



BROOKHAVEN
NATIONAL LABORATORY

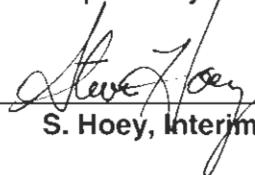
Safety and Health Services Division
Self-Assessment Plan

FY 2004

Revision 0F

Prepared by R. Travis

Approved by

 5/21/04

S. Hoey, Interim Division Manager

FY 2004 SELF-ASSESSMENT PLAN for SHSD

1.0 Purpose/Scope:

This document presents the self-assessment program for the Safety and Health Services Division (SHSD). This self-assessment plan addresses those elements of the Laboratory's Critical Outcomes, Objectives, and Performance Measures for which SHSD has responsibility. In addition, the plan addresses activities for monitoring organizational processes and providing information to the Division managers, and the Assistant Laboratory Director (ALD) for ESH&Q that is relevant to ensuring continuous improvement in the operation of the division and the projects and programs under its stewardship. The approach of the self-assessment program includes both vertical and horizontal components:

- *Vertical* (within the scope of SHSD line responsibilities)
- *Horizontal* (across all BNL organizations with operations that have Safety Engineering, Industrial Hygiene or Safety Management Systems Integration aspects)

This plan meets the planning requirements associated with the Integrated Assessment Program (IAP) and considers each of the following BNL self-assessment framework criteria:

1. Leadership Commitment and Involvement
2. Human Resource Development and Management
3. Customer Focus and Satisfaction (customer value)
4. Process Management
5. Business and Operational Results
6. Compliance with Laws, Regulations and Contractual Requirements

Unforeseen events or issues that arise during the year may result in the need to perform additional focused assessment(s). Performance of any unscheduled assessments will be acknowledged in the quarterly self-assessment reports and/or management briefings.

Specific objectives, strategies and indicators for each assessment criteria are presented in attachments I – VI, along with the responsible individual and schedule. The relation of a strategy to BSA/BNL Critical Outcome Measures, Directorate Objectives or SHSD Strategic Initiatives is identified within the attachment tables.

2.0 Responsibilities

2.1 The Division Manager for SHSD has overall responsibility for ensuring that this Self-Assessment Plan is implemented and that resources are appropriate to conduct the delineated activities. Specifically, these responsibilities are:

- 2.1.1 Ensuring that a self-assessment program exists, self-assessment plans are prepared, implemented and documented.

Ensuring that the R2A2s and individual performance goals of direct reports reflect expectations regarding self-assessment activities and are aligned with achieving organizational and institutional objectives and measures.

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- 2.1.2 Ensuring assessments and corrective actions are tracked.
- 2.1.3 Planning and implementing assessments to ensure that the SHSD requirements and procedures (e.g. Subject Areas, ESH Standards etc.) are being implemented as expected, are achieving desired results, and are continually improved.
- 2.1.4 Reporting results, at regularly scheduled ESH&Q Management Team meetings, of self-assessment activities that may have Directorate level implications.
- 2.2 The SHSD Self-Assessment Coordinator is responsible for:
 - 2.1.2 Developing the self-assessment plan by interacting with the applicable subject matter experts (SME) and program managers.
 - 2.1.3 Tracking implementation of the plan by producing periodic (quarterly) self-assessment reports.
 - 2.1.4 Maintaining this self-assessment program plan.
 - 2.1.5 Keeping DOE-BHSO informed as to the status of the self-assessment activities.
- 2.3 Individuals responsible for coordinating or conducting the assessment activities (Such as Subject Matter Experts, Section/Program Managers, QA Representatives, etc.) have the following responsibilities:
 - 2.3.1 Provide input to self-assessment planning.
 - 2.3.2 Perform and document assessments in accordance with schedule.
 - 2.3.3 Upon completing the assessment, entering status and assessment results/corrective actions into the Family Assessment Tracking System (FATS) or institutional level ATS (programmatic assessments).
 - 2.3.4 Participate in assessments led by others, as appropriate.
 - 2.3.5 Evaluate assessment results, recommend corrective actions and present the assessment results to the SHSD Management Team.
 - 2.3.6 Forward documentation of self-assessment to the Self-Assessment Coordinator, or attach to FATS closeout.
 - 2.3.7 Implementing corrective actions, as appropriate.

3.0 Assessment Schedules, Tracking & Documentation

- 3.1 Most assessment activities are entered into the SHSD Family Activity Tracking System (FATS) to assign responsibility, schedule, track, and document closeout. Actions not entered into the FATS for tracking may include routine activities where other means of documentation have been identified.
- 3.2 Individuals assigned to coordinate or conduct an assessment are responsible to complete the action in accordance with the schedule or obtain a supervisor's approval to revise the due date.

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- 3.3 Individuals are encouraged to utilize existing forms of documentation, such as routine reports, meeting minutes, etc. as validation of activity completion. The specific means of documentation should be filed with assessment records or electronically attached through FATS.

4.0 Review and Evaluation of Assessment Results

- 4.1 Individuals responsible for coordinating or conducting the assessment activities shall present the results and make recommendations to the SHSD Management Team, usually through distribution of the assessment report or at SHSD Management Team Meetings. The management team shall review the information and recommendations and determine:

- Appropriate corrective and improvement actions.
- The need to submit identified strengths and issues in the Lab-wide Lessons Learned program.
- The need to report issues identified to the Laboratory Price Anderson Amendments Act Working Group.

An assigned individual is then responsible for implementing the corrective actions.

- 4.2 Accomplishments against the objectives and measures of this plan are reviewed through development of a quarterly self-assessment report. The report is developed by the self-assessment coordinator and electronically distributed to the SHSD Management team, the ALD for ESH&Q, and individuals responsible for coordinating assessments.
- 4.3 The results of the previous year's assessments and annual evaluation serve as a basis for improvement actions and assessment activities for the subsequent year.

5.0 Corrective Action Management

- 5.1 Corrective and improvement actions identified through assessment activities shall be managed in accordance with ESH Standard 1.2.1, Corrective Action Management and Tracking for Internal and External Assessments.
- 5.2 Corrective Actions associated with lab-wide programmatic assessments shall be entered and tracked in the Institutional level Assessment Tracking System (ATS). Internal SHSD corrective actions should be tracked to closure through the Family Assessment Tracking System (FATS).

6.0 Approval and Change Control

- 6.1 The SHSD Division Manager, following electronic review and comment by the SHSD management team and other individuals, as appropriate, formally approves this plan.
- 6.2 Revisions to the plan shall be identified through the Revision Number and date.

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SHSD Strategic Initiatives¹			
Initiative	Priority¹	Description/Objectives	Target(s)
1. Safety	1	<p>Implementation & Sustaining Worker Safety Improvements: (Supports Institutional Imperative #1)</p> <p>SHSD supplies the subject matter experts to develop and implement programs that are required to shape the culture of the BNL workforce that will lead to sustainable improvement in the safety culture and resulting indicators.</p>	<p>Deliver Laboratory Comprehensive Safety Plan to ESHQ ALD by 7/1/04</p> <p>(S. Hoey)</p>
2. Risk Reduction	1	<p>Risk Reduction: (Supports Institutional Imperative #2 and Contract Performance Measure 3.4.2)</p> <p>Nuclear Strategic Planning Footprint Reduction</p> <p>SHSD is the leader in the development of the policy, plan and implementation of the NSP which to date has been successful in identifying, prioritizing and reducing the orphan nuclear inventory at the site.</p>	<p>Completion of the Nuclear Strategic Plan by 6/30/04</p> <p>(G. Shepherd)</p>
3. Cost Effective Safety and Health Services	2	<p>Integration of field Services: (Supports Directorate Imperatives #1 & 3)</p> <p>As indicated in Directorate imperatives 1 and 3 the current business model for ESHQ does not adequately provide the necessary support of trained and qualified personnel to the field. Business models have built in a level of competition rather than cooperation. Multiple business models are confusing, redundant and perceived by the customer as an indicator of an unresponsive service provider.</p>	<p>White paper to ESHQ ALD by 9/30/04</p> <p>(S. Hoey)</p>

¹ Priorities range from 1 (highest) to 4 (lowest). This ranking scheme allows the most effective use of limited Divisional resources,

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SHSD Strategic Initiatives¹			
Initiative	Priority¹	Description/Objectives	Target(s)
4. ESH&Q Integration	2	<p>Integrating ESH&Q into new scientific facilities/missions: (Supports Directorate Imperatives 1 and 3)</p> <p>The ESHQ organization needs to improve its integration of ESHQ requirements earlier into the design phase. This in the operational phase of the facility will reduce the number of incidents and occurrences and provide a more efficient facility.</p>	<p>White paper to ESH&Q ALD by 9/30/04 (S. Hoey)</p>
5. Maintain SHSD Core Competency	1	<p>Maintain “core” competencies (Professional qualification/certification and field proficiency): (Supports Institutional Level Imperative #1)</p> <p>It is critical to the future success of the organization to maintain trained and certified subject matter experts. The entire SBMS system while migrating to a performance-based model is still very much an expert based model. Some level of expert based is required for it to function well.</p>	See 2.A.3
6. Provide ESH Data to the Lab	1	<p>Data Delivery: (Supports Directorate Imperative #2)</p> <p>Accurate and timely data is important to be able to track and trend incidents without this type of information the ability to identify deficiencies and implement improvements is ineffective.</p>	See 3.A.2

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Attachment I

ASSESSMENT CRITERIA: 1.0 Leadership Commitment and Involvement				
OBJECTIVES: A. To set direction and monitor an effective leadership system B. To effectively communicate information throughout the Division C. To maintain routine management field presence				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
1.A.1. Establish FY SHSD Priorities	1	Communicate FY2004 SHSD Priorities via SHSD Staff Meetings, Group Meetings and the ESHQ All Hands Meeting scheduled for early June.	S. Hoey	6/30/04
1.B.1. Senior Staff Meetings, Section Staff Meetings, and Division Meetings	2	Meetings scheduled: <u>Targets: Senior Staff Meetings - Bimonthly</u> <u>Group Meetings - Bimonthly</u> (Document in meeting minutes, agendas or personal logs.)	S. Hoey, J. Ellerkamp, R. Selvey	(Not formally tracked)
1.C.1. Management Participation in Tier I Inspections	2	Perform periodic walkthroughs. <u>Targets: IH Lab quarterly. Building 120 once per year.</u> (Document in meeting minutes, agendas or personal logs.)	S. Hoey, J. Ellerkamp, R. Selvey	Quarterly SAP Status Report

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Attachment II

ASSESSMENT CRITERIA: 2.0 Human Resource Development and Management				
OBJECTIVES: A. To maintain an effective and empowered employee work staff B. To provide a safe and healthful workplace				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
2.A.1. Performance Appraisals	1	Completed & conducted per BNL schedule.	Appropriate Managers (Reporting – T. Blydenburgh)	10/30/03 - Complete
2.A.2. R2A2 and Goal Planning	1	R2A2s revised as necessary & FY04 goals developed/approved by scheduled BNL date.	All employees (Reporting – T. Blydenburgh)	11/30/03 - Complete
2.A.3. Provide professional development opportunities (Supports SHSD Strategic Initiative #5)	1	<u>Target: Each employee has opportunity to attend one Professional Development Opportunity, if funding is available.</u>	All employees (Reporting – T. Blydenburgh)	Quarterly Status Report
2.A.4. Succession Plan Maintained Current	2	Succession Plan revised as necessary.	S. Hoey	Semi-annual (March/Sept)
2.A.5. Employee Recognition	2	Awards & recognition received.	Appropriate Managers (Reporting – T. Blydenburgh)	At the semi annual Directorate “All Hands” Meetings

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ASSESSMENT CRITERIA: 2.0 Human Resource Development and Management				
OBJECTIVES: A. To maintain an effective and empowered employee work staff B. To provide a safe and healthful workplace				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
2.B.1. Target Safety & Health Measures (BSA/BNL Critical Outcome Measure 3.4.4.2)	1	Targets: 1. <u>Zero OSHA lost work day cases in FY2004</u> 2. <u>Zero BNL traffic violations</u> 3. <u>Zero first aid cases</u>	All employees Reporting – ES&H Coordinator (K. Conkling)	Reporting of performance via Quarterly Status Report
2.B.2. Conduct Tier 1 Safety Surveys & Disposition actions. (See also 1.C.1)	2	1. Tier 1's performed as scheduled 2. Target: <u>Disposition Tier I findings within 90 days</u>	K. Conkling	9/30/04
2.B.3. Disposition SHSD OSHA Inspection Findings	2	Evaluate SHSD findings, risk rank and initiate actions.	K. Erickson	9/30/04

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Attachment III

ASSESSMENT CRITERIA: 3.0 Customer Focus and Satisfaction				
OBJECTIVES: A. To provide high quality Safety Engineering, Industrial Hygiene and Safety Management Systems Integration services in support of BNL's scientific mission.				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
<p>3.A.1. Director's Safety Committee Will Develop and Conduct a Review Process to Determine Improvements in the BNL Safety Programs Against the Comprehensive Safety Plan.</p> <p>Addresses 3.4.4.1, "Safety Implementation Path Forward" for which SHSD has the lead.</p> <p>Supports SHSD Strategic Initiative 1 (above).</p>	1	Review the SHSD process to assess the current status of the BNL Safety Programs against the Comprehensive Safety Plan improvements that serve as the Appendix B measure.	S. Hoey	8/30/04
		Support of Directorate Initiative for 18001 Registration - Completion of the SHSD Gap Analysis	N. Bernholc	4/16/04 - Complete
<p>3.A.2. Develop a Safety Information Database to allow Organizations to Track and Trend their occupational injury data.</p> <p>Addresses 3.4.4.2, "OSHA Reportable Injury Management" for which SHSD has the lead.</p>	1	System Rollout to BNL	J. Ellerkamp	System Database Complete – 4/20/04
	1	Initial Lab Training to Allow Access to Database	J. Ellerkamp	5/20/04 - Complete
	2	Provide Quarterly Status/Trending Presentations to the Management Council.	S. Hoey	Quarterly Status Report

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ASSESSMENT CRITERIA: 3.0 Customer Focus and Satisfaction				
OBJECTIVES: A. To provide high quality Safety Engineering, Industrial Hygiene and Safety Management Systems Integration services in support of BNL's scientific mission.				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
3.A.3. Timely SHSD Design Review, ORE and BORE Support (Supports Critical Objective 1.3, "Success in Constructing and Operating Research Facilities", 1.5.3, "CFN Construction" and Environmental Management Performance Measure 2.1.1, "Project Completions and Other Key Milestones".)	2	Conformance to SHSD Review Coordinator goals for Design Review turnaround and ORE/BORE/ERE draft report issuance.	R. Travis	Quarterly Status Report
3.A.4. Optimize the Field Presence of Safety and Health Professionals (Supports: paragraph 6.4.2, "Safety and Health" of the Draft BNL Institutional Plan FY04 – 08", dated 9/03 and Directorate Imperatives #1, #3)	3	Track FY'04 Field Presence in Support of SHSD Budget and Directorate Zero Based Budgeting Initiative.	J. Ellerkamp/ R. Selvey (Quarterly Reporting – T. Blydenburgh)	8/30/04
		Rollup Memo to ESH&Q ALD	S. Hoey	9/30/04
3.A.5. Develop a D&D Plan for the Bldg. 490 PuBe sources. (Addresses 3.4.2.4, "Deactivation and Decommissioning Plan" for which SHSD has the lead.)	1	D&D Plan Submitted to DOE on schedule	G. Shepherd	8/30/04

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Attachment IV

ASSESSMENT CRITERIA: 4.0 Process Management				
OBJECTIVES: A. Refine BNL Management Systems that SHSD is responsible for. B. Develop/Refine SHSD Subject Areas				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
4.A.1. Management System Assessment Planning – Facility Safety Using the processes developed in FY 03 for planning Management System Assessments, as well as, the FY 03 third party evaluation, modify and document revisions to the Integrated Assessment Program processes published in SBMS. Supports BSA Performance Measure 3.3.1, “Management System Assessment Planning” See also PM 3.3.3, “Third Party Evaluation of the Management System Assessment Program”	1	Management System Plans are documented in accordance with the process.	T. Monahan	Completed 9/26/03 ²
	2	Development of a maturity evaluation response plan (Corrective Action Plan) including actions to improve performance of the MS as identified in that evaluation and to incorporate lessons learned gleaned from past experience.	J. Ellerkamp	5/30/04 - Complete
	2	Timely implementation of the “Opportunities for Improvement” that are documented in the Corrective Action Plan. (Implementation dates provided in the CAP.)	J. Ellerkamp	Schedule as per the Corrective Action Plan

² Facility Safety FY'04 Management System Assessment Planning transmitted via T. Monahan email to J. Tarpinian, 9/26/03

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ASSESSMENT CRITERIA: 4.0 Process Management				
OBJECTIVES: A. Refine BNL Management Systems that SHSD is responsible for. B. Develop/Refine SHSD Subject Areas				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
4.A.2. Management System Assessment Planning – Worker Safety and Health (See Above)	1	Management System Plans are documented in accordance with the process.	O. White	Complete – 9/19/03 ³
	2	Development of a maturity evaluation response plan (Corrective Action Plan) including actions to improve performance of the MS as identified in that evaluation and to incorporate lessons learned gleaned from past experience.	S. Hoey	5/30/04 - Complete
	2	Timely implementation of the “Opportunities for Improvement” that are documented in the Corrective Action Plan. (Implementation dates provided in the CAP.)	S. Hoey	Schedule as per the Corrective Action Plan
4.A.3. Management System Assessment Planning – Hazardous Material Transportation Safety (See Above)	1	Document Management System Plans in accordance with the process.	S. Hoey	Complete – 9/19/03

³ Worker Safety and Health FY'04 Management System Assessment Planning transmitted via T. Blydenburgh email to R. Lebel, 9/19/03

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ASSESSMENT CRITERIA: 4.0 Process Management				
OBJECTIVES: A. Refine BNL Management Systems that SHSD is responsible for. B. Develop/Refine SHSD Subject Areas				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
	3	Ensure that the Management System Description is revised per the FY'04 plan including:	S. Hoey	
		Implementation of corrective actions from MS, VA and TCEAP assessments ⁴ .		9/30/04
		Development and rollout of a Transportation Security Awareness Training Program.		Complete - 10/15/03
		Develop specific guidance for the shipment/transfer of biological and infectious material.		9/30/04
4.B.1. Industrial Hygiene - Subject Area Development / Revision		Subject Area Consensus Draft Document transmitted to SBMS on schedule.	R. Selvey	
	3	Working With Chemicals Rev 4 ³		2/28/04 – Complete
	3	Non-Ionizing Radiation ³		9/30/04
	3	Natural Hazards in the Environment ³		6/30/04 – Complete
	4	Exhaust Ventilation 5/31/04		5/31/04 – Complete

⁴ Requires input from BHSO

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ASSESSMENT CRITERIA: 4.0 Process Management				
OBJECTIVES: A. Refine BNL Management Systems that SHSD is responsible for. B. Develop/Refine SHSD Subject Areas				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
4.B.2. Safety Engineering - Subject Area Development/Revision		Subject Area Consensus Draft Document transmitted to SBMS on schedule.		
	3	Upgrading the Hazard Identification Tool (part of Hazard Analysis, Subject Area) to refine and expand the question set. ²	S. Hoey	9/30/04
	3	Incident/Accident Investigation Upgrade ³	J. Ellerkamp	9/30/04
	3	Traffic Safety ³	J. Ellerkamp	6/30/04
	3	Excavation Safety ^{3,5}	J. Ellerkamp	6/30/04
	3	Organizational ESH Inspections (Tier 1s) ^{3,5}	J. Ellerkamp	9/30/04
	4	Construction Safety ^{3,5}	J. Ellerkamp	6/30/04
	4	Lifting Safety	J. Ellerkamp	4/30/04 – Complete
4.B.3. Hazardous Material Transportation Safety - Subject Area Development/Revision	3	Subject Area Consensus Draft Document transmitted to SBMS on schedule.		
		Accelerator Safety ²	G. Shepherd	11/30/04

⁵ Facility Safety Corrective Action Plan Opportunity for Improvement

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Attachment V

ASSESSMENT CRITERIA: 5.0 Business and Operational Results				
OBJECTIVES: A. Financial management: To operate SHSD within its financial and operational objectives and measures				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
5.A.1. Budget Performance Assessment	3	Review of budget.	S. Hoey	Monthly (not tracked in SA Report)
5.A.2. Annual Lab Budget Review	2	Attend the Meeting	S. Hoey	5/11/04 – Complete
5.A.3. Credit Card Reconciliation	2	Monthly review.	S. Hoey	Monthly (not tracked in SA Report)

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Attachment VI

ASSESSMENT CRITERIA: 6.0 Compliance with Laws, Regulations and Contractual Requirements				
OBJECTIVES: A. To assess Lab-wide compliance with specific regulatory requirements B. To perform SHSD operations in accordance with applicable laws, regulations and contractual requirements				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
6.A.1. Industrial Hygiene scheduled Assessments		Assessment Reports Completed on Schedule		
	3	Internal Control Documentation, w/BHSO Observing ³	R. Selvey	9/30/04
	3	Laser Safety ^{2,3}	R. Selvey	9/30/04
		Combined Assessment Addressing:		
	3	Asbestos ^{2,3}	R. Selvey	9/30/04
	3	Respiratory Protection (Annual) ³	R. Selvey	9/30/04
	3	Confined Space Permit Review (Annual) ³	R. Selvey	9/30/04
	3	Noise & Hearing Conservation (Annual) ³	R. Selvey	9/30/04
	3	Chemical Hygiene	R. Selvