

Mr. Everatt is currently the Director, Reactor and Spent Fuel Division at the DOE Savannah River Operations Office and has more than 12 years of nuclear experience. He was involved in the final stages of the startup of Florida Power and Light's St. Lucie Unit 2, the renovation and restart of the L-Reactor at SRS, and the restart of K-Reactor. Mr. Everatt has been a team member of the L-Reactor Operational Readiness Review, INPO evaluation team for Florida Power and Light's Turkey Point, and the conduct of operations assist team to Pantex. He has been responsible for the development of the K-Reactor facility representatives training and qualification program, SRS reactor operator peer evaluation certification program, safety analysis/technical specification development and implementation, and was a team member of the reactor seismic evaluation team. Mr. Everatt holds a Bachelor of Science in Nuclear Engineering.

JAMES E. GRISE

Mr. Grise is a Senior Executive Consultant with SMS Corporation. He holds a BS in Engineering and a MS in Marine Affairs. Mr. Grise has 36 years of experience in the engineering and nuclear fields. The first 29 years of his career were spent in the Navy, including 24 years in the Nuclear Propulsion Program. He spent six years as the Commanding Officer of two nuclear submarines. Post-submarine command tours included assignments in nuclear maintenance, operations, inspections, and training. As Commanding Officer of the Navy's largest afloat facility for nuclear plant repairs, he was responsible for the supply and repair of 13 submarines. In 1988, Mr. Grise retired from the Navy. Since that time, he has served as a consultant to the Department of Energy in the areas of training, inspection/appraisals, Operational Readiness Reviews, and as a Conduct of Operations monitor at various facilities. As a result of his Navy nuclear experience, he possesses expertise in most areas of nuclear operation and maintenance. His experience is particularly strong in training, management, and inspection/oversight. Additionally, Mr. Grise has three years of experience at Savannah River Site, one and one-half years at Rocky Flats, and two years at Los Alamos National Laboratory. Mr. Grise has participated in Operational Readiness Reviews at K-Reactor, F-Canyon In-Tank Precipitation, and FB-Line at Savannah River Site. Additionally, he was at the Building 707 Corporate Operational Readiness Review at Rocky Flats, the Plutonium Facility Readiness Assessment at Los Alamos National Laboratory, and the Y-12 Readiness Assessment for Receipt, Storage, and Shipment (RSS) in the LMES management functional area at Oak Ridge.

EDWARD A. STAFFORD

Mr. Stafford is a Senior Principal Engineer with Stone & Webster Engineering Corporation. Mr. Stafford has more than 15 years of nuclear experience, including 11 years of supervisory, operational, and training experience in the commercial nuclear industry. His current assignment involves providing operations, technical, and training support to the DOE SR High Level Waste organization. Current job responsibilities include reviews of safety basis documentation submitted for DOE approval, review of operational performance and conduct of operations, development of assessment plans and procedures, development and presentation of Facility Representative training, and development of start-up validation and action plans for HLW facilities. Prior to his current assignment, Mr. Stafford provided technical support to the Director of the Reactors and Spent Fuel Division of DOE-SR under defined management assistance tasks. Job responsibilities included direct interface with the Defense Nuclear Facilities Safety Board staff in support of the Director, reviews of safety basis documentation submitted to the division for DOE approval, review of operational performance and conduct of operations, development and presentation of Facility Representative training, and development of assessment plans and procedures. During his assignments at DOE-SR, Mr. Stafford has participated in the K-Reactor Restart Task Force, Type B Investigations at the Defense Waste Process Facility and H-Canyon, two Conduct of Operations reviews of the Amarillo Area Office, the Savannah River Facility Representative Program Committee, and development of the "DOE Guidelines for Interface with the Defense Nuclear Facilities Safety Board." Mr. Stafford's prior commercial nuclear experience includes a Reactor Operator license and operating experience

at a General Electric Boiling Water Reactor and a Senior Reactor Operator License as well as construction, start-up, operating, and licensed operator classroom and simulator training experience at a Westinghouse Pressurized Water Reactor. During his assignments in licensed operator training, Mr. Stafford completed basic and advanced simulator instructor training courses presented by the Institute for Nuclear Power Operations. Mr. Stafford has a BA degree in Chemistry from the University of North Carolina.

DAVID C. STATES

Mr. States is an Operations Assessment Engineer with the Department of Energy. He holds a B.S. in Electrical Engineering from LeTourneau College (1985) and is a registered professional engineer. He has 10 years experience in nuclear reactor operation, engineering, training, maintenance, assessments, and testing. Mr. States spent seven years in the U.S. Navy as a nuclear trained officer, holding several supervisory positions in the engineering department of a Navy nuclear submarine, and he completed qualification as a Navy Nuclear Engineer. Mr. States joined Digital Systems Research, Inc., in 1993 as a senior engineer to support the Office of Operations Assessment, EM-25. His responsibilities included performing assessments, developing and reviewing policy documents, and providing technical assistance to field offices. In January 1995, he joined the Department of Energy (EM-25) and became an assessment team leader. During the past two and a half years Mr. States has participated in more than 15 assessments/audits of EM and DP activities throughout the DOE complex. Throughout his career, Mr. States has been involved in the development and presentation of training to support engineering, security, and conduct of operations programs. He currently provides instruction to DOE Operations Office personnel on conduct of operations and conduct of radiological controls. His areas of expertise are conduct of operations, training, radiological controls, and nuclear reactor operation.

Appendix C

Y-12 COO Assessment Facilities List

Receipt, Storage, and Shipment Facilities

Y-12 Building Number	Affected Area
9720-5	Entire building
9204-2/2E	Defined areas
9204-4	Defined areas
9215	Defined areas
9998	Defined areas

Depleted Uranium Operations Facilities

Y-12 Building Number	Affected Area
9201-5	Defined areas
9201-5N	Defined areas
9204-4	Defined areas
9212	Defined areas
9215	Defined areas
9996	Defined areas
9998	Defined areas

Enriched Uranium Operations Facilities

Y-12 Building Number	Affected Area
9212	Rooms 26, 29, C-1, etc.

Appendix D

Glossary

Concern – Any situation that is not in violation of any written procedure, but in the judgment of the Assessment Team member indicates less than optimal performance. A concern could be an indicator of more serious problems.

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, Standard, safety requirement, performance standard, or approved procedure.

Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

Observation – An issue that is not in violation of any written procedure or requirement, but in the judgment of the Assessment Team member is worthy of raising to the attention of site management in order to enhance overall performance.

Violation – An operational issue, discovered during the Assessment, which may have existed for a period of time prior to the Assessment and is reportable under the site approved Occurrence Reporting System.

Appendix E

Y-12 COO Assessment Forms for Federal Team

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.1
Review Area: DOE Order 5480.19 Direction
Responsible Individual: D. States

I. Performance Objective:

The requirements of DOE Order 5480.19 to be performed by the DOE have been effectively accomplished as was committed to by the implementation plan for DNFSB Recommendation 92-5.

II. Expectations:

- a. DOE management policies are in place which define expectations for conduct of operations.
- b. The YSO organization provides effective control of operations to ensure conduct of operations implementation such as through the Facility Representative program.
- c. Interfaces between and within DOE organizations for conduct of operations are defined.
- d. DOE has placed emphasis on program execution and has adequate documentation.

III. Review Criteria:

DOE-HQ/ORO/YSO have provided clear direction, guidance, and assistance to the field to effectively institute conduct of operations at Y-12.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.1
Review Area: DOE Order 5480.19 Direction
Responsible Individual: D. States

IV. Approach:

Records Reviewed:

- Y-12 Facilities Conduct of Operations Assessment Program Plan and Guidance, June 5, 1995
- DP-20 memo to Managers of AL, ORO, and SR, dtd April 22, 1994, subj: Management Expectations Regarding Conduct of Operations
- Pantex Plant Conduct of Operations Plan dtd September 6, 1995
- DP-20 letter to John T. Conway (Chairman DNFSB) dtd 4/22/94, subj: implementation of conduct of operations at Pantex
- MMES/Y-12-DOE-5480.19-CSA-137B-Receipt, Storage, and Shipment (RSS)
- MMES/Y-12-DOE-5480.19-CSA-147B-Depleted Uranium (DU)
- MMES/Y-12-DOE-5480.19-CSA-85B-Sitewide
- Robert W. Poe memo to Joe LaGrone (Oak Ridge Manager) dtd 10/13/94, subj: Determination of the DOE/ORO Role in the Y-12 Incident
- Y/NO-00003, Status of Conduct of Operations Program in Response to DNFSB 94-4, dtd 5/95
- Y/NO-00006, Use of Mentors as Compensatory Measures for COOP Requirements, dtd 8/95
- Nuclear Operations Conduct of Operations Manual dtd 6/22/95
- Y60-161, Occurrence Reporting, dtd 9/8/94
- Robert Spence memo to DP-20, dtd 10/5/94, subj: Conduct of Operations Performance Indicator Report
- Draft DP-20 Y-12 Evaluation Program, dtd 10/17/95

Interviews Conducted:

- 2 Y-12 Facility Representatives
- YSO Operations Engineer
- 2 DP-24 Program Managers
- Y-12 Restart Manager
- ORO ORPS point of contact
- LMES Conduct of Operations manager
- ORO Conduct of Operations Subject Matter Expert
- LMES Deputy Vice President for Defense and Manufacturing
- Y-12 Site Manager
- Assistant Manager for Defense Programs
- DP-31 Group Leader, Operations Support
- Two LMES ORPS categorization personnel
- Chief YSO ES&H Branch

Evolutions Observed:

Facility Representative performing daily routine. This included facility walkthrough, follow-up on corrected deficiencies, and discussions with LMES counterparts.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.1
Review Area: DOE Order 5480.19 Direction
Responsible Individual: D. States

V. Discussion of Results with Basis:

DP elements at Headquarters are providing some conduct of operations guidance to the field, but the guidance is directed only at DP-20 programs. In April 1994, DP-20 issued a memorandum to Pantex, Savannah River, and Oak Ridge Y-12 which: directed monitoring of conduct of operations performance measures, established DP-24 points of contact for conduct of operations, and required quarterly reports for conduct of operations be sent to HQ. YSO is sending quarterly reports to headquarters. YSO sees the need to revise the performance measures required by the April 1994 memo, but so far this has not been accomplished. DP-24 is also putting together a Conduct of Operations assistance program which will send personnel to the field to participate in COO assessments and provide guidance on COO issues. This program is still in the development stage. Although DP-20 is taking an active role in raising the level of COO performance for its activities, there is no DP-wide program which would provide the same attention to other DP activities. Several people interviewed mentioned the value of a PSO wide program as administered by EM. EM-1 has established a program in which EM field personnel are required to systematically evaluate COO at their activities and follow-up on deficiency correction. An EM HQ team evaluates each field office's effectiveness in administering this Operations Assessment Program annually and provides training and assistance when needed.

Oak Ridge Operations (ORO) is playing a passive role in working with DP HQ and Y-12 Site Operations on COO. ORO has assigned an individual to be a COO subject matter expert, but COO is only one of his many responsibilities. As a result, ORO does not actively seek to provide assistance to the COO efforts at YSO. In the past, ORO has had a systematic program for visiting all Oak Ridge sites to evaluate COO, but other programmatic demands have caused ORO to drop this program. When asked to provide assistance, ORO has responded. ORO provided assistance during the initial restart activities. ORO has had some dialogue with LMES on methods to make interpretation of COO requirements more consistent across the Oak Ridge complex. This effort is not well developed at this time.

YSO is aggressively pursuing improved conduct of operations on two fronts - working with LMES to approach implementation of COO in a systematic fashion and monitoring the status of COO through periodic assessments. YSO provides COO guidance to LMES through biweekly meetings, formal correspondence, and assessment reports. LMES feels the guidance received from the DOE on COO is clear, but the cost of improving COO will be high and will be difficult due to the time required to change the "culture" of the workers. YSO personnel are frustrated with the slow pace of COO improvement shown by LMES. LMES has submitted Requests for Approval for COO implementation at RSS and DUO which have been approved by YSO. The implementation plan for Y-12 site-wide conduct of operations has not been approved by YSO.

LMES has developed a nuclear conduct of operations manual which reflects the most rigorous implementation of DOE 5480.19 at Y-12. DOE 5480.19 requires the development of matrices of applicability to define the rigor of implementation that is necessary for a given activity. LMES' schedule for the development of matrices for Y-12 activities extends out to March 1996. The time allotted for matrix development seems to be excessive. Activity managers working with personnel that understand the requirements of the matrix should be able to complete the matrix development in a much shorter period of time.

LMES management has not developed an approach to responding to YSO monthly assessment reports. YSO facility representatives provide e-mail copies of their assessment findings to their LMES counterparts, so the working level personnel are aware of the material in the monthly reports. The missing element for LMES to respond is direction from management. (See Assessment Form 2: F-COO-1.2-1)

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.1
Review Area: DOE Order 5480.19 Direction
Responsible Individual: D. States

YSO has hired a group of facility representatives with sound conduct of operations experience. The facility representatives use walkthroughs, observations of work in progress, and assessments to identify conduct of operations deficiencies. Facility representatives convey the deficiencies they identify to LMES verbally, via e-mail or through the monthly YSO assessment report. In addition, the facility representatives have developed a tracking system to ensure that the deficiencies are corrected and verified. They have established good working relationships with their LMES counterparts, and LMES management reports that the facility representatives are doing an effective job in identifying valid deficiencies.

VI. Conclusion:

The criteria for this performance objective are partially satisfied. HQ guidance to YSO from DP-24 is adequate. DP-wide HQ guidance on conduct of operations is lacking. ORO is playing a passive role in providing conduct of operations support and guidance to YSO. YSO is aggressively seeking to improve conduct of operations at Y-12 and is seeking to use every means available to move LMES as quickly as possible toward improved operations. In some areas, such as conduct of operations matrix development and developing corrective actions for deficiencies, LMES response to YSO direction has been slow. The Y-12 facility representatives are effective and have a good working relationship with LMES counterparts.

VII. Issues:

1. CONCERN: There is no DP-wide guidance for conduct of operations.

2. FINDING: DOE-approved matrices of applicability for implementation of DOE 5480.19 do not exist for Y-12 facilities.

Originator David States *David C States* Date 11/7/95
Approved Dave Chaney *Dave Chaney* Date 11/7/95

Assessment Form 2 No.: F-COO-1.1-1
Review Area: DOE Order 5480.19 Direction
Responsible Individual: D. States

CONCERN -- Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement

There is no DP-wide guidance for conduct of operations.

B. Information Requested

None

II. Basis Section

A. Description of Basis:

DP-20 is putting together a systematic program to evaluate Y-12 progress in improving conduct of operations, environmental, safety, and health programs. A similar systematic evaluation program does not exist for activities outside of DP-20. Without a centralized approach to conduct of operations, performance at the various DP activities will vary according to the quality of the local program. DP already has a body of expertise in DP-24 and DP-31 capable of evaluating conduct of operations performance and providing conduct of operations assistance.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Form 1 F-COO-1.1

III. Approval Section (Signatures)

Originator David States 

Date 11/7/95

Approved Dave Chaney 

Date 11/7/95

Suggested Corrective Action:

- 1. Use DP-24 and DP-31 expertise to establish a DP-wide approach to conduct of operations.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.1-1
Review Area: DOE Order 5480.19 Direction
Responsible Individual: D. States

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.1-2
Review Area: DOE Order 5480.19 Direction
Responsible Individual: D. States

FINDING – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

I. Identification Section

A. Statement

DOE-approved matrices of applicability for implementation of DOE 5480.19 do not exist for Y-12 facilities.

B. Information Requested

None

II. Basis Section

A. Description of Basis:

A matrix of applicability prepared by the contractor and approved by the DOE is required by DOE 5480.19 to define which guidelines of the order will be applied at a given activity. The matrix serves as an agreement between the contractor and the DOE on the rigor of conduct of operations that is necessary for an operational activity. Without a matrix, the direction for conduct of operations improvement efforts is not well defined. Conduct of operations implementation plans have been developed and approved for some Y-12 activities, but no matrices have been submitted by LMES to the DOE for approval. Submission of an implementation plan is inappropriate before establishing what guidelines from DOE 5480.19 will be applied at the activity. The current schedule for matrix development extends out to March 1996.

B. Documents reviewed, activities performed, persons contacted (include titles):


See Form 1 F-COO-1.1

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.1-2
Review Area: DOE Order 5480.19 Direction
Responsible Individual: D. States

III. Approval Section (Signatures)

Originator David States  Date 11/7/95

Approved Dave Chaney  Date 11/7/95

Suggested Corrective Action:

1. Accelerate the Matrix formulation process as much as possible to obtain matrices of applicability which will provide a clear path for conduct of operations implementation.

IV. Contractor/DOE Response

Acknowledged by: N/A Date _____

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.2
Review Area: Oversight Program
Responsible Individual: Carl Everatt

I. Performance Objective:

DOE-HQ/ORO/YSO management and staff have provided sufficient oversight to insure guidance and direction is carried out in each area of conduct of operations.

II. Expectations:

- a. YSO management effectively measures LMES' conduct of operations performance.
- b. ORO measures the effectiveness of YSO oversight of conduct of operations.
- c. HQ measures the effectiveness of ORO oversight of conduct of operations.
- d. YSO supervisors and managers monitor operations to determine program effectiveness.
- e. YSO management is involved in issue identification and resolution.
- f. DOE has issues management programs which are effective aids to improve LMES conduct of operations.
- g. DOE has a self-assessment program at all levels which provides information as to DOE's effectiveness in the implementation of conduct of operations.

III. Review Criteria:

DOE is to ensure the adequacy and implementation of LMES' conduct of operations program by performing independent assessments in accordance with DOE Order 5700.6C.

IV. Approach:

Field observations of FRs during the course of their normal day and during pre-staged drills

Observed FR meetings

Review of assessment program documentation including plans, schedules, completed assessment reports, and program performance indicators

Formal and informal interviews of FRs, YSO/ORO supervision, and contractor personnel including mentors

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Review Area: Oversight Program

Responsible Individual: Carl Everatt

V. Discussion of Results:

Facility Representative Performance

Field observations of FRs were conducted by various personnel from the assessment team to gather a representative sample of FR performance. The observations were obtained by "shadowing" individuals for a period of time and by "random" encounters with FRs while observing other individuals or activities. Pre-staged drills were primarily established for observation of contractor personnel, but FR involvement was also observed during the "event" and during the critiques which followed.

Overall, the YSO FRs were determined to be a solid group. They were very active in the field observing work performance in progress and facility material conditions. They were up to date on the activities in their facilities, the strengths and weaknesses of the facility personnel and equipment, and the plans for the future. Although the majority of the FRs are relatively new to Y-12, they projected an excellent understanding of the current situation at Y-12 and a positive attitude on progress made-to-date and progress still needed.

The FR's interactions with the contractor were excellent. The FR's interactions were professional and they demonstrated a very patient, non-adversarial behavior when discussing problems with the contractor. This mannerism allowed the FR to communicate the concerns without assuming the facility manager role. The FRs are clearly impacting facility operations as evidenced by the contractor's reaction to FR observations and by the fact contractor personnel actively solicited FR opinions.

Assessment Program Performance

The assessment program at YSO was formally established in June of this year. Although it is relatively new, YSO effectively transferred the development work completed at Savannah River over several years and established a single, comprehensive YSO program. The Annual Assessment Plan is an integrated schedule of assessments for the FRs, ES&H Branch, Program Branch, and Startup Group. Execution of the plan has been mixed with some groups completing virtually all assigned tasks and others completing less than half of the assigned tasks. One strength noted was the timeliness of monthly report issuance and the interim communication of assessment results between the FRs and the contractor using the area network. YSO performance in this area is better than many well-established programs.

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Responsible Individual: Carl Everatt

One major concern noted with the YSO assessment program is the lack of response received from the contractor. Of the four monthly reports transmitted to the contractor, corrective action plans have not been received for the last three. The one corrective action response received was rejected by YSO as incomplete. Lack of contractor response has been identified by YSO and was a significant deficiency during the monthly award fee feedback sessions. Failure of the contractor to aggressively participate in this program will seriously undermine the contractor's effectiveness and additional immediate action by YSO and ORO management is required.

One enhancement that should be made to the assessment program is a management walkthrough program. Supervisors must obtain a first hand working knowledge of field conditions on a periodic basis to judge both contractor efforts as well as FR performance. A management walkthrough program is a method which can be employed to achieve this objective. As activity levels accelerate, field time for supervisors is generally sacrificed when no disciplined approach exists which elevates the priority for field time.

Radiation Control

Based on discussions with FRs, SMEs, and contractor personnel, significant progress has been made in improving radcon practices over the past year, primarily in the reduction of contamination area, marking of fixed contamination areas, and establishment of consistent radcon practices between facilities. During the course of the FR and SME tours, several radcon problems were noted to exist:

- Depleted Uranium Operations implementation of the radcon program lags significantly behind the rest of the site. This has been identified by YSO and included in the recent award fee feedback sessions. Additionally, the DUO practice of allowing exposed skin on arms and the neck is questionable. Taping of sleeves and hoods should adequately address OSHA problems. The DOE position on this practice should be reevaluated.
- Updated surveys were not always found in the survey books to support RWP review and sign off. Surveys are required to be completed monthly; most surveys were 2-3 months old. This item was noted by the FR and promptly brought to the attention of the contractor.
- Five bags of rad waste were found unattended on a hall floor in a RBA tagged as "released to RMA or CA." This item was noted by the FR and promptly brought to the attention of the contractor.
- Due to recent rollbacks of contaminated areas, two problems were identified that were not previously identified by YSO personnel:
 - 1) Surveys were not completed of overhead areas, access points to overhead areas were not restricted (signs/chains), and work controls did not specifically address special precautions to take if working in an overhead area (i.e., changing light bulbs, overhead cranes).
 - 2) There is no documented evaluation of air monitoring requirements at the new boundaries. This is

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Responsible Individual: Carl Everatt

inconsistent with the requirements of the radcon manual and LMES procedures and is not being addressed. Ventilation at boundaries between contamination/high contamination and the clean areas/RBAs was not controlled (i.e., air flow from clean to contaminated, solid walls/doors) and local monitoring (fixed or portable) was not present. A current review of the air monitoring program was stated to be "ongoing" with an early spring completion forecast.

Occurrence Reporting

The occurrence reporting process at YSO is an area which although improved, requires additional attention. The FRs do not currently have direct access to the ORPS system from their office computers. (See Assessment Form 2: F-COO-3.2-1) Subsequently, the FRs are fed reports from the YSO ORPS coordinator and they provide hard copy comments back which are then entered into the system. Although this cumbersome process can be made to work, it is inefficient and contributes to a lack of ownership of the reporting process by the FRs. (See Assessment Form 2: F-COO-3.2-2)

During discussions with the FRs, they were unaware of the number of open occurrence reports in their facilities, the number of overdue reports, or even the number of reports currently awaiting their signature.

VI. Conclusion:

Most FRs are relatively new to Y-12 and bring a diverse nuclear background from which to draw. This background, coupled with their excellent attitudes and improving knowledge of facility operations, should promote significant, continuing improvements in contractor operations in the future.

The YSO assessment program is relatively new and has experienced only minor implementation problems. The personnel exhibited good technical and personal interaction skills during the assessments. Lessons learned are being incorporated into the program sections as assessments are completed for the first time. Given time, this program should mature into an effective oversight program which actively promotes improvement in facility operations.

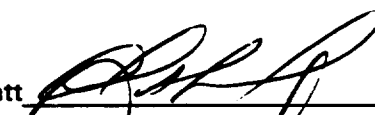
Assessment Form 1

Date: November 7, 1995


Assessment Form 1 No.: F-COO-1.2
Review Area: Oversight Program
Responsible Individual: Carl Everatt

VII. Issues:

1. CONCERN: Responses to monthly report issues are not being received from the contractor and additional, immediate action by YSO/ORO management is warranted.
2. CONCERN: Development and execution of a YSO management walkthrough program should be implemented.
3. OBSERVATION: Evaluate need for improved structure to weekly FR meeting.
4. CONCERN: FRs appeared to be reluctant to call for help from other DOE staff.
5. NOTEWORTHY PRACTICE: YSO effectively incorporated lessons learned from other facilities associated with the development of an effective FR program and an assessment program such that implementation times were minimal.

Originator Carl Everatt 

Date 11/7/95

Approved Dave Charney 

Date 11/7/95

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-1
Review Area: Oversight Program
Responsible Individual: Carl Everatt

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement

Responses to monthly report issues are not being received from the contractor and additional, immediate action by YSO/ORO management is warranted.

B. Information Requested

None.

II. Basis Section

A. Description of Basis:

Timely responses are essential to address problems real time, integrate facility work priorities, and develop corrective actions before the next issue overtakes management priorities. If allowed to linger, an unworkable backlog of issues will develop and no structured improvements will result.

YSO management efforts to obtain response have been unsuccessful.

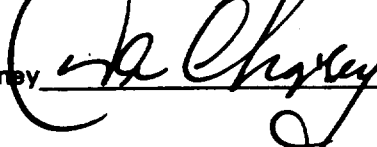
B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1: F-COO-1.2.

III. Approval Section (Signatures)

Originator Carl Everatt 

Date 11/7/95

Approved Dave Charney 

Date 11/7/95

Suggested Corrective Action:

1. Elevate the "lack of contractor response" issue within LMES corporate and DOE-ORO structures, including consideration of increased CPAF weights for COO.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-1

Review Area: Oversight Program

Responsible Individual: Carl Everatt

IV. Contractor/DOE Response

Acknowledged by: _____ N/A _____ Date _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-2
Review Area: Oversight Program
Responsible Individual: Carl Everatt

CONCERN -- Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement

Development and execution of a YSO management walkthrough program should be implemented.

B. Information Requested

None.

II. Basis Section

A. Description of Basis:

The current program requiring YSO supervision to maintain a certain field presence is informal, has no structure, and has no evidence of implementation. Supervision in the field is essential to give management a first hand awareness of the issues and allows staff/management interaction time.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1: F-COO-1.2.

III. Approval Section (Signatures)

Originator Carl Everatt 

Date 11/7/95

Approved Dave Chaney 

Date 11/7/95

Suggested Corrective Action:

1. An approach which includes the FR, a YSO supervisor, and a contractor manager should be considered in developing a walkthrough program for YSO management, as a method of improving communications of DOE expectations.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-2
Review Area: Oversight Program
Responsible Individual: Carl Everatt

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-3
Review Area: Oversight Program
Responsible Individual: Carl Everatt

OBSERVATION - Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.

I. Identification Section

A. Statement

Evaluate need for improved structure to weekly FR meeting.

B. Information Requested

None.

II. Basis Section

A. Description of Basis:

In order to enhance communications, several potential improvements to the weekly FR meeting are recommended. The use of documented performance indicators (PIs) for ORPS and assessment program status would establish expectations and track performance. The use of a critical items list would prevent dropping issues before they are adequately resolved. Inclusion of the ESH Branch Chief and Restart Team Leader in the weekly FR meeting would increase communications of issues and expectations.

B. Documents reviewed, activities performed, persons contacted (include titles):



See Assessment Form 1: F-COO-1.2.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-3
Review Area: Oversight Program
Responsible Individual: Carl Everatt

III. Approval Section (Signatures)

Originator Carl Everatt  Date 11/7/95
Approved Dave Chaney  Date 11/7/95

Suggested Corrective Action:

1. Enhance weekly FR meeting by use of the following:
 - a. Pls for ORPS
 - b. Assessment Program Status
 - c. Critical Items List
 - d. Including ES&H Branch Chief and Restart Team Leader
 - e. Summarize SME support to FRs

IV. Contractor/DOE Response

Acknowledged by: N/A Date _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-4
Review Area: Oversight Program
Responsible Individual: Carl Everatt

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement

FRs appeared to be reluctant to call for help from other DOE staff.

B. Information Requested

None.

II. Basis Section

A. Description of Basis:

The DOE-MCA group was not consulted during a recent Tamper Indicating Device (TID) shipping issue. SMEs have not been contacted by FRs in other instances involving CSA violations, radcon issues, and engineering questions. In the above cases, FRs handled the situations with minimal to no involvement by other organizations. Some "day-to-day" facility problems belong to groups other than the FRs and their participation is essential.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1: F-COO-1.2.

III. Approval Section (Signatures)

Originator _____ Carl Everatt

Date

11/7/95

Approved _____ Dave Charney

Date

11/7/95

Suggested Corrective Action:

1. Foster improved staff communications/interactions through combined DOE staff (SME/FR) assessments.
2. Require logs for SME field time and for requests of assistance made by FRs of SMEs.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-4
Review Area: Oversight Program
Responsible Individual: Carl Everatt

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-5
Review Area: Oversight Program
Responsible Individual: Carl Everatt

NOTEWORTHY PRACTICE -- A practice that is notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

YSO effectively incorporated lessons learned from other facilities associated with the development of an effective FR program and an assessment program such that implementation times were minimal.

B. Information Requested

None.

II. Basis Section

A. Description of Basis:

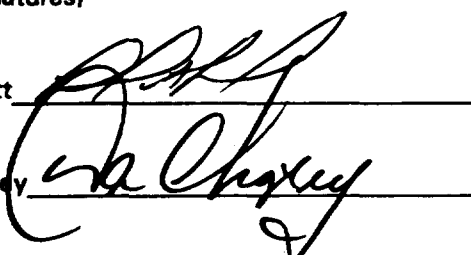
Results of assessments are effectively communicated in a timely manner through the use of the area network. Issuance of the formal monthly reports is streamlined and extremely timely.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1: F-COO-1.2.

III. Approval Section (Signatures)

Originator Carl Everatt



Date 11/7/95

Approved Dave Chaney



Date 11/7/95

Suggested Corrective Action:

1. None.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.2-5

Review Area: Oversight Program

Responsible Individual: Carl Everatt

IV. Contractor/DOE Response

Acknowledged by: _____ N/A _____ Date _____

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.3
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney

I. Performance Objective:

DOE has a Corrective Action Program that evaluates problems to prevent recurrence.

II. Expectations:

- a. The correction of conduct of operations deficiencies is a priority item for DOE HQ, ORO, and YSO.
- b. Systematic efforts to improve Conduct of Operations performance exist, they have been evaluated, and they have been changed to be more effective.
- c. DOE has a Corrective Action Program that effectively functions at all levels to evaluate problems associated with Conduct of Operations, to propose solutions, and efficiently implement proposed solutions.

III. Review Criteria:

DOE-HQ/ORO/YSO has reviewed past problems regarding implementation of DOE Order 5480.19 and actions taken to correct these problems considering similar actions at Rocky Flats, Pantex, LANL and Savannah River.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.3
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney

IV. Approach:

- 1) Near-Term Task N3.1 "Status of COO Program in Response to DNFSB 94-4"(May 26, 1995).
- 2) Y-12 Facilities COO Assessment Program Plan and Guidance(June 7, 1995).
- 3) Y-12 Site Office Annual Assessment Plan(AAP)(June 28, 1995).
- 4) YSO 3.2, "Validation, Verification, and Closure of Corrective Actions"(August 30, 1994).
- 5) YSO 5.4.1, "Restart Team Assessments"(September 15, 1995).
- 6) RFA MMES/Y-12-DOE-5480.19-CSA-85B)(August 22, 1995)(Conduct of Operations Site-Level Plan).
- 7) RFA MMES/Y-12-DOE-5480.19-CSA-137B)(September 19, 1995)(Conduct of Operations Implementation Deficiencies)(RSS Mission).
- 8) RFA MMES/Y-12-DOE-5480.19-CSA-147B)(August 21, 1995)(Conduct of Operations Implementation Deficiencies)(DUO Mission).
- 9) RFA MMES/Y-12-DOE-5480.19-CSA-160(October 6, 1995)(Conduct of Operations)(9204-2E Disassembly and Assembly(D&A) Areas).
- 10) RFA MMES/Y-12-DOE-5480.19-CSA-161(August 22, 1995)(Conduct of Operations)(Y-12 Nuclear Support Organizations).
- 11) CPAF Results for 95-1/Draft Results for 95-2.
- 12) DOE Y-12 Site Office Monthly Reports YSO-95-06(July 6, 1995) through YSO-95-09(October 13, 1995).
- 13) DOE Order 5700.6C, "Quality Assurance", August 21, 1991.
- 14) Title 10, Code of Federal Regulations (CFR) 830.120, Quality Assurance, May 5, 1994.
- 15) Interviews/Discussions:
 - Deputy Manager ORO
 - AM-DP ORO
 - AM ES&Q ORO
 - Manager YSO
 - Chief ES&H Branch YSO
 - Restart Manager YSO
 - Team Leader Operations Support, Restart Team YSO
 - VP Defense and Manufacturing LMES
 - Deputy VP Defense and Manufacturing LMES
 - Y-12 Plant Manager LMES
 - Nuclear Operations Manager LMES
 - Disassembly and Storage Manager LMES
 - Depleted Uranium Operations Manager LMES

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.3
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney

V. Discussion of Results:

- 1) In Near Term Task N3.1, LMES identified insufficient priority being placed on corrective actions as a weakness.
- 2a) The Y-12 COO Assessment Program Plan Performance Indicator: "COO Assessment Program Corrective Actions awaiting implementation over 60 days," appears reactive.
- 2b) The Y-12 COO Assessment Program Plan (page 5) indicates findings are forwarded to the contractor for action, entered into issues management and tracking systems, and contractor corrective action plan reviewed and field verified. The evidence/effectiveness of field verification appears less than proactive.
- 3) The Y-12 Site Office Annual Assessment Plan Management Systems Functional Area (Semiannual Surveillance MS-1) covers the collection of those requirements to be followed by site and facility management to develop a program of commitment to environment, safety and health (ES&H) in a formal, controlled manner. These requirements involve . . . commitment . . . to implement the ES&H programs and to ensure consistent and adequate management oversight. Effective management systems are required to develop and maintain ES&H programs . . . YSO Corrective Action Program implementation has not been successful in preventing repeated occurrences or root cause problem solution.
- 4) YSO 3.2 is not consistently used for tracking and closure of corrective actions. The YSO Deficiency Tracking Database (DTD) is not user friendly, does not sort CAPs submitted to YSO late (> 30 days from issuance of YSOs finding), and has inaccurate finding issuance/CAP closure dates, in some instances (e.g., File Code 50791 (Title: External Assessment Site-Wide Award Fee)).
- 5) YSO 5.4.1 requires YSORT in cooperation with the resumption area lead, to evaluate the CAP IAW YSO 3.2, and transmit UNSAT determinations under the YSO Site Manager's signature to the Contractor.
- 6-10) DOE 5480.19 RFAs for Site-wide, RSS, D&A, Nuclear Support and DUO areas indicate excessively slow progress in COO floor level implementation in areas beyond RSS.
- 11) YSO Manager indicated 95-1/95-2 CPAF COO weight was 10% (within the "Resource Management" Quality Assurance area), insufficient given that weight at other DOE sites that continued to operate through COO upgrades (i.e., within the AL system), weight COO higher (i.e., 15%), with consideration of further increases to that weight in addition to COO special emphasis areas (SEA's).
- 12-14) Elevation of corrective action "issues" is not inherent in the structure of DOE/YSO's corrective action management system.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.3
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney

VI. Conclusion:

The Corrective Action Program is ineffective in evaluating problems at Y-12 to prevent recurrence and implementing COO at the floor level.

Although DOE-HQ/ORO/YSO have reviewed past problems regarding implementation of DOE 5480.19 and actions taken at other DOE sites(i.e., Pantex, Rocky Flats, LANL and SR), the DOE Corrective Action Program has not been effective in expeditiously implementing COO at the floor level.

The criteria of this Performance Objective have not been met.

VII. Issues:

1. CONCERN: Sufficient dedicated matrix support from HQ-DP and ORO is not provided to strengthen DOE effectiveness in correcting COO Program deficiencies in areas of continuing YSO operations(i.e., SAR Upgrade support for positive management control of the safety envelope, SME support in NCS/IH/HP, etc.).
2. CONCERN: An integrated, long-term staffing plan has not been prepared for YSO. Such a staffing plan is especially important in the current environment of reduced budgets/contractor support.
3. CONCERN: Effective organizational support from the ORO Manager/HQ-DP-20 is not provided to enhance the DOE focus on corrective action management.
4. CONCERN: A genuine management focus is not readily available to YSO from HQ-DP or ORO to expedite COO floor level implementation at Y-12. When compared to other DOE facilities that have undergone significant "Restarts," the reporting structure from YSO to ORO and DP is not effective in making resources available to Y-12. This is especially important when "Continued Operations" are being pursued in non-restarted areas(i.e., EUO).
5. CONCERN: A program for DOE-ORO management "workarounds" is not effectively functioning at Y-12, in order that corrective action implementation importance may be stressed.
6. CONCERN: Effective high-level COO Performance Indicators do not exist at either the YSO Manager or ORO AM-DP level. Neither an effective Issues Management System or an effective Deficiency Tracking System exists within YSO.
7. CONCERN: Sufficient emphasis/weight has not been placed on COO by DOE in the CPAF/Incentives process.
8. FINDING: YSORT validation and documentation of approval of DOE RSS RA corrective action plans and findings closure packages were not performed in accordance with YSO-5.4.1 and did not require lessons learned/generic implications as required by YSO-5.4.1.

Assessment Form 1

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Assessment Form 1 No.: F-COO-1.3	
Review Area: Corrective Action Program	
Responsible Individual: D.A. Chaney	
Originator: <u>Dave Chaney</u> <i>[Signature]</i>	Date: <u>11/7/95</u>
Approved: <u>Dave Chaney</u> <i>[Signature]</i>	Date: <u>11/7/95</u>

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-1
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement:

Sufficient dedicated matrix support from DOE-HQ-DP and ORO is not provided to strengthen DOE effectiveness in correcting COO Program deficiencies in areas of continuing YSO operations(i.e., SAR Upgrade support for positive management control of the safety envelope, SME support in NCS/IH/HP, etc.).

B. Information Requested:

None.

II. Basis Section

A. Description of Basis:

Accurate authorization basis for Nuclear Facilities is necessary for positive management control of the safety envelope. A DOE approved Basis for Interim Operation(BIO) in lieu of approved DOE 5480.23 SARs for nuclear facilities, provides the tools for the contractor to understand and control operations within that safety envelope. A DOE approved BIO does not exist at Y-12. Similar safety considerations exist for Critical Safety, Industrial Hygiene and Health Physics support to the YSO.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1 No.: F-COO-1.3 .

III. Approval Section (Signatures)

Originator _____ Dave Chaney  Date 11/7/95

Approved _____ Dave Chaney  Date 11/7/95

Suggested Corrective Action:

1. Establish a DOE/HQ-DP and ORO matrix support plan for YSO/Y-12.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-1
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-2
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement:

An integrated, long-term staffing plan has not been prepared for YSO. Such a staffing plan is especially important in the current environment of reduced budgets/contractor support.

B. Information Requested:

None.

II. Basis Section

A. Description of Basis:

Maintaining a FR reporting relationship with the YSO Manager, transition of YSORT after facility restarts are completed, and reduced reliance on YSO support contractor staff augmentation for such areas as procedure process upgrades have not been institutionalized into a YSO permanent staffing plan. In the current environment of reduced budgets, planning for organizational transition is critical to sustaining improved COO performance.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1 No.: F-COO-1.3.

III. Approval Section (Signatures)

Originator Dave Chaney 

Date 11/7/95

Approved Dave Chaney 

Date 11/7/95

Suggested Corrective Action:

1. Establish a DOE integrated, long-term staffing plan for YSO.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-2

Review Area: Corrective Action Plan

Responsible Individual: D.A. Chaney

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-3
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement

Effective organizational support from the ORO Manager/HQ-DP-20 is not provided to enhance the DOE focus on corrective action management.

B. Information Requested:

None.

II. Basis Section

A. Description of Basis:

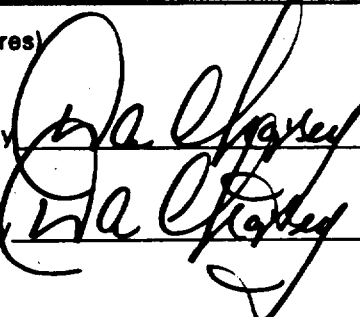
The effectiveness of the RSS FRs in monitoring corrective action program implementation is significantly reduced when collateral duties(i.e., QE oversight) remove them from their normal facility responsibilities. Additional ORO support should be provided to augment currently assigned FRs.

B. Documents reviewed, activities performed; persons contacted (include titles):

See Assessment Form 1 No.: F-COO-1.3.

III. Approval Section (Signatures)

Originator _____ Dave Chaney



Date

11/7/95

Approved _____ Dave Chaney

Date

11/7/95

Suggested Corrective Action:

1. Perform an analysis-of-adequacy of FR coverage pursuant to DOE STD 1063-93.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-3

Review Area: Corrective Action Plan

Responsible Individual: D.A. Chaney

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-4
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement:

A genuine management focus is not readily available to YSO from HQ-DP or ORO to expedite COO floor level implementation at Y-12. When compared to other DOE facilities that have undergone significant "Restarts," the reporting structure from YSO to ORO and DP is not effective in making resources available to Y-12. This is especially important when "Continued Operations" are being pursued in non-restarted areas (i.e., EUO).

B. Information Requested:

None.

II. Basis Section

A. Description of Basis:

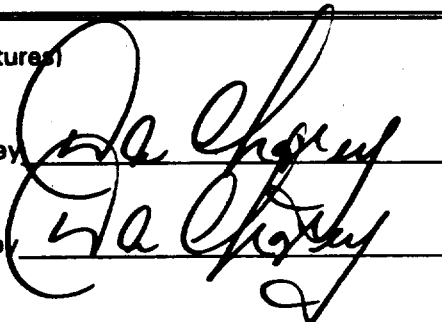
Areas of "Continuing Operations" require additional senior management attention to compensate for lack of effective procedures and CSA coverage, as evidenced by the 10/27/95 EUO repackaging issue in Building 9212.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1 No.: F-COO-1.3.

III. Approval Section (Signatures)

Originator _____ Dave Chaney



Date 11/7/95

Approved _____ Dave Chaney

Date 11/7/95

Suggested Corrective Action:

1. Establish a reporting structure from YSO to the ORO Manager and DP-20 which provides for ease of reporting and facilitates problem resolution.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-4
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-5
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement:

A program for DOE-ORO management "walkarounds" is not effectively functioning at Y-12, in order that corrective action implementation importance may be stressed.

B. Information Requested:

None.

II. Basis Section

A. Description of Basis:

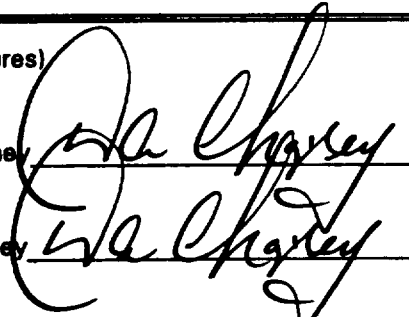
DOE-ORO presence in Y-12 facilities periodically, emphasizing corrective action program implementation, indicates to the contractor at the floor level that COO implementation is important to the customer. Additionally, DOE-ORO management becomes more knowledgeable regarding facility condition and operator performance, enhancing facility safety.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Attachment Form 1 No.: F-COO-1.3.

III. Approval Section (Signatures)

Originator _____ Dave Chaney



Date

11/7/95

Approved _____ Dave Chaney

Date

11/7/95

Suggested Corrective Action:

1. Establish a DOE-ORO management "walkaround" plan.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.4
Review Area: DOE Personnel Training and Qualification
Responsible Individual: Ed Stafford

I. Performance Objective:

DOE Personnel Training and Qualification

DOE personnel are properly trained and qualified to perform their oversight functions.

II. Expectations:

- a. COO training is a priority for DOE.
- b. DOE staff has been provided training to understand COO concepts.
- c. Roles and responsibilities for personnel performing oversight of COO at the Y-12 site are clearly identified for DOE-HQ/ORO/YSO.
- d. Oversight of COO is included as part of DOE-HQ/ORO/YSO management goals and personnel are evaluated on their performance toward these goals.

III. Review Criteria:

DOE-HQ/ORO/YSO have provided adequate support in training/qualification of DOE personnel in the area of COO and adequate numbers of competent people are available to support the oversight program.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.4
Review Area: DOE Personnel Training and Qualification
Responsible Individual: Ed Stafford

IV. Approach:

Records Reviewed:

- "Training Assistance Team Visit for Federal Workers Supporting the Department of Energy Oak Ridge Y-12 Plant," dated August - September 1995
- "Readiness Assessment for Receipt, Storage and Shipment of Special Nuclear Materials at the Oak Ridge Y-12 Site," dated August 28 - September 7, 1995.
- Organization charts for DOE-HQ/ORO/YSO
- "Oak Ridge Operations Office Facility Representative Program Manual," July 1995.
- Corrective Action Plan for completion of Facility Representative Qualification Card Part II - Facility Specific Requirements
- YSO Monthly Reports

Interviews Conducted:

- Y-12 Site Senior Nuclear Engineer
- Y-12 Facility Representatives (3)
- Y-12 ES&H Branch Chief
- Y-12 Program Management Branch Chief

Performance Evolutions:

- Observed facility walkthroughs and daily oversight routines with Facility Representatives in Buildings 9201-5N and 9204-2E

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.4

Review Area: DOE Personnel Training and Qualification

Responsible Individual: Ed Stafford

V. Discussion of Results with Basis:

The Training Assist Team (TAT) Visit in accordance with Task 5 of the Implementation Plan for DNFSB Recommendation 94-4 examined the organizational infrastructure, current staffing, conduct of oversight, and training organization and administration. The TAT review effectively assessed the expectations of this conduct of operations assessment objective during the August - September 1995 time frame. The action plan to address recommendations from the Training Assist Team is not due until December 1995, therefore the focus of this conduct of operations assessment objective was on initial progress on recommendations which will be most conducive to improved oversight of conduct of operations.

Interviews revealed that substantial progress has been achieved on several of the TAT recommendations. Strengthening line management ownership and commitment to training was evident in the interviews. Although development of facility-specific training remains incomplete (as identified by the TAT report and post-start finding OR1-1 from the DOE Readiness Assessment for RSS), branch chiefs and employees were now aware of and committed to the path forward for the identification, development, and completion of the training. The Training and Development Division of ORO has matrixed a full-time employee to YSO for assistance in completing the training development, and employees are actively involved in providing the technical expertise necessary to complete the training materials.

Another of the TAT recommendations was to define and implement facility representative roles and responsibilities during an emergency. Although formal documentation is not yet in place to complete actions on this recommendation, facility representatives have now received the necessary training and access requirements to respond to the scene of an emergency and are aware of their management's expectations during emergency response.

Performance evaluations indicated that the two facility representatives observed and questioned in the field had an excellent understanding of conduct of operations concepts. In one instance, a facility representative was observed discussing an issue associated with operator aids with an LMES facility manager. The discussion clearly demonstrated not only the facility representative's knowledge of the requirements, but his understanding of the concepts and fundamental reasons for the requirements.

VI. Conclusion:



DOE personnel are adequately trained and qualified to perform their oversight functions. Adequate actions are in progress to further refine the knowledge and experience of DOE personnel. Criteria for this objective have been met.

VII. Issues:

None

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-1.4			
Review Area: DOE Personnel Training and Qualification			
Responsible Individual: Ed Stafford			
Originator	Ed Stafford		Date 11/7/95
Approved	Dave Chaney		Date 11/7/95

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.1
Review Area: Procedure Improvement
Responsible Individual: Jim Grise

I. Performance Objective:

The DOE Readiness Assessment for the resumption of RSS determined that there was a significant problem with the LMES procedure program. It recommended that operating procedures be upgraded before use and that an improved document control process, which became effective during the RA, be evaluated by the DNFSB 94-4 Conduct of Operations assessment.

II. Expectations:

- a. In use procedures have received required review, verification, validation and changes have been entered properly. This includes not only RSS procedures, but other in use procedures at Y-12. DOE personnel contacted understand the procedure process.
- b. The corrective action program for the RSS procedures has been expanded to all appropriate Y-12 facilities. The new LMES procedures process is effective and is routinely assessed by the FR and DOE support staff.

III. Review Criteria:

DOE-ORO/YSO effectively participated in the closure of the procedures related pre-start findings and approved the corrective action plan for the post-start findings and that procedure improvement is validated.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.1
Review Area: Procedure Improvement
Responsible Individual: Jim Grise

I. Performance Objective:

The DOE Readiness Assessment for the resumption of RSS determined that there was a significant problem with the LMES procedure program. It recommended that operating procedures be upgraded before use and that an improved document control process, which became effective during the RA, be evaluated by the DNFSB 94-4 Conduct of Operations assessment.

II. Expectations:

- a. In use procedures have received required review, verification, validation and changes have been entered properly. This includes not only RSS procedures, but other in use procedures at Y-12. DOE personnel contacted understand the procedure process.
- b. The corrective action program for the RSS procedures has been expanded to all appropriate Y-12 facilities. The new LMES procedures process is effective and is routinely assessed by the FR and DOE support staff.

III. Review Criteria:

DOE-ORO/YSO effectively participated in the closure of the procedures related pre-start findings and approved the corrective action plan for the post-start findings and that procedure improvement is validated.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.1
Review Area: Procedure Improvement
Responsible Individual: Jim Grise

IV. Approach:

Documents reviewed:

Y10-102, Technical Procedure Process Control
Y10-135, Command Media Development at the Y-12 Plant (Admin Procedures)
Y10-189, Document Control
60-WP-023, Product Procedures (Weapons Quality Program)
Y50-01-37-051, Special Nuclear Material Interplant Receipts (Validation Draft)
Y50-53-SO-005, Testing of the Criticality Accident Alarm System (NEW)
Closure Package for RA Pre-start Finding PR1-1, including validation
Corrective Action Plan for Post-start Finding PR1-2, including DOE approval

Interviews:

Mentors (3)
Building Managers (2)
Facility Representatives (3)
Facility Managers (1)
Work Supervisors (2)
Procedure Writers (1)
Procedure Advisors (1)
DOE Procedure Support Staff (2)
DOE YSORT Staff Personnel (2)
Procedure Users (3)

Evolutions Observed:

QE Procedure Pre-evolution Brief and procedure performance in Building 9204-4
Procedure Y50-01-37-051 validation in Building 9720-5
Shift Briefings (2)
Plan of the Day Meetings (1)
Facility Representative Daily Routine

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.1
Review Area: Procedure Improvement
Responsible Individual: Jim Grise

V. Discussion of Results:

The closure package for the RSS RA pre-start finding concerning LMES procedures was reviewed and determined to contain the required evidence and was adequate to support closure of the finding. The package also contained evidence that YSORT was involved with the validation of the closure process. Observations of activities in the facilities confirmed that the procedures in use had been recently reviewed, verified, validated and changes were appropriately entered for use by the operators. Interviews and observations demonstrated that the procedure process in use at the facilities is in accordance with the new Technical Procedure Process Control Document. This document meets the intent of the DOE guidance for technical procedures.

The Corrective Action Plan for closure of the RSS RA post-start finding PR1-2 contains a schedule for complete upgrade of all RSS procedures. The review revealed that the procedure process is producing the new approved procedures within a week of the scheduled dates. The LMES process and DOE oversight of this process was observed and determined to be satisfactory. The RSS procedure upgrade process is scheduled to complete by the end of calendar year 1995. The resources are available and the planning and work are in progress to upgrade of the Disassembly and Storage Organization (DSO) procedures (RSS is included in DSO). Recommendations for improvement of the process were discussed in detail with the 94-4 IP Task 4 LMES COO Assessment team.

Work is in progress in the DUO facilities to bring their procedures up to the standard prescribed in the new procedure. This work has not progressed to the extent of the work in the RSS facilities, but the generic implications have been considered and both LMES and DOE are aware of the need to continue the procedure effort in DUO.

The procedure upgrade effort at the EUO facilities has not started. Resources in this facility have been recently dedicated to CSA review and management has not directed the procedure resources to this facility.

The YSORT staff is not currently tracking the procedure effort at DUO and EUO as closely as they are at RSS. The procedures that support the QE program are controlled differently than are the technical procedures. This process meets the intent of the DOE guidance for procedures, contains considerably more rigor and requires the direct participation of the DOE Facility Representative. Limited observation of this process indicated that the FR is effective in the quality improvement of these procedures. The QE procedure process seems to be overly burdensome and a Quality Review might disclose labor saving improvements. The current process produces adequate procedures.

LMES managers and mentors are routinely involved with verification, validation and oversight of the procedure process. Their COO Assessments are effective in improving the procedure quality. Observations disclosed that both the FRs and the YSORT staff are active and effective in assessment of the RSS procedure upgrade effort. Discussions revealed that the effort will be expanded to DUO and EUO facilities as resources permits.

VI. Conclusion:

The procedure improvement effort for the DSO facilities (including RSS) and DOE participation in the effort is proceeding satisfactorily and meets the criteria for this objective. Plans for oversight of the procedure improvement effort at the DUO and EUO facilities needs greater emphasis.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.1
Review Area: Procedure Improvement
Responsible Individual: Jim Grise

VII. Issues:

1. CONCERN: YSORT needs to expand its oversight effort of the procedure improvement effort to the DUO and EUO facilities.

Originator Jim Grise Date 11-7-95
Approved Dave Chaney Date 11/7/95

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-2.1-1
Review Area: Procedure Improvement
Responsible Individual: Jim Grise

CONCERN -- Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement:

YSORT needs to expand its oversight effort of the procedure improvement process to the DUO and EUO facilities.

B. Information Requested:

None.

II. Basis Section:

A. Description of Basis:

Discussions with the YSORT staff personnel indicated that oversight of the procedure process for the RSS procedures was proceeding satisfactorily. Improvement activities for all of the DSO procedures are planned and working. Development and use of QE procedures are receiving considerable YSORT attention. The efforts underway at DUO and EUO were not considered to be part of the current YSORT responsibility. The procedures for activities in these facilities require the same sort of attention as those in the RSS facilities. In use DUO and EUO procedures should be upgraded now. YSORT should validate the upgrade.

B. Documents reviewed, activities performed, persons contacted (include titles):

Listed in Form 1 F-COO-2.1

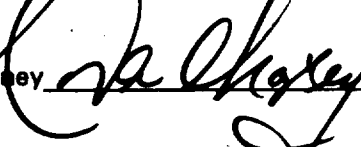
III. Approval Section (Signatures)

Originator _____ Jim Grise



Date 11-7-95

Approved _____ Dave Charney



Date 11/7/95

Suggested Corrective Action:

1. Provide resources and commence planning and oversight of the procedure upgrade effort at the DUO and EUO facilities similar to that provided for RSS.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-2.1-1
Review Area: Procedure Improvement
Responsible Individual: Jim Grise

IV. Contractor/DOE Response

Acknowledged by: _____ N/A _____ Date _____

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.2

Review Area: COO Findings

Responsible Individual: Ed Stafford

I. Performance Objective:

COO Findings

The DOE RSS RA determined that there were a number of deficiencies in the implementation of COO at RSS.

II. Expectations:

- a. All COO DOE RSS RA findings have been properly closed or a plan of action developed as appropriate.
- b. Actions have been initiated to make sure the DOE RSS RA findings which apply to other facilities are corrected.

III. Review Criteria:

DOE-ORO/YSO have effectively participated in the closure of COO related findings from the DOE RSS RA. They have approved effective corrective action plans where appropriate. Generic implications for other Y-12 facilities have been determined and actions initiated as appropriate.

IV. Approach:

Records and Documents Reviewed:

- "Readiness Assessment for Receipt, Storage and Shipment of Special Nuclear Materials at the Oak Ridge Y-12 Site", dated August 28 - September 7 1995.
- Evidence files for pre- and post-start findings from the above report.
- YSO Operating Procedures Manual procedure YSO-5.4.1, revision 1, "Restart Team Assessments"
- YSO Operating Procedures Manual procedure YSO-3.2, revision 1, "Deficiency: Tracking, Corrective Actions, and Closure"
- Y/AD-623, "Plan for Continuing and Resuming Operations"

Interviews Conducted:

- Y-12 Restart Team (YSORT) OPS/Tech Team Leader
- YSORT Planning/QA Team Leader
- Y-12 ES&H Branch Chief
- YSORT ORR Expert
- YSORT Project Engineer

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.2

Review Area: COO Findings

Responsible Individual: Ed Stafford

V. Discussion of Results with Basis:

Evidence files for the DOE RSS RA findings associated with LMES conduct of operations were reviewed. The evidence files contained corrective action plans (CAPs) for resolving the findings, and findings which were already closed contained appropriate evidence from LMES documenting closure. Closure documentation included LMES "ESAMS Corrective Action Reports" which contained the specific actions necessary to close the findings and approval signatures for responsible LMES personnel. The "ESAMS Corrective Action Reports" included a notation and signature from the YSORT Planning/QA Team Leader indicating review of the CAP. In packages which were closed, the appropriate YSO personnel had signed as "External Verifier (if required)" indicating "acknowledgement of closure" as listed on the "ESAMS Corrective Action Reports".

Interviews with the YSORT staff revealed that, following resumption of RSS, YSORT personnel discovered that validation of LMES CAPs and closure activities had not been performed and documented in accordance with YSO-5.4.1, section 5.9, "Closure of DOE Independent Readiness Assessment Team Findings". YSORT personnel are currently performing actions and additional validations as necessary to document CAP approval and/or finding closure. In at least one instance, the additional validation activities have revealed a prestart finding which may have been closed without the listed corrective actions being adequately performed (Finding OP1-1) The issue is currently under review by YSORT.

The CAPs for a sample of the findings (OP1-1, OP3-1, OP3-2, OP7-1, and SE1-1) were reviewed to determine the adequacy of the actions to resolve the findings. The listed actions appear to adequately address the findings in RSS if implemented as written. Analyses of lessons learned which may apply to other facilities to be started in the future and/or generic implications are limited, and DOE oversight activities associated with approval of the CAPs did not require stronger lessons learned/generic implication analyses as required by procedures YSO-5.4.1 and YSO-3.2. Interviews with YSORT personnel indicated that the RSS activities are in phase II, "Continuing and Resuming Operations", described in Y/AD-623, and that lessons learned and generic implications will be more rigorously addressed in Phase III, "Programmatic Improvements".

VI. Conclusion:

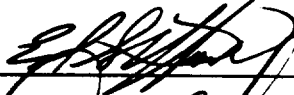
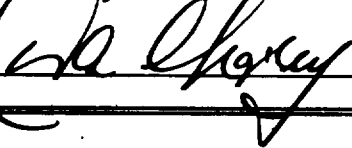
DOE-ORO/YSO have effectively participated in the closure of COO related findings from the DOE RSS RA. They have approved effective corrective action plans for RSS where appropriate. Generic implications for other Y-12 facilities have not been determined, and actions have not been initiated as appropriate. Criteria for this objective have not been met.

VII. Issues:

See Finding F-COO-1.3-8

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.2			
Review Area: COO Findings			
Responsible Individual: Ed Stafford			
Originator	Ed Stafford		Date 11/7/95
Approved	Dave Chaney		Date 11/7/95

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.3
 Review Area: DOE-OR Findings
 Responsible Individual: Ed Stafford

I. Performance Objective:

COO Findings

The DOE RSS RA determined that there were a number of deficiencies related to DOE ORO/YSO performance of their oversight function.

II. Expectations:

- a. All DOE-OR findings from the DOE RSS RA have been properly closed or a plan of action developed as appropriate.
- b. Actions have been initiated to make sure the DOE RSS RA findings which apply to other facilities are corrected.

III. Review Criteria:

DOE-ORO/YSO have effectively participated in the closure of DOE-OR related findings from the DOE RSS RA. They have approved effective corrective action plans where appropriate. Generic implications for facilities other than RSS have been determined and actions initiated as appropriate.

IV. Approach:

Records and Documents Reviewed:

- "Readiness Assessment for Receipt, Storage and Shipment of Special Nuclear Materials at the Oak Ridge Y-12 Site," dated August 28 - September 7, 1995.
- Evidence files for pre- and post-start findings in the OR functional area of the above report.
- YSO Operating Procedures Manual procedure YSO-5.4.1, revision 1, "Restart Team Assessments"
- YSO Operating Procedures Manual procedure YSO-3.2, revision 1, "Deficiency: Tracking, Corrective Actions, and Closure"
- Y/AD-623, "Plan for Continuing and Resuming Operations"
- Memorandum; Robert J. Spence to D. Hoag, R. Poe, T. Tyson, D. Wall, R. Nelson; "Corrective Action Plans for Findings from the "Readiness Assessment (RA) for Receipt, Storage, and Shipment (RSS) of Special Nuclear Materials at the Y-12 Site"; dated September 14, 1995

Interviews Conducted:

- Y-12 Restart Team (YSORT) OPS/Tech Team Leader
- YSORT Planning/QA Team Leader
- Y-12 ES&H Branch Chief
- YSORT ORR Expert
- YSORT Project Engineer

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.3
Review Area: DOE-OR Findings
Responsible Individual: Ed Stafford

V. Discussion of Results:

The DOE RSS RA issued one prestart finding and six post-start findings in the functional area of DOE-OR. Evidence files for these findings were reviewed. The prestart finding (OR3-1) was that two compliance schedule agreements were not approved by the ORO Manager. The evidence file for OR3-1 only contained a copy of the approval pages for the two compliance schedule agreements showing where the ORO Manager had signed the sheets. No corrective action plan (CAP) for resolving the finding and evaluating generic implications was developed (i.e., were other compliance schedule agreements approved by the wrong person?). This is contrary to the requirements of YSO-5.4.1, section 5.9, "Closure of DOE Independent Readiness Assessment Team Findings."

For the remaining findings (OR1-1, OR2-3, OR2-5, OR2-6, OR3-2, and OR3-3), the YSO Manager assigned the responsibility for developing CAPs to the appropriate managers by a memorandum dated September 14, 1995. The evidence files contained CAPs. The CAPs for OR1-1, OR2-3, and OR3-3 were reviewed and approved by the YSORT Planning/QA Team Leader. The CAPs for OR2-6 and OR3-2 had no approval signature, but were initialed by the YSO ES&H Branch Chief. There was no indication of the meaning of the initial. OR2-5 concerned EM facility representatives not reporting to the YSO manager. The evidence file contained a CAP explaining that ORO senior management had considered the finding and determined that no action was necessary. The evidence file also contained a memorandum of agreement between the Assistant Manager for ERWM and the YSO Manager dated February 1994 which contained specific reporting responsibilities for the EM facility representatives. The CAP for OR2-5 had no approval signature. None of the six post-start CAPs contained any references to generic implications and none of the evidence files contained evidence of verification and validation activities (V&V) required by YSO-5.4.1 and YSO-3.2.

Interviews with the YSORT staff revealed that no further V&V activities similar to those being performed for the LMES findings were planned for the OR findings (see discussion in Review Area F-COO-2.2).

The CAPs for the post-start findings were reviewed to determine the adequacy of the actions to resolve the findings. The listed actions appear to adequately address the findings as they apply to RSS if implemented as written. Analyses of lessons learned which may apply to other facilities to be started in the future and/or generic implications are limited, and DOE oversight activities associated with approval of the CSAs did not require stronger lessons learned/generic implication analyses as required by procedures YSO-5.4.1 and YSO-3.2. Interviews with YSORT personnel indicated that the RSS activities are in phase II, "Continuing and Resuming Operations," described in Y/AD-623, and that lessons learned and generic implications will be more rigorously addressed in Phase III, "Programmatic Improvements."

VI. Conclusion:

DOE-ORO/YSO have effectively participated in the closure of DOE-OR related findings from the DOE RSS RA. They have not approved corrective action plans in some cases, generic implications for other Y-12 facilities have not been determined, and actions for generic implications have not been initiated as appropriate. Criteria for this objective have not been met.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.3
Review Area: DOE-OR Findings
Responsible Individual: Ed Stafford

VII. Issues:

1. FINDING: See F-COO-1.3-8 Form 2.

Originator _____ Ed Stafford 

Date 11/7/95

Approved _____ Dave Chaney 

Date 11/7/95

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.4
Review Area: Management Corrective Action Findings
Responsible Individual: Jim Grise

I. Performance Objective:

The DOE RSS RA determined that there were a number of deficiencies in the LMES Corrective Action Program and the DOE verification of closure for RSS issues.

II. Expectations:

- a. All recent assessment findings have been properly closed or a plan of action developed as appropriate.
- b. Actions have been initiated to make sure recent assessment findings which have generic implications have been applied across Y-12.
- c. The conduct of operations issues that were identified as a result of the DNFSB 94-4 Recommendation initiating event have been evaluated and the correction of the causal factors has been effective and validated by DOE.

III. Review Criteria:

DOE-ORO/YSO have effectively participated in the closure of Findings from recent assessments at Y-12. They have approved effective corrective action plans where appropriate. Generic implications for other Y-12 facilities have been determined and actions initiated as appropriate.

IV. Approach:

Documents reviewed:

- Closure Package for RSS RA Pre-start Finding PR1-1, including validation
- Corrective Action Plan for RSS RA Post-start Finding PR1-2, including DOE approval
- Closure Package for RSS RA Pre-start Finding MG3-1, including validation
- Corrective Action Plan for RSS RA Post-start Finding MG3-2, including DOE approval
- Corrective Action Plan for RSS RA Post-start Finding MG4-1, including DOE approval
- Selected Closure Packages at random (6)

Interviews:

- Mentors (3)
- Building Managers (2)
- Facility Representatives (3)
- DOE YSORT Staff Personnel (5)

Evolutions Observed:

- Shift Briefings (2)
- Plan of the Day Meetings (1)
- Facility Representative Daily Routine

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-2.4
Review Area: Management Corrective Action Findings
Responsible Individual: Jim Grise

V. Discussion of Results with Basis:

The DOE RSS RA Finding on which these criteria are based was MG3-2. The resulting action plan requires the LMES Quality Organization to conduct an assessment of the LMES Corrective Action Program and report results by December 29, 1995. This report will complete the action required for the finding. Deficiencies identified by this assessment will be tracked to closure using the site tracking system (ESAMS). DOE approved this plan of action. This is a plan for development of a plan of action. It basically puts off until the end of the year the development of the actual plan and further uses the system to be evaluated as the closure mechanism for the identified actions. This program will work satisfactorily, if the QA Division assessment develops an action plan and if DOE validates closure.

Review of the selected packages indicates that deficiencies placed in ESAMS do not screen for root cause analysis because of threshold level of the system. Corrective actions are written without documented cause determination. It appears that the system was designed for major problems of interest to upper level management. Personnel have stated that the system does not work for most deficiencies. The actions outlined in the ESAMS implementation instructions are sufficiently vague to allow the user to make convenient process decisions. Most packages resulting from the DOE RSS RA have adequately documented corrective actions or plans. Generic implications have been considered and in most cases dismissed. A few lessons learned were considered of interest to other facilities and the packages stated that these were sent to the applicable managers.

The criteria for this object have been met because a plan was promulgated and approved. The spirit of the need for a corrective action process that causes deficiencies not to recur depends on actions not yet determined. Closure of identified issues will be handled by a system which may be deficient.

VI. Conclusion:

The Criteria for this object have been met; however, there is a concern about the three-month delay of action. Closure of the root cause may be dependent on DOE's action once the QA Assessment is completed.

VII. Issues:

1. CONCERN: The corrective action program for DOE RSS RA finding MG3-2 concerning the LMES corrective action program was delayed three months and may require further YSO action.

Originator Jim Grise

Date 11-7-95

Approved Dave Chaney

Date 11/7/95

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-2.4-1
Review Area: Management Corrective Action Findings
Responsible Individual: Jim Grise

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement

The Corrective action program for DOE RSS RA finding MG3-2 concerning the LMES corrective action program was delayed three months and may require further YSO action.

B. Information Requested

None

II. Basis Section

A. Description of Basis:

A properly documented and implemented Corrective Action Program would reduce the number of problems at the site (and cost of operations). This issue must not be allowed to languish much longer while deciding what to do.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Form 1 F-COO-2.4

III. Approval Section (Signatures)

Originator


Jim Grise

Date

11-7-95

Approved


Dave Chaney

Date

11/7/95

Suggested Corrective Action:

1. YSO review effective closure of MG3-2 root cause following completion of the LMES QA Assessment.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-2.4-1
Review Area: Management Corrective Action Findings
Responsible Individual: Jim Grise

IV. Contractor/DOE Response
(Provide results of Contractor/DOE review with technical basis and references.)

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-3.1
Review Area: DOE ORO/YSO Involvement
Responsible Individual: Ed Stafford

I. Performance Objective:

DOE ORO/YSO involvement in the occurrence notification process and the Y-12 Site Emergency Response Organization is effective in ensuring uniformity, efficiency, and thoroughness of notifications to support fulfillment of DOE requirements consistent with DOE Order 5000.3B.

II. Expectations:

Notifications of occurrences are properly executed within the DOE ORO/YSO organizations.

III. Review Criteria:

DOE ORO/YSO actively participate in the occurrence notification process in accordance with DOE Order 5000.3B.

IV. Approach:**Records Reviewed:**

- Y/SS-419, rev. 2, "Y-12 Emergency Plan Volume 1: The Y-12 Emergency Management Program," dated July 1994
- Y/SS-418, rev. 1, "Y-12 Emergency Plan Volume 2: The Y-12 Emergency Operations Plan," dated July 1994
- LMES procedure Y60-161, Occurrence Reporting, dated September 8, 1994
- Contracting Officer's Representative Emergency Cadre Checklist, rev. 0, dated January 1994

Interviews Conducted:

- Y-12 Facility Representatives (4)
- Y-12 Senior Nuclear Engineer
- Y-12 ES&H Branch Chief
- LMES Site Operations Center staff

Performance Evolutions:

- Observed facility walkthroughs and daily oversight routines with four facility representatives
- Observed facility representative activities during CSA drill in Building 9204-2E

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-3.1
Review Area: DOE ORO/YSO Involvement
Responsible Individual: Ed Stafford

V. Discussion of Results:

YSO Facility Representatives, the Y-12 Senior Nuclear Engineer and LMES Site Operations Staff were interviewed to determine the effectiveness of the notification process. Interviews indicated that notifications of Unusual Occurrences and Off-Normal Occurrences were accomplished in a timely manner. In addition, notifications of two actual Off-Normal Occurrences and one notification of a drill occurrence were observed during field assessments of facility representative daily routines and assessments. The notifications were complete and timely.

The ES&H Branch Chief was interviewed to determine his involvement in Emergency Response Organization (ERO) notifications. The interview revealed that notifications were accomplished in a timely manner. The ES&H Branch Chief further described his involvement in an ERO activation in response to a loss of incoming site power on October 23, 1995. Notifications by the automated pager system were timely, and activation of the Emergency Operations Center (EOC) occurred without delay.

The Y-12 Emergency Plan and procedures were reviewed to determine the extent of involvement by DOE in emergency responses. The YSO Manager and ES&H Branch Chief were listed by name as "DOE Officials" on the EOC Duty Roster. Their roles and action items during an emergency are described in a checklist which is available at their station in the EOC.

VI. Conclusion:

DOE ORO/YSO actively participate in the occurrence notification process in accordance with DOE Order 5000.3B and DOE Order 232.1. Criteria for this objective have been met.

VII. Issues:

None.

Originator _____ Ed Stafford 

Date 11/7/95

Approved _____ Dave Chaney 

Date 11/7/95

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-3.2
Review Area: Reducing Reportable Events
Responsible Individual: D. States

V. Discussion of Results:

YSO has increased the size of its facility representative staff from two to seven in the last nine months. These new facility representatives are willing and eager to use the ORPS system in support of their activities, but the computer support needed for all the facility representatives to have convenient access to ORPS has not been established. Computer access to ORPS is available to the facility representatives, but it is not at a location convenient for their use. Without convenient access, facility representatives' capability to use ORPS for report tracking and event trending is severely limited. Facility representatives are being informed of events occurring at Y-12 activities, and they are attending event critiques held at the EOC.

LMES has assigned personnel to be responsible for identifying events that are reportable in accordance with DOE 5000.3B. The follow-on order for DOE 5000.3B, DOE O 232.1, has not been implemented yet at Y-12. LMES has established a system described in Y60-161 to identify events that are reportable.

Guidance for categorizing occurrence events appears in several documents: Y60-161, Y70-150, and the Occurrence Reporting System Categorization Handbook. This guidance must be applied carefully to ensure events are properly categorized.

Occurrence reports are generated and developed to final form on ESAMS. An initial notification report is sent to ORPS, but in general no further ORPS updates occur until the ESAMS report is finalized and approved by LMES and DOE reviewers at Y-12. As a consequence of this system, there is no current event information on the ORPS system during the report development period. This is contrary to the guidance in DOE 5000.3B, DOE M 232.1-1, and OP 301.

LMES is using roll-up reports to document occurrence events for personnel contamination and contaminated material found in clean areas. The contaminated material roll-up reports do not contain event specific data such as date, level of contamination, material involved, etc. The report simply classifies the events into broad categories such as AREAS, TOOLS, MACHINES, etc. In addition, the latest contaminated material roll-up report contains 173 items. DOE M 232.1-1 allows only 30 events per roll-up report.

VI. Conclusion:

The criteria for this performance objective have been partially met, but some deficiencies exist in the conduct of the occurrence reporting program.

VII. Issues:

1. **FINDING:** Facility representatives need the capability to access the ORPS system. See Form 2 F-COO-3.2-1.

2. **FINDING:** Roll-up occurrence reports are not in accordance with requirements, and current occurrence information is not maintained in the ORPS system.

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-3.2
Review Area: Reducing Reportable Events
Responsible Individual: D. States

I. Performance Objective:

Occurrence Reporting at Y-12 is effective in reducing reportable events by effective correction of identified problems.

II. Expectations:

Occurrences are properly reported and the trend of like occurrences is decreasing.

III. Review Criteria:

DOE-ORO/YSO actively participate in the Occurrence Reporting Process in accordance with DOE Order 5000.3B.

IV. Approach:

Records Reviewed:

Radiological Occurrence Reports for two of eight satellite RadCon Tech offices
DOE 5000.3B, Occurrence Reporting and Processing of Operations Information
DOE O 232.1, Occurrence Reporting and Processing of Operations Information
DOE M 232.1-1, Occurrence Reporting and Processing of Operations Information
Y60-161, Occurrence Reporting
OP 301, Occurrence Reporting
Occurrence Reporting System Categorization Handbook, August 2, 1993
Y60-167, Incident Investigation, 8/24/94
ORO--MMES-Y12SITE-1995-0007
ORO--MMES-Y12SITE-1995-0008

Interviews Conducted:

2 Y-12 Facility Representatives
2 LMES ORPS categorization personnel
Y-12 Site Manager
Assistant Manager for Defense Programs
ORO ORPS point of contact

Assessment Form 1

Date: November 7, 1995

Assessment Form 1 No.: F-COO-3.2

Review Area: Reducing Reportable Events

Responsible Individual: D. States

Originator David States *David C States* Date 11/7/95
Approved Dave Chaney *Dave Chaney* Date 11/7/95

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-3.2-1
Review Area: Reducing Reportable Events
Responsible Individual: David States

FINDING – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

I. Identification Section

A. Statement

Facility representatives need the capability to access the ORPS system.

B. Information Requested

None.

II. Basis Section

A. Description of Basis:


Facility representatives are responsible under DOE O 232.1, Occurrence Reporting and Processing of Operations Information to look for trends and lessons learned information from the occurrence reporting system. Many of the Y-12 facility representatives are hindered in performing this function due to a lack of convenient access to the ORPS system.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Form 1 F-COO-3.2.

III. Approval Section (Signatures)

Originator David States



Date

11/7/95

Approved Dave Charley



Date

11/7/95

Suggested Corrective Action:

1. Obtain the necessary computer software and hardware at the earliest opportunity.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-3.2-1
Review Area: Reducing Reportable Events
Responsible Individual: David States

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-3.2-2
Review Area: Reducing Reportable Events
Responsible Individual: D. States

FINDING – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

I. Identification Section

A. Statement

Roll-up occurrence reports are not in accordance with requirements, and current occurrence information is not maintained in the ORPS system.

B. Information Requested

None.

II. Basis Section

A. Description of Basis:

The material contamination roll-up reports for Y-12 do not contain enough event specific detail to be useful for trending and analysis. In addition, roll-up report ORO-MMES-Y12SITE-1995-0008 contains 173 items - well in excess of the limit of 30 established by DOE M 232.1-1. Occurrence report development is conducted on ESAMS without keeping the ORPS system current. If ORPS is not current, DOE personnel do not have a convenient means to check on report status, and the information is not available outside LMES for analysis and lessons learned.

B. Documents reviewed, activities performed, persons contacted (include titles):

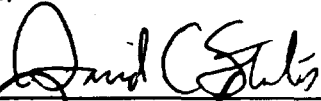

See Form 1 F-COO-3.2.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-3.2-2
Review Area: Reducing Reportable Events
Responsible Individual: D. States

III. Approval Section (Signatures)

Originator David States  Date 11/7/95
Approved Dave Charney  Date 11/7/95

Suggested Corrective Action:

1. Limit the number of events per roll-up report to 30.
2. Update ORPS with each change to an ESAMS report - especially when a new event is added to roll-up reports.
3. Provide more event specific data in the contaminated material roll-up report.
4. In conjunction with DP and EM subject matter experts, fully evaluate the ORPS process at Y-12 to ensure it satisfies DOE requirements.

IV. Contractor/DOE Response

Acknowledged by: N/A Date

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-5
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-6
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement:

Effective high-level COO Performance Indicators do not exist at either the YSO Manager or ORO AM-DP level. Neither an effective Issues Management System or an effective Deficiency Tracking System exists within YSO.

B. Information Requested:

None.

II. Basis Section

A. Description of Basis:

In order that limited resources available to DOE may be effectively focused on floor level COO implementation, senior DOE management must be able to determine if the COO implementation process is control, and be able to take appropriate corrective action when the most important parameters trend in an adverse direction. Detrimental precursor events may thereby be avoided and safety enhanced.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1 No.: F-COO-1.3.

Assessment Form 2

Date: November 7, 1995

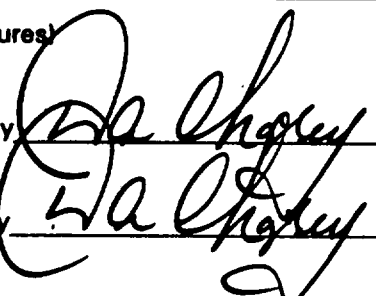
Assessment Form 2 No.: F-COO-1.3-6

Review Area: Corrective Action Plan

Responsible Individual: D.A. Chaney

III. Approval Section (Signatures)

Originator _____ Dave Chaney



Date

11/7/95

Approved _____ Dave Chaney

Date

11/7/95

Suggested Corrective Action:

1. Establish high level COO Performance Indicators at the YSO Manager/ORO AM-DP level (no more than ten Performance Indicators).
2. Establish an effective Issues Management and/or Deficiency Tracking System.

IV. Contractor/DOE Response

Acknowledged by: _____ N/A _____ Date _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-7
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

CONCERN – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

I. Identification Section

A. Statement:

Sufficient emphasis/weight has not been placed on COO by DOE in the CPAF/Incentives process.

B. Information Requested: CPAF 95-1 (and draft 95-2) results and 96-1 Performance Evaluation Plan for ORO and Y-12.

II. Basis Section

A. Description of Basis:

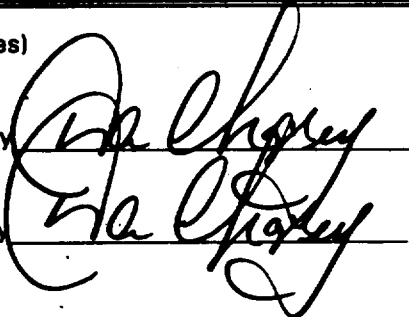
One of the more important methods to communicate DOE priorities and expectations is the Cost Plus Award Fee process, where contractor performance is rated by a CPAF Board at the ORO level, with Cognizant Secretarial Office input. HQ-DP did not attend the recent 95-2 Board meeting, contrary to previous Boards according to the YSO Manager. Additionally, COO is only weighted 10% of the overall Y-12 performance, during a shutdown period when COO was a root cause. Other DOE Operations Offices weight COO at Least 15%, and have HQ-DP comments requesting consideration of even higher (ie, 20%) weights for COO.

B. Documents reviewed, activities performed, persons contacted (include titles):

See Assessment Form 1 No.: F-COO-1.3 .

III. Approval Section (Signatures)

Originator _____ Dave Chaney



Date

11/7/95

Approved _____ Dave Chaney

Date

11/7/95

Suggested Corrective Action:

1. Increase COO CPAF weight for 96-1 and follow-on CPAF/Incentive Plans for LMES/Y-12.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-7
Review Area: Corrective Action Plan
Responsible Individual: D.A. Chaney

IV. Contractor/DOE Response

Acknowledged by: _____ **N/A** _____ **Date** _____

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-8
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney / Ed Stafford

FINDING – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

I. Identification Section

A. Statement

YSORT validation and documentation of approval of DOE RSS RA corrective action plans and findings closure packages were not performed in accordance with YSO-5.4.1 and did not require lessons learned/generic implications as required by YSO-5.4.1.

B. Information Requested

None

Assessment Form 2 No.: F-COO-1.3-8
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney / Ed Stafford

II. Basis Section

A. Description of Basis:

YSO-5.4.1, section 5.9 describes the process for closure of DOE RA findings. Steps 5.9.1, 5.9.2, and 5.9.3 require the same process for approval of corrective action plans (CAPs) and Verification and Validation (V&V) of CAP implementation/finding closure as are required for YSORT findings. Criteria for CAPs and V&V activities are listed in sections 5.6, 5.7, and 5.8. Sections 5.7 and 5.8 also contain requirements to evaluate CAPs and CAP implementation in accordance with YSO-3.2.

YSO did not follow this process during the approval of DOE RSS RA CAPs and prestart findings closure. As a result, lessons learned/generic implications analyses were limited or nonexistent, evidence files are incomplete, and in at least one case (OP1-1), an action item for a pre-start finding may have been inadequately implemented.

Interviews with the YSORT staff revealed that, following resumption of RSS, YSORT discovered that the V&Vs were not documented properly and subsequently initiated actions to correct the documentation problem. Current actions, however, are only directed at findings against LMES and are not addressing lessons learned/generic implications.

Interviews with YSORT personnel indicated that the RSS activities are in phase II, "Continuing and Resuming Operations," described in Y/AD-623, and that lessons learned and generic implications will be more rigorously addressed in Phase III, "Programmatic Improvements." This approach is being applied by facility and does not communicate essential lessons learned during Phases I and II to other facilities not yet entering Phase I or II. Clear evidence of the necessity of communications of lessons learned/generic implications is the discovery by a conduct of operations assessor of several potential CSA violations in enriched uranium operations (EUO) areas of building 9201-5 (described in detail in the contractor conduct of operations assessment report). Continuing deficiencies of the same nature as those which prompted DNFSB recommendation 94-4 over one year ago may have been precluded by generic implications from CSA walkdowns in RSS if then applied to EUO.

Assessment Form 2

Date: November 7, 1995

Assessment Form 2 No.: F-COO-1.3-8
Review Area: Corrective Action Program
Responsible Individual: D.A. Chaney / Ed Stafford

B. Documents reviewed, activities performed, persons contacted (include titles):

Records and Documents Reviewed:

- "Readiness Assessment for Receipt, Storage and Shipment of Special Nuclear Materials at the Oak Ridge Y-12 Site," dated August 28 - September 7, 1995.
- Evidence files for pre- and post-start findings from the above report.
- YSO Operating Procedures Manual procedure YSO-5.4.1, revision 1, "Restart Team Assessments"
- YSO Operating Procedures Manual procedure YSO-3.2, revision 1, "Deficiency: Tracking, Corrective Actions, and Closure"
- Y/AD-623, "Plan for Continuing and Resuming Operations"

Interviews Conducted:

- Y-12 Restart Team (YSORT) OPS/Tech Team Leader
- YSORT Planning/QA Team Leader
- Y-12 ES&H Branch Chief
- YSORT ORR Expert
- YSORT Project Engineer

III. Approval Section (Signatures)

Originator _____ Ed Stafford

Date 11/7/95

Approved _____ Dave Chaney

Date 11/7/95

Suggested Corrective Action:

1. Continue to perform V&V on DOE RSS RA findings against LMES to bring evidence files into compliance with YSO procedures.
2. Perform CAP development (including generic implications analyses) and V&V on DOE RSS RA findings against DOE-OR in accordance with YSO procedures.
3. Require the contractor to perform adequate generic implications analysis on DOE RSS RA findings against LMES and review/approve actions in accordance with YSO procedures.

IV. Contractor/DOE Response

Acknowledged by: _____ N/A _____ Date _____

Assessment Form 2

Date: 11/7/95

Assessment Form 2 No.: C-COO-2/Training and Drills-7

page 2

Review Area: Drill - Fire

Responsible Individual: G. Francis

- The participants were all completely pre-alerted to the drill preventing a full assessment of their response. For example:
 - The search for victims was stopped after one victim was found instead of searching the entire area of the fire.
 - The search for the location of the fire was cursory and did not use all resources.
 - Plant Shift Superintendent (PSS) personnel knew all the details of the drill (location, name of injured person, etc.) beforehand. This made evacuation accountability pro-forma.
- The participants secured the spray from the fire hose before the drill monitor had a report concerning pressure. As a result, the water pressure reported may have been taken with shutoff head instead of full flow conditions.
- Participants took no action to gain emergency entrance to locked office spaces to search for injured personnel. Drill monitors were not prepared to open a locked door if personnel had attempted an emergency entry.
- Although ambulance personnel were present, the simulated injured man received no medical treatment.
- The drill was secured prematurely, preventing an evaluation of subsequent actions such as:
 - overhauling the fire scene.
 - searching adjacent offices or areas for potential spread of the fire.

The manner in which the drill critique was conducted was ineffective and could be improved.

- It was difficult to hear the comments in part because of the background noise in the fire station bay area.
- Applicable procedures were not reviewed as part of the critique to evaluate if an activity was performed correctly.
- There was no list of common or recurring deficiencies available for review, and no lessons learned were developed.
- There were no site specific standards or goals used to provide a measurement of performance such as the maximum acceptable response time. Therefore, there was no objective evaluation of response performance.

The drill program is in the early stages of development and will require continuing improvement to reach the standard observed at other DOE sites.

Recommendations:

1. There have been few drills conducted in the past six months. The site should work toward a more mature drill program with expanded scope so as to maximize the training benefit, improve coordination between the various organizations, and improve performance in emergency or abnormal situation response. For example, the Plant should:
 - Exercise all emergency procedure response requirements when conducting a drill involving multiple organizations so as to maximize use of the personnel time devoted to the drill.
 - Add training value consistent with health and safety goals. Involve as many personnel as possible. Consider conducting training on accountability requirements, first aid, or fire extinguisher use for those groups affected but not involved.
- Conduct drills without alerting the operators should be a goal to achieve.
- Provide drill simulations and allow personnel to react to the simulations without verbal cuing. Use safety monitors to prevent unwanted correct actions or to stop inappropriate actions that could injure personnel or damage equipment. When a location must remain manned, station a drill monitor so that all personnel can participate and carry out this appropriate actions.

Assessment Form 2

Date: 11/7/95

Assessment Form 2 No.: C-COO-2/Training and Drills-7

page 3

Review Area: Drill - Fire

Responsible Individual: G. Francis

- Train drill monitors to be silent observers and not participants.

2. When conducting fire drills, it is recommended that the Plant:

- Involve building, fire department and security personnel as a matter of routine.
- Evaluate the ability of building personnel to detect and report the fire.
- Have drill monitors randomly select a real person as the victim while personnel are evacuating the building. Substitute the mannequin for the injured person only at the appropriate time when needed for personnel safety such as during transport.
- Use real personnel who would report to the accountability area as victims to allow adequate evaluation of the accountability procedure.
- Turnover building status from the operators to the Incident Commander should be demonstrated as a matter of routine since facility operators have first hand knowledge of hazards and conditions of critical interest to the Incident Commander.
- Use appropriate props / simulations such that the location of the fire is unique and identifiable.
- Demonstrate medical treatment of victim routinely.
- Continue to search for possible victims until accountability procedures are completed or the area is completely searched.
- Identify restoration actions to a drill monitor prior to drill termination so as to maximize the training value. This will enhance readiness for Emergency Preparedness Exercises when they are conducted.

B. Information Requested

(List any information needed to further evaluate this item):

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

Drills are conducted to support training and qualification in Conduct of Operations philosophy in accordance with DOE Order 5480.19 and 5480.2A.

B. Documents reviewed, activities performed, persons contacted (include titles):

Observed fire drill conducted 11/1/95 including pre-drill brief and post drill critique.

Assessment Form 2

Date: 11/7/95

Assessment Form 2 No.: C-COO-2/Training and Drills-7

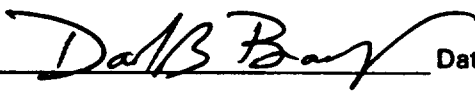
page 4

Review Area: Drill - Fire

Responsible Individual: G. Francis

III. Approval Section (Signatures)

Originator  Date 11/7/95

Approved  Date 11/9/95

Suggested Corrective Action:

Upgrade drill program to industry standards.

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 2

Date: 11/8/95

Assessment Form 2 No.: C-COO-2/Training and Drills-8
 Review Area: Continuing Training and Implementation in 9204-2E
 Responsible Individual: W. A. Condon

page 1

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.
Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.
Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.
Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final **Finding**, Concern, Observation or Noteworthy Practice):

Facility does not routinely conduct facility specific training on basic management expectations. The training program is programmatic, is conducted on the site level, and does not ensure understanding and implementation at the field level. Additional training should be conducted on how specific Conduct of Operations requirements are applied in the facility in which the employees work. Management should also use training opportunities to convey their minimum expectations for performance in the facility.

B. Information Requested

(List any information needed to further evaluate this item):

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).
 For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.
 For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.
 For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

Conduct of Operations Manual, Chapter 12.2

B. Documents reviewed, activities performed, persons contacted (include titles):

Facility Management

Assessment Form 2

Date: 11/8/95

Assessment Form 2 No.: C-COO-2/Training and Drills-8 page 2
Review Area: Continuing Training and Implementation in 9204-2E
Responsible Individual: W. A. Condon

III. Approval Section (Signatures)

Originator W.A. Condon Date 11/8/95

Approved Dan B. Bray Date 11/9/95

Suggested Corrective Action:

Implement management led continuing training sessions for work groups on a frequent, routine basis. The thrust of these sessions should be to convey management expectations concerning conduct of operations philosophy and implementation.

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 1

Date: 11/6/95

Assessment Form 1 No.: C-COO-3/Training and Drills
Review Area: Corrective Actions Effectiveness – Training Corrective Actions
Responsible Individual: G. E. Francis

page 1

I. Performance Objective: C-COO-3

(List the Performance Objective number and description from the Assessment Program)

The corrective actions planned and accomplished by the contractor have been adequate and effective in addressing Conduct of Operations deficiencies.

II. Expectations:

(Provide the expectations for the Performance Objective as stated in the Assessment Program)

Upon completion of Performance Objective C-COO-3, the Assessment Team should be able to determine if:

- a. Conduct of Operations corrective actions taken and planned are adequate based on the root cause.
- b. Conduct of Operations corrective actions completed have been effective in improving work force performance.

III. Review Criteria:

(Provide the criteria used for conducting the review.)

The corrective actions taken to date have been adequate and have been effective in implementing positive change in the work force in Conduct of Operations.

IV. Approach:

(List the procedures and documents reviewed, names and titles of personnel interviewed, references used, and evolutions observed.)

Records Reviewed:

Corrective Action Plans regarding training.

Interviews Conducted:

Nuclear Operations Qualification and Procedures Manager
Training mentor

Evolutions Observed:

None

Assessment Form 1

Date: 11/6/95

Assessment Form 1 No.: C-COO-3/Training and Drills
Review Area: Corrective Actions Effectiveness - Training Corrective Actions
Responsible Individual: G. E. Francis

page 2

V. Discussion of Results with Basis:

(Document the results of the review in sufficient detail using both the review criteria and the expectation statement as guidance.)

The effectiveness and appropriateness of the corrective actions to address training deficiencies could not be evaluated in that no single point of contact for training is available at Y-12. The Nuclear Operations Qualification and Procedures Manager is newly assigned to his position and has not yet developed a documented corrective action plan to address known deficiencies.

VI. Conclusion:

(Concluding statement based on the discussion of results. The statement should conclude whether the criteria of the objective was met.)

Training corrective actions objective is not met.

VII. Issues:

(List any issues identified as part of this review. All issues should also be documented on Assessment Form 2.)

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1 ~~Finding~~: No corrective action plans have been presented to address training deficiencies (Form 2 C-COO-3/Training and Drills-1).

Originator

GE Francis

Date

11/8/95

Approved

D. H. Gray

Date

11/9/95

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-3/Training and Drills-1

page 1

Review Area: Corrective Action Effectiveness

Responsible Individual: G. E. Francis

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.

Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Concern: Corrective Actions are not appropriate for deficiencies noted due to the fact that no corrective actions have been prepared to address training deficiencies and no site level management structure exists.

Corrective Actions have not been effective at correcting root causes based on the fact that no plans have been developed.

B. Information Requested

(List any information needed to further evaluate this item):

Training Action Plans.

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-3/Training and Drills-1

page 2

Review Area: Corrective Action Effectiveness

Responsible Individual: G. E. Francis

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

B. Documents reviewed, activities performed, persons contacted (include titles):

Records reviewed:

- Corrective Action Plan for LMES Evaluation of Criticality Safety Program
- ESAM for training

Interviews conducted:

Nuclear Operations Qualifications and Procedures Manager.

III. Approval Section (Signatures)

Originator G. E. Francis *DBB* for _____ Date 11/9/95

Approved _____ *D. S. ...* Date 11/9/95

Suggested Corrective Action:

1. Establish the position of Site Training Manager.
2. Develop plan to implement training requirements.

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-3/Training and Drills-1

page 3

Review Area: Corrective Action Effectiveness

Responsible Individual: G. E. Francis

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____

Date _____

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-1/Procedure Program
Review Area: Conduct of Operations Program
Responsible Individual: W. A. Condon

page 1

I. Performance Objective: C-COO-1

(List the Performance Objective number and description from the Assessment Program)

The requirements of DOE Order 5480.19 have been adequately planned for implementation and will be of a level of quality required by today's performance standards complex-wide.

II. Expectations:

(Provide the expectations for the Performance Objective as stated in the Assessment Program)

Upon completion of Performance Objective C-COO-1, the Assessment Team should be able to determine if:

- a. The Y-12 Plant Conduct of Operations Program as planned and being implemented will be sufficiently comprehensive.
- b. The Y-12 Program will have adequate resources and adequate management involvement.
- c. The Y-12 Program will meet today's DOE-wide standards for an adequate Conduct of Operations Program.

III. Review Criteria:

(Provide the criteria used for conducting the review.)

The Conduct of Operations Program at the Y-12 Plant meets today's quality level expected within the DOE-complex. The Program should promote adequate Conduct of Operations performance when implemented.

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-1/Procedure Program
Review Area: Conduct of Operations Program
Responsible Individual: W. A. Condon

page 2

IV. Approach:

(List the procedures and documents reviewed, names and titles of personnel interviewed, references used, and evolutions observed.)

Records Reviewed:

CSA-B2E-12
CSA Validation Sheet
DOE Order 5480.19, Chapter 16
Y10-102, Technical Procedure Process Control
Y10-189, Document Control
Sampling of Technical Procedure History Files
Y50-01-37-051, Special Nuclear Materials Interplant Receipts (U)

Interviews Conducted:

Two NCSD Engineers
Procedure Coordinator
Two Procedure Managers
Procedure Writer

Evolutions Observed:

Walkdown Validation of Y50-01-37-051
Criticality Validation of CSA B2E-12

V. Discussion of Results with Basis:

(Document the results of the review in sufficient detail using both the review criteria and the expectation statement as guidance.)

Interviews with plant personnel indicate Y10-102, Technical Procedure Program Control, is difficult to follow. However, as written, adequate programs have been established to control the review, validation, and approval process.

VI. Conclusion:

(Concluding statement based on the discussion of results. The statement should conclude whether the criteria of the objective was met.)

An adequate program exists for the procedure review and approval process.

VII. Issues:

(List any issues identified as part of this review. All issues should also be documented on Assessment Form 2.)

None

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-1/Procedure Program
Review Area: Conduct of Operations Program
Responsible Individual: W. A. Condon

page 3

Originator W A Condon

Date 11/8/95

Approved Dalton

Date 11/9/95

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-2/Procedure Program
Review Area: Conduct of Operations Implementation
Responsible Individual: W. A. Condon

page 1

I. Performance Objective: C-COO-2

(List the Performance Objective number and description from the Assessment Program)

The quality level of implementation of DOE Order 5480.19 in facilities is adequate based on today's DOE-wide performance standards.

II. Expectations:

(Provide the expectations for the Performance Objective as stated in the Assessment Program)

Upon completion of Performance Objective C-COO-2, the Assessment Team should be able to determine the quality level of the implemented Conduct of Operations elements relative to benchmarked programs and to determine if:

a. Ownership and understanding of Conduct of Operations requirements by the work force are adequate based on today's standards.

b. Work is conducted according to Conduct of Operations requirements.

III. Review Criteria:

(Provide the criteria used for conducting the review.)

The quality level of implemented elements of DOE Order 5480.19 in facilities meets today's DOE-wide performance standards based on the Assessment Team's experience with Rocky Flats, Pantex, and Savannah River Conduct of Operations Program performance.

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-2/Procedure Program
Review Area: Conduct of Operations Implementation
Responsible Individual: W. A. Condon

page 2

IV. Approach:

(List the procedures and documents reviewed, names and titles of personnel interviewed, references used, and evolutions observed.)

Records Reviewed:

CSA-B2E-12
CSA Validation Sheet
DOE Order 5480.19, Chapter 16
Y10-102, Technical Procedure Process Control
Y10-189, Document Control
Sampling of Technical Procedure History Files
Y50-01-37-051, Special Nuclear Materials Interplant Receipts (U)

Interviews Conducted:

Two NCS D Engineers
Procedure Coordinator
Two Procedure Managers
Procedure Writer

Evolutions Observed:

Walkdown Validation of Y50-01-37-051
Criticality Validation of CSA B2E-12

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-2/Procedure Program
 Review Area: Conduct of Operations Implementation
 Responsible Individual: W. A. Condon

page 3

V. Discussion of Results with Basis:

(Document the results of the review in sufficient detail using both the review criteria and the expectation statement as guidance.)

Observation of review and NCSD validation of CSA B2E-12 for the 9204-2E Facility.

During the review process, no record of changes was available which described the revisions to the CSA and the basis/justification for those revisions. One 9204-2E employee had reviewed the proposed revision against the existing approved CSA and attempted to identify the differences. Neither the 9204-2E employee or NCSD personnel could determine if all required changes had been incorporated in the proposed revision. Neither the 9204-2E or NCSD personnel could provide the basis/justification for the revisions which had been incorporated. A more detailed review of the CSA by the Assessment Team member, identified revisions not recognized by the 9204-2E employee or NCSD personnel during their review. Neither the 9204-2E employee or NCSD personnel who were present, could determine if these additional revisions were required.

One revision to CSA B2E-12 was to add a new type of container (portable table). Prior to final approval of the CSA, NCSD personnel performed a field validation to ensure facility compliance. Field validation by the NCSD engineer consisted of identification of a container which was labeled as a portable table. No effort was made to ensure the identified container was that actually referenced by the CSA. A drawing of the portable table was available but was not used by the NCSD engineer or referenced in the CSA revision.

VI. Conclusion:

(Concluding statement based on the discussion of results. The statement should conclude whether the criteria of the objective was met.)

Sufficient documentation was not provided during the revision process to ensure adequate review and approval. NCSD walkdown validation of the CSA was not sufficiently rigorous to ensure facility compliance. Based on observations, the CSA verification and validation process has not been adequately implemented.

VII. Issues:

(List any issues identified as part of this review. All issues should also be documented on Assessment Form 2.)

Concern:

- A. Revision process for CSAs does not contain sufficient documentation and review of changes. (Form 2, C-COO-2/Procedure Program-1)
- B. CSA validation process is not sufficiently rigorous to ensure facility compliance with assumptions. (Form 2, C-COO-2/Procedure Program-2)

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-2/Procedure Program		page 4
Review Area: Conduct of Operations Implementation		
Responsible Individual: W. A. Condon		
Originator	<u>W A Condon</u>	Date <u>11/8/95</u>
Approved	<u>Dan B Bray</u>	Date <u>11/9/95</u>

Assessment Form 2

Date: 10/31/95

Assessment Form 2 No.: C-COO-2/Procedure Program-1

page 1

Review Area: CSA Revision Process

Responsible Individual: W. A. Condon

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.

Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Concern: Revision process for CSAs does not contain sufficient documentation and review of changes.

Background: During validation of CSA B2E-12 for the 9204-2E facility, no record of changes made to the CSA was provided with the revised CSA. One facility person had performed a review of the proposed revision against the existing approved CSA and "highlighted" the differences. Neither facility or NCS D personnel could determine if all required revisions had been incorporated or provide a basis/justification for those revisions which had been incorporated.

In addition, a further review of the revised CSA by the assessment team member identified revisions not recognized ("highlighted") by facility personnel. Neither facility or NCS D personnel who were present could determine if these additional revisions were required.

Relevant facts:

- No documentation of required revisions to the CSA were present during review.
- Personnel present could not ensure required revisions had been incorporated.
- Personnel present could not ensure incorporated revisions were required.

Personnel involved in the CSA revision process were not sufficiently knowledgeable of required revisions and the basis/justification for the changes.

B. Information Requested

(List any information needed to further evaluate this item):

CSA B2E-12

Assessment Form 2

Date: 10/31/95

Assessment Form 2 No.: C-COO-2/Procedure Program-1

page 2

Review Area: CSA Revision Process

Responsible Individual: W. A. Condon

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

Y10-102, Technical Procedure Process Control.

B. Documents reviewed, activities performed, persons contacted (include titles):

- Reviewed existing CSA-B2E-12
- Reviewed proposed revision to CSA-B2E-12

Persons contacted:

- Shift manager
- Facility CSA representative
- NCSD personnel

III. Approval Section (Signatures)

Originator W A Condon Date 11/8/95

Approved D B Bray Date 11/9/95

Suggested Corrective Action:

Improve effectiveness of training and management oversight to ensure CSA revision packages are complete and that personnel understand their review responsibilities.

Assessment Form 2

Date: 10/31/95

Assessment Form 2 No.: C-COO-2/Procedure Program-1

page 3

Review Area: CSA Revision Process

Responsible Individual: W. A. Condon

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____

Date _____

Assessment Form 2

Date: 10/31/95

Assessment Form 2 No.: C-COO-2/Procedure Program-2

page 1

Review Area: CSA Revision Validation Process

Responsible Individual: W. A. Condon

Finding -- A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

Concern -- Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

Observation -- Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.

Noteworthy Practices -- Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Concern: CSA validation process is not sufficiently rigorous to ensure facility compliance with assumptions.

Background: During revision to CSA B2E-12 for 9204-2E, a new type of container (portable table) was added. Prior to final approval, a field validation was performed to ensure facility compliance. The field validation consisted of identification of a container which was labeled as a portable table, but no effort was made to ensure identified container was actually the one referenced by the CSA.

Relevant facts:

- The new container was not adequately identified as that referenced by the CSA.
- A drawing for the container existed but was not referenced in the CSA.
- When questioned, NCS D personnel could not ensure the container was that identified by CSA.

B. Information Requested

(List any information needed to further evaluate this item):

CSA-B2E-12

CSA-B2E-12 validation sheet

Assessment Form 2

Date: 10/31/95

Assessment Form 2 No.: C-COO-2/Procedure Program-2

page 2

Review Area: CSA Revision Validation Process

Responsible Individual: W. A. Condon

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

B. Documents reviewed, activities performed, persons contacted (include titles):

- CSA-B2E-12
- CSA-B2E-12 proposed revision

Activities

- Validation of CSA proposed revision

Persons

- NCS D personnel

III. Approval Section (Signatures)

Originator W A Condon Date 11/8/95

Approved Don B Baur Date 11/9/95

Suggested Corrective Action:

Improve effectiveness of training and management oversight to ensure personnel can properly validate CSA revisions.

Assessment Form 2

Date: 10/31/95

Assessment Form 2 No.: C-COO-2/Procedure Program-2

page 3

Review Area: CSA Revision Validation Process

Responsible Individual: W. A. Condon

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____

Date _____

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-3/Procedure Program
Review Area: Corrective Actions Effectiveness
Responsible Individual: W. A. Condon

page 1

I. Performance Objective: C-COO-3

(List the Performance Objective number and description from the Assessment Program)

The corrective actions planned and accomplished by the contractor have been adequate and effective in addressing Conduct of Operations deficiencies.

II. Expectations:

(Provide the expectations for the Performance Objective as stated in the Assessment Program)

Upon completion of Performance Objective C-COO-3, the Assessment Team should be able to determine if:

- a. Conduct of Operations corrective actions taken and planned are adequate based on the root cause.
- b. Conduct of Operations corrective actions completed have been effective in improving work force performance.

III. Review Criteria:

(Provide the criteria used for conducting the review.)

The corrective actions taken to date have been adequate and have been effective in implementing positive change in the work force in Conduct of Operations.

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-3/Procedure Program
Review Area: Corrective Actions Effectiveness
Responsible Individual: W. A. Condon

page 2

IV. Approach:

(List the procedures and documents reviewed, names and titles of personnel interviewed, references used, and evolutions observed.)

Records Reviewed:

CSA-B2E-12
CSA Validation Sheet
DOE Order 5480.19, Chapter 16
Y10-102, Technical Procedure Process Control
Y10-189, Document Control
Sampling of Technical Procedure History Files
Y50-01-37-051, Special Nuclear Materials Interplant Receipts (U)

Interviews Conducted:

Two NCS D Engineers
Procedure Coordinator
Two Procedure Managers
Procedure Writer

Evolutions Observed:

Walkdown Validation of Y50-01-37-051
Criticality Validation of CSA B2E-12

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-3/Procedure Program
Review Area: Corrective Actions Effectiveness
Responsible Individual: W. A. Condon

page 3

V. Discussion of Results with Basis:

(Document the results of the review in sufficient detail using both the review criteria and the expectation statement as guidance.)

Observations of the CSA verification and validation process is documented on Form 1, C-COO-2/Procedure Program as an implementation issue. These observations represent a failure to adequately implement corrective actions from lessons learned.

During the readiness assessment for RSS, DOE determined the process for controlling technical procedures was inadequate, specifically:

1. The procedure document control process is not effective and the approval process does not ensure safety.
2. There is no central point of coordination for the procedures within the Y-12 Plant.
3. The system does not assure the adequacy of the review and approval process for procedures and changes to procedures.

A new procedure control process was implemented during the Readiness Assessment and DOE recommended it be assessed during the Conduct of Operations Review in support of DNFSB Recommendation 94-4.

The following comments address each of the three deficiencies identified by DOE. It should be noted that the revised procedure process was recently implemented and the available sampling of procedures processed under the new requirements is small.

1. Document Control Process

- a. Review of a sampling of a recently completed procedure history files did not identify any significant deficiencies. All forms were properly completed and history file content was in accordance with Y10-102, Technical Procedure Process Control.
- b. Y10-102, Technical Procedure Process Control, was written and implemented with minimal input from the end users. No training was provided to the procedures personnel to ensure consistent application of the requirements. Also, procedures personnel have identified minor conflicts between Y10-102 and Y10-189, Document Control, which require resolution.

2. Central Point of Contact

- a. Y10-102, Technical Procedure Process Control, has been revised to cover product procedures as well as operating procedures. However, no product procedures were revised during the Conduct of Operations Assessment period and effectiveness of this portion could not be assessed.
- b. Each of the divisions within Nuclear Operations (Enriched Uranium Operations, Disassembly and Storage, and Depleted Uranium Operations) has established an individual procedure support organization and associated document control. No single point of contact has been established for responsibility of the procedure program.

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-3/Procedure Program

page 4

Review Area: Corrective Actions Effectiveness

Responsible Individual: W. A. Condon

3. Adequacy of Review and Approval Process

- a. Increased emphasis has been placed in the verification and validation process, however, no training has been provided to field personnel involved in the review and approval process. As a result, reviews are not consistently performed, and no assurance of procedure adequacy exists.
- b. Adequate emphasis has not been placed on the parallel review process. This is clearly seen from the type and number of comments being received during the verification and validation process.
- c. Observation of the procedure validation process indicated the program would result in adequate procedures. However, the process is not well controlled. Assessment of the validation of Y50-01-37-051, Special Nuclear Materials Interplant Receipts (U), involved 14 individuals (not including assessors). Most individuals were not actively involved in the validation process and became involved in non-related activities.
- d. Review of the overall effectiveness of the review and approval process has not been conclusive. During October 1995, only two procedures were reviewed and approved under the new process for 9720-5. Initial performance of these procedures required two non-intent immediate changes for one procedure and three non-intent immediate changes for the other.

B. Information Requested

(List any information needed to further evaluate this item):

VI. Conclusion:

(Concluding statement based on the discussion of results. The statement should conclude whether the criteria of the objective was met.)

Review of the technical procedure process against the DOE identified deficiencies from the Readiness Assessment, indicated that some progress has been made but has not completely addressed all deficiencies.

Observations of the CSA verification and validation process does not indicate adequate corrective actions have been completed.

VII. Issues:

(List any issues identified as part of this review. All issues should also be documented on Assessment Form 2.)

Concern: Corrective actions for the CSA verification/validation process have not been adequately implemented. See Form 1, C-COO-2/Procedure Program.

Concern: Implementation of the procedures program does not satisfactorily address identified deficiencies. (Form 2, C-COO-3/Procedure Program-1)

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-3/Procedure Program
Review Area: Corrective Actions Effectiveness
Responsible Individual: W. A. Condon

page 5

Originator WA Condon

Date 11/8/95

Approved D. Blawie

Date 11/9/95

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-3/Procedure Program-1
 Review Area: Technical Procedure Process Revisions
 Responsible Individual: W. A. Condon

page 1

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.
Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.
Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.
Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding Concern, Observation or Noteworthy Practice):

Concern:

The technical procedure process was reviewed against DOE identified deficiencies from the Readiness Assessment for Receipt, Storage, and Shipment (RSS) of Special Nuclear Material at the Oak Ridge Y-12 Site. While progress has been made, implementation of the program does not completely address identified deficiencies.

Background:

During the readiness assessment for RSS, DOE determined the process for controlling technical procedures was inadequate, specifically:

1. The procedure document control process is not effective and the approval process does not ensure safety.
2. There is no central point of coordination for the procedures within the Y-12 Plant.
3. The system does not assure the adequacy of the review and approval process for procedures and changes to procedures.

A new procedure control process was implemented during the Readiness Assessment and DOE recommended it be assessed during the Conduct of Operations Review in support of DNFSB Recommendation 94-4.

The following comments address each of the three deficiencies identified by DOE. It should be noted that the revised procedure process was recently implemented and the available sampling of procedures processed under the new requirements is small.

1. Document Control Process

- a. Review of a sampling of a recently completed procedure history files did not identify any significant deficiencies. All forms were properly completed and history file content was in accordance with Y10-102, Technical Procedure Process Control.
- b. Y10-102, Technical Procedure Process Control, was written and implemented with minimal input from the end users. No training was provided to the procedures personnel to ensure consistent application of the requirements. Also, procedures personnel have identified minor conflicts between Y10-102 and Y10-189, Document Control, which require resolution.

B. Information Requested

(List any information needed to further evaluate this item):

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-3/Procedure Program-1
Review Area: Technical Procedure Process Revisions
Responsible Individual: W. A. Condon

page 2**2. Central Point of Contact**

- a. Y10-102, Technical Procedure Process Control, has been revised to cover product procedures as well as operating procedures. However, no product procedures were revised during the Conduct of Operations Assessment period and effectiveness of this portion could not be assessed.
- b. Each of the divisions within Nuclear Operations (Enriched Uranium Operations, Disassembly and Storage, and Depleted Uranium Operations) has established an individual procedure support organization and associated document control. No single point of contact has been established for responsibility of the procedure program.

3. Adequacy of Review and Approval Process

- a. Increased emphasis has been placed in the verification and validation process, however, no training has been provided to field personnel involved in the review and approval process. As a result, reviews are not consistently performed, and no assurance of procedure adequacy exists.
- b. Adequate emphasis has not been placed on the parallel review process. This is clearly seen from the type and number of comments being received during the verification and validation process.
- c. Observation of the procedure validation process indicated the program would result in adequate procedures. However, the process is not well controlled. Assessment of the validation of Y50-01-37-051, Special Nuclear Materials Interplant Receipts (U), involved 14 individuals (not including assessors). Most individuals were not actively involved in the validation process and became involved in non-related activities.
- d. Review of the overall effectiveness of the review and approval process has not been conclusive. During October 1995, only two procedures were reviewed and approved under the new process for 9720-5. Initial performance of these procedures required two non-intent immediate changes for one procedure and three non-intent immediate changes for the other.

B. Information Requested

(List any information needed to further evaluate this item):

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-3/Procedure Program-1
 Review Area: Technical Procedure Process Revisions
 Responsible Individual: W. A. Condon

page 3

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).
 For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.
 For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.
 For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

DOE Order 5480.19, Chapter 16

B. Documents reviewed, activities performed, persons contacted (include titles):

Records Reviewed:

Y10-102, Technical Procedure Process Control
 Sampling of Technical Procedure History Files

Interviews Conducted:

Technical Procedure Group Personnel
 Technical Procedure Users

III. Approval Section (Signatures)

Originator WA Condon Date 11/8/95

Approved D. B. Bray Date 11/9/95

Suggested Corrective Action:

- Improve procedure revision and approval process through training of procedure writers, parallel reviewers, validators, and approvers to ensure consistent implementation of requirements and adequate technical reviewers.
- Establish a consolidated procedure support group and associated document control.

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-1/Support
Review Area: Conduct of Operations Program
Responsible Individual: G. E. Francis

page 1

I. Performance Objective: C-COO-1

(List the Performance Objective number and description from the Assessment Program)

The requirements of DOE Order 5480.19 have been adequately planned for implementation and will be of a level of quality required by today's performance standards complex-wide.

II. Expectations:

(Provide the expectations for the Performance Objective as stated in the Assessment Program)

Upon completion of Performance Objective C-COO-1, the Assessment Team should be able to determine if:

- a. The Y-12 Plant Conduct of Operations Program as planned and being implemented will be sufficiently comprehensive.
- b. The Y-12 Program will have adequate resources and adequate management involvement.
- c. The Y-12 Program will meet today's DOE-wide standards for an adequate Conduct of Operations Program.

III. Review Criteria:

(Provide the criteria used for conducting the review.)

The Conduct of Operations Program at the Y-12 Plant meets today's quality level expected within the DOE-complex. The Program should promote adequate Conduct of Operations performance when implemented.

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-1/Support
Review Area: Conduct of Operations Program
Responsible Individual: G. E. Francis

page 2

IV. Approach:

(List the procedures and documents reviewed, names and titles of personnel interviewed, references used, and evolutions observed.)

Records Reviewed:

- Criticality Alarm and Announcing System Surveillance

Interviews Conducted:

- Facility Maintenance and Operations Manager

Evolutions Observed:

- Pre-evolution brief or CAAs Surveillance
- Tour of Steam Plant
- Material Movement involving RCT and EUTO
- RCT Survey Practices

V. Discussion of Results with Basis:

(Document the results of the review in sufficient detail using both the review criteria and the expectation statement as guidance.)

The Conduct of Operations Program has been developed for the Nuclear Operations group. There is no site-wide program for Conduct of Operations. There is no site-wide Conduct of Operations Manual. This situation results in some non-nuclear operations personnel entering nuclear facilities to conduct maintenance, surveillances, and inspections. The audit team observed several deficiencies in Conduct of Operations practices associated with support group activities. This affects the overall appraisal of Conduct of Operations in the facility.

VI. Conclusion:

(Concluding statement based on the discussion of results. The statement should conclude whether the criteria of the objective was met.)

The Conduct of Operations for support organizations criteria has been partially met due to lack of focus on support group activities.

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-1/Support
Review Area: Conduct of Operations Program
Responsible Individual: G. E. Francis


page 3

VII. Issues:

(List any issues identified as part of this review. All issues should also be documented on Assessment Form 2.)

Establish Conduct of Operations program for all areas of Y-12
(Form 2, C-COO-1/Support 1)

Originator



Date

11/8/95

Approved



Date

11/9/95

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-1/Support-1
Review Area: Conduct of Operations Program
Responsible Individual: G. E. Francis

page 1

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.
Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.
Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.
Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Finding: Program support in the area of Conduct of Operations for other than Nuclear Operations is deficient in that:

- There is no site wide Conduct of Operations Manual.
- Training for support personnel is deficient in the area of Conduct of Operations.
- Management attention for non-nuclear operators is inconsistent in the area of Conduct of Operations.

B. Information Requested

(List any information needed to further evaluate this item):

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-1/Support-1
Review Area: Conduct of Operations Program
Responsible Individual: G. E. Francis

page 2

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

DOE Order 5480.19 Conduct of Operations

B. Documents reviewed, activities performed, persons contacted (include titles):**Records reviewed:**

- Timely orders to operators
- Required reading
- Procedures
- Lockout/Tagout procedures

Interviews conducted:

- Facility Maintenance and Operations Manager
- Utility Department Manager
- Fire Department Records Supervisor
- Plant Support Services Supervisor

Activities observed:

- Steam plant tour
- RCT operations
- Criticality Alarm and Announcing System Surveillance

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO-1/Support-1
Review Area: Conduct of Operations Program
Responsible Individual: G. E. Francis

page 3

III. Approval Section (Signatures)

Originator  Date 11/6/95

Approved  Date 11/9/95

Suggested Corrective Action:

- Develop site wide Conduct of Operations Manual and Implementation Plan.
- Provide training and Conduct of Operations implementation.
- Provide consistent management attention on support groups implementing CONOPs.

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-2/Support
Review Area: Conduct of Operations Implementation
Responsible Individual: G. E. Francis

page 1

I. Performance Objective: C-COO-2

(List the Performance Objective number and description from the Assessment Program)

The quality level of implementation of DOE Order 5480.19 in facilities is adequate based on today's DOE-wide performance standards.

II. Expectations:

(Provide the expectations for the Performance Objective as stated in the Assessment Program)

Upon completion of Performance Objective C-COO-2, the Assessment Team should be able to determine the quality level of the implemented Conduct of Operations elements relative to benchmarked programs and to determine if:

a. Ownership and understanding of Conduct of Operations requirements by the work force are adequate based on today's standards.

b. Work is conducted according to Conduct of Operations requirements.

III. Review Criteria:

(Provide the criteria used for conducting the review.)

The quality level of implemented elements of DOE Order 5480.19 in facilities meets today's DOE-wide performance standards based on the Assessment Team's experience with Rocky Flats, Pantex, and Savannah River Conduct of Operations Program performance.

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-2/Support
Review Area: Conduct of Operations Implementation
Responsible Individual: G. E. Francis

page 2

IV. Approach:

(List the procedures and documents reviewed, names and titles of personnel interviewed, references used, and evolutions observed.)

Records Reviewed:

1. Fire Department Records Concerning Fire Extinguishers
2. Steam Plant Operator Qualification Cards
3. Steam Plant Chemistry Reagent Preparation Procedures
4. Steam Plant Lockout/Tagout Procedures

Interviews Conducted:

Utility Department Manager
Deputy Manager for Utilities
Steam Plant General Supervisor
Fire Department Records Supervisor
Chapman, Plant Support Services Supervisor

Evolutions Observed:

- Ingress and Egress from Radiological Buffer Areas and Contamination Areas
- Tour of Steam Plant
- Fire Drill
- Criticality Alarm and Announcing System Surveillance

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-2/Support
Review Area: Conduct of Operations Implementation
Responsible Individual: G. E. Francis

page 3

V. Discussion of Results with Basis:

(Document the results of the review in sufficient detail using both the review criteria and the expectation statement as guidance.)

During the conduct of the assessment, it became obvious that there were different levels of Conduct of Operations being demonstrated within the Nuclear Operation facilities. Key operational safety requirement surveillances are being performed by personnel from organizations outside Nuclear Operations. These groups include Plant Support Services for the Criticality Alarm and Announcing System tests and the Fire Department inspections and testing group to perform fire detection and suppression surveillances. There were also members of the Radiological Control and Maintenance groups encountered performing tasks within nuclear facilities. There were several Conduct of Operations performance deficiencies noted for support group personnel. The level of knowledge of Conduct of Operations requirements was much lower for most support group personnel. The management for some support groups lacked a good understanding of the Conduct of Operations principles.

The overall assessment of Conduct of Operations includes all personnel routinely working in the facilities. The support groups must have the same level of implementation of the Conduct of Operations elements to achieve success.

The notable difference in performance causes the overall assessment to be lower for Conduct of Operations implementation in nuclear facilities. Substantial progress must be made for a satisfactory level of Conduct of Operations implementation.

VI. Conclusion:

(Concluding statement based on the discussion of results. The statement should conclude whether the criteria of the objective was met.)

The objective criteria for support group CONOPS implementation is partially met due to the numerous performance deficiencies observed during the assessment.

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-2/Support
Review Area: Conduct of Operations Implementation
Responsible Individual: G. E. Francis

page 4

VII. Issues:

(List any issues identified as part of this review. All issues should also be documented on Assessment Form 2.)

Finding:

- Fire Department records of fire extinguisher inspections are less than adequate.
(Form 2, C-COO-2/Support-1)
- Many deficiencies were observed in radiological control practices.
(Form 2, C-COO-2/Support-2)

Concerns:

- CAAs surveillance source poses ALARA concern
(Form 2, C-COO-2/Support-3)
- Contaminated transport trucks pose ALARA concern
(Form 2, C-COO-2/Support-4)


Observations:

- Radiological control practices were inconsistent
(Form 2, C-COO-2/Support-5)
- Radiological control support is inadequate
(Form 2, C-COO-2/Support-6)

Noteworthy Practice:

- CONOPS implementation approach by Steam Plant
(Form 2, C-COO-2/Support-7)

Originator



Date

11/8/95

Approved



Date

11/9/95

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-1

page 1

Review Area: Fire Department

Responsible Individual: G. Francis

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.

Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Finding: The fire department records of fire extinguisher inspections are less than adequate.

Deficiencies noted:

- Annual checks are over due for several buildings
- Inspection paperwork is not routinely submitted to update computer records
- Procedures are modified by letter other than revision
- Monthly checks of extinguishers are not up to date nor auditable

B. Information Requested

(List any information needed to further evaluate this item):

None

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-1

page 2

Review Area: Fire Department

Responsible Individual: G. Francis

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

NFPA codes (various)
 Conduct of Operations Manual

B. Documents reviewed, activities performed, persons contacted (include titles):

Records reviewed:

- Monthly schedule of annual fire extinguishers inspections
- Procedures associated with fire extinguishers checks
- Computer generated records of tests

Interviews conducted:

- Fire Department Records Supervisor

III. Approval Section (Signatures)

Originator  Date 11/3/95

Approved  Date 11/9/95

Suggested Corrective Action:

Bring fire extinguisher inspection into compliance with NFPA standards

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-1

page 3

Review Area: Fire Department

Responsible Individual: G. Francis

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____

Date _____

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-2

page 1

Review Area: Radiological Control Practices

Responsible Individual: G. E. Francis

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.

Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or Final Finding Concern, Observation or Noteworthy Practice):

Finding: Many deficiencies were observed in radiological control practices as detailed below:

RADCON practices in QE and DUO facilities require improvement.

Several occurrences were noted in which boundaries were violated.

- Some personnel were noted to reach into the radiological buffer area (RBA) from the potential high contamination area (Hi-C) area while wearing full anti-Cs.
- Some personnel were noted to reach into the RBA and open the lid of a container from the uncontrolled area to dispose of damaged shoe scuffs.

Numerous deficiencies were noted in the conduct of personnel monitoring with a hand frisker.

- Some personnel did not follow the posted procedures
- Many personnel stepped back into the RBA after frisking their feet and then proceeded out of the RBA without frisking their feet.
- The distance the probe was held from the body and rate of probe movement was too great in some instances to detect contamination.
- Some personnel picked up the probe prior to monitoring their hands.

There were several occasions noted in which there was a potential for spread of contamination

- One occasion was noted in which a used pair of anti-Cs had fallen from the anti-C removal area to the uncontrolled area. Two HPs took no action until prompted by the assessment team. The used anti-C did not wear gloves to retrieve the anti-Cs.
- Several occasions were noted in which some personnel would open a door while wearing gloves while others had no protection on their hands in an anti-C area.

Some personnel did not minimize contact with the exposed side of their anti-C's during removal.

Several personnel conducting personnel monitoring and one HP questioned incorrectly responded as to the radiation monitor alarm setpoint.

The anti-C requirements are not consistent between facilities.

B. Information Requested

(List any information needed to further evaluate this item):

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-2
 Review Area: Radiological Control Practices
 Responsible Individual: G. E. Francis

page 2

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).
 For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.
 For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.
 For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

RADCON manual

B. Documents reviewed, activities performed, persons contacted (include titles):

Records reviewed:

- RADCON manual
- DOE Rule 835

Interviews conducted:

- Training manager
- Radiation Control Technicians

Activities observed:

- Frisking practices in various facilities
- Self monitoring practices in the personal contamination monitor (PCM)
- Routine practices when in or near contaminated areas

III. Approval Section (Signatures)

Originator  Date 11/8/95

Approved  Date 11/9/95

Suggested Corrective Action:

- Improve knowledge of radiological counters through continuing training program.
- Increase level of self evaluations conducted on radiological controls practices.

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-2
Review Area: Radiological Control Practices
Responsible Individual: G. E. Francis

page 3

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____

Date _____

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2-Support-3
Review Area: Criticality Alarm and Announcing System
Responsible Individual: G. Francis

page 1

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.
Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.
Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.
Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Concern: The source currently in use for conducting the monthly CAAS surveillance is contrary to the ALARA program in that its strength is three times that required for adequate testing.

The current source used to check the criticality alarm and announcing system detectors yields 150 MR/hr. on contact – the detector will detect 40 MR/hr to send the alarm.

B. Information Requested

(List any information needed to further evaluate this item):

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2-Support-3
Review Area: Criticality Alarm and Announcing System
Responsible Individual: G. Francis

page 2

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).
For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.
For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.
For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

Y-12 Radiological Controls Manual

B. Documents reviewed, activities performed, persons contacted (include titles):


Records reviewed:

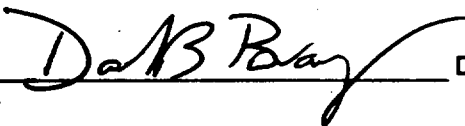
CAAS surveillance procedure

Evolutions observed:

CAAS surveillance

III. Approval Section (Signatures)

Originator  Date 11/3/95

Approved  Date 11/9/95

Suggested Corrective Action:

Recommend using lowest possible source strength to reduce exposure to CAAS technicians performing the surveillances. If a smaller source can properly check the CAAS then it should be used.

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2-Support-3
Review Area: Criticality Alarm and Announcing System
Responsible Individual: G. Francis

page 3

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 2

Date: 11/1/95

Assessment Form 2 No.: C-COO-2/Support-4

page 1

Review Area: Radiological Controls

Responsible Individual: G. Francis

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.

Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Concern: Contaminated transport trucks present an ALARA and safety hazard that should be corrected.

Levels of contamination in transport truck #31 caused the following ALARA issues:

- PPE must be used – exposing operators to excessive radiation.
- RADCON practices in dealing with contamination caused activity to take 82 minutes (this was characterized as best time yet) for what should be a 20 minute evolution.

B. Information Requested

(List any information needed to further evaluate this item):

None

Assessment Form 2

Date: 11/1/95

Assessment Form 2 No.: C-COO-2/Support-4

page 2

Review Area: Radiological Controls

Responsible Individual: G. Francis

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

Y-12 Radiological Controls Manual

B. Documents reviewed, activities performed, persons contacted (include titles):

Interviews conducted:

Evolution supervisor

III. Approval Section (Signatures)

Originator  Date 11/1/95

Approved  Date 11/9/95

Suggested Corrective Action:

Decontaminate the truck.

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 2

Date: 11/1/95

Assessment Form 2 No.: C-COO-2/Support-5
 Review Area: Radiological Controls
 Responsible Individual: G. Francis

page 1

Finding -- A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.
Concern -- Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.
Observation -- Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.
Noteworthy Practices -- Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Observation: RADCON practices demonstrated by radiological control technicians were inconsistent and not all smears/swipes covered 100 cm² as required by record sheet.

Two different techniques were demonstrated during smearing of truck, drum and step off pad:

- One technique achieved the required 100 cm² swipe area.
- One technique achieved only about 50 cm² swipe area.
- Both recorded swipes entered as swipe/100 cm².

B. Information Requested

(List any information needed to further evaluate this item):

Training material on swipe/smear techniques

Assessment Form 2

Date: 11/1/95

Assessment Form 2 No.: C-COO-2/Support-5

page 2

Review Area: Radiological Controls

Responsible Individual: G. Francis

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

- Y-12 Radiological Controls Manual.
- Swipe survey record sheet.

B. Documents reviewed, activities performed, persons contacted (include titles):

Evolutions observed: material move 11/1/95

III. Approval Section (Signatures)

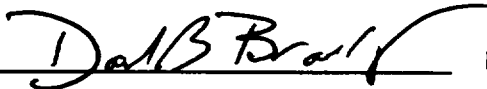
Originator



Date

11/1/95

Approved



Date

11/9/95

Suggested Corrective Action:

Provide consistent training and demonstration of .100 cm² swipe.

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____

Date _____

Assessment Form 2

Date: 11/2/95

Assessment Form 2 No.: C-COO-2/Support-6
Review Area: Radiological Controls/Support in DUO Facilities
Responsible Individual: J. Angelo

page 1

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.
Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.
Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.
Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, observation or Noteworthy Practice):

There are inadequate Radiological Control support man-hours assigned to DUO facilities. This is evidenced by:

- Requirement to subcontract for RADCON support
- No equipment or vertical surface surveys on contamination areas.
- Recent overtime data.

B. Information Requested

(List any information needed to further evaluate this item):

Assessment Form 2

Date: 11/2/95

Assessment Form 2 No.: C-COO-2/Support-6
Review Area: Radiological Controls/Support in DUO Facilities
Responsible Individual: J. Angelo

page 2

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).
For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.
For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.
For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

Y-12 Radiological Control Manual

B. Documents reviewed, activities performed, persons contacted (include titles):

Interviews Conducted:

Radiological Controls Manager
DUO Operations Manager

III. Approval Section (Signatures)

Originator DBBury for
J. W. Angelo

Date 11/9/95

Approved [Signature]

Date 11/9/95

Suggested Corrective Action:

Evaluate whether available resources are being used efficiently or that additional personnel are needed to accomplish requirements. Reduction of storage areas for contaminated waste should also be evaluated.

Assessment Form 2

Date: 11/2/95

Assessment Form 2 No.: C-COO-2/Support-6

page 3

Review Area: Radiological Controls/Support in DUO Facilities

Responsible Individual: J. Angelo

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-7

page 1

Review Area: Steam Plant

Responsible Individual: G. Francis

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.

Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.

Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.

Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or **Noteworthy Practice**):

Noteworthy Practice: The approach to implementing Conduct of Operations in the steam plant is a model to be emulated by other support organizations at Oak Ridge. Although only approximately 50% implemented, the steps taken by management represent a positive approach to implementing conduct of operations. Management involvement has made the difference.

B. Information Requested

(List any information needed to further evaluate this item):

None

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-7

page 2

Review Area: Steam Plant

Responsible Individual: G. Francis

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).

For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.

For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.

For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

- DOE Order 5480.19
- Nuclear Operations Conduct of Operations Manual

B. Documents reviewed, activities performed, persons contacted (include titles):

Contacts:

- Utilities Dept. Mgr.
- Deputy Mgr. for Utilities
- Steam Plant General Supervisor

Records reviewed:

- Lockout/Tagout records
- Timely orders to operators
- Qualification cards
- Status boards
- Self evaluation program
- Logs and records

Assessment Form 2

Date: 11/3/95

Assessment Form 2 No.: C-COO-2/Support-7

page 3

Review Area: Steam Plant

Responsible Individual: G. Francis

III. Approval Section (Signatures)

Originator  Date 11/3/95

Approved  Date 11/9/95

Suggested Corrective Action:

Spread this approach to other support organizations to upgrade Conduct of Operations.

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 2

Date: 11/2/95

Assessment Form 2 No.: C-COO-2/Support-8
 Review Area: Preventive Maintenance Practices
 Responsible Individual: J. Angelo

page 1

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.
Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.
Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.
Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Dry Chemical fire extinguishers are being checked on an annual basis. Failure to agitate the dry chemical on a frequent basis could cause caking and inoperability.

B. Information Requested

(List any information needed to further evaluate this item):

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).
 For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.
 For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.
 For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

Possible fire extinguisher inactivation.

B. Documents reviewed, activities performed, persons contacted (include titles):

Facility tours.

Assessment Form 2

Date: 11/2/95

Assessment Form 2 No.: C-COO-2/Support-8
Review Area: Preventive Maintenance Practices
Responsible Individual: J. Angelo

page 2

III. Approval Section (Signatures)

Originator DBBrot for
J. W. Angelo Date 11/9/95

Approved DBBray Date 11/9/95

Suggested Corrective Action:

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____ Date _____

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-3/Support
Review Area: Corrective Actions Effectiveness
Responsible Individual: G. E. Francis

page 1

I. Performance Objective: C-COO-3

(List the Performance Objective number and description from the Assessment Program)

The corrective actions planned and accomplished by the contractor have been adequate and effective in addressing Conduct of Operations deficiencies.

II. Expectations:

(Provide the expectations for the Performance Objective as stated in the Assessment Program)

Upon completion of Performance Objective C-COO-3, the Assessment Team should be able to determine if:

- a. Conduct of Operations corrective actions taken and planned are adequate based on the root cause.
- b. Conduct of Operations corrective actions completed have been effective in improving work force performance.

III. Review Criteria:

(Provide the criteria used for conducting the review.)

The corrective actions taken to date have been adequate and have been effective in implementing positive change in the work force in Conduct of Operations.

IV. Approach:

(List the procedures and documents reviewed, names and titles of personnel interviewed, references used, and evolutions observed.)

Records Reviewed:

CONOPS Corrective Action Plans

Interviews Conducted:

- Facility Maintenance and Operations Manager
- Radiological Control Manager

Evolutions Observed:

- Surveillances
- Drills
- Pre-evolution Briefs

Assessment Form 1

Date: 11/7/95

Assessment Form 1 No.: C-COO-3/Support
Review Area: Corrective Actions Effectiveness
Responsible Individual: G. E. Francis

page 2

V. Discussion of Results with Basis:

(Document the results of the review in sufficient detail using both the review criteria and the expectation statement as guidance.)

No corrective action plans reviewed

VI. Conclusion:

(Concluding statement based on the discussion of results. The statement should conclude whether the criteria of the objective was met.)

Corrective action criteria not met in that corrective action plans were not available.

VII. Issues:

(List any issues identified as part of this review. All issues should also be documented on Assessment Form 2.)

No action plans available for review
(Form 2, C-COO-3/Support-1)


Originator



Date

11/7/95

Approved



Date

11/9/95

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-CO03-Support-1
Review Area: Corrective Action Effectiveness
Responsible Individual: G. E. Francis

page 1

Finding – A statement of fact documenting a deviation from an applicable Federal law, DOE Order, standard, safety requirement, performance standard, or approved procedure.
Concern – Any situation while not in violation of any written procedure, in the judgment of the assessment team member indicates less than optimal performance and could be the indicator of more serious problems.
Observation – Any situation while not in violation of any written procedure or requirement, in the judgment of the assessment team member is worthy of raising to the attention of site management in order to enhance overall performance.
Noteworthy Practices – Practices that are notable and will have general application to other DOE facilities for the improvement of overall safety or performance.

I. Identification Section

A. Statement

(Provide exact wording of the potential or final Finding, Concern, Observation or Noteworthy Practice):

Observation: Corrective Actions are not appropriate for deficiencies noted due to lack of management attention.

Corrective Actions have not been effective at correcting root causes based on the following:

Action plans were not made available.

B. Information Requested

(List any information needed to further evaluate this item):

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-CO03-Support-1
Review Area: Corrective Action Effectiveness
Responsible Individual: G. E. Francis

page 2

II. Basis Section

For Findings, identify the related requirements (e.g., applicable DOE Orders, Standards or Review Criteria).
For Concerns, discuss how the situation results in less than optimal performance and is considered an indicator of more serious problems.
For Observations, identify the situation worthy of raising to the attention of site management and discuss how it will enhance overall performance.
For Noteworthy Practices, identify those practices considered notable and that have general application to other DOE facilities for the improvement of overall safety or performance.

A. Description of Basis:

DOE Order 5480.19 Chapter 1

B. Documents reviewed, activities performed, persons contacted (include titles):


Records reviewed:

- Corrective Actions tracking system
- ESAM for selected support operations

Interviews conducted:

- RADCON Manager
- Facility Maintenance and Operations
- Utility Department Manager

III. Approval Section (Signatures)

Originator  Date 11/6/95

Approved  Date 11/9/95

Suggested Corrective Action:

Place management attention on support groups to develop comprehensive corrective action plans for Conduct of Operations deficiencies.

Assessment Form 2

Date: 11/6/95

Assessment Form 2 No.: C-COO3-Support-1
Review Area: Corrective Action Effectiveness
Responsible Individual: G. E. Francis

page 3

IV. Contractor/DOE Response

(Provide results of Contractor/DOE review with technical basis and references.)

N/A

Accepted By: _____

Date _____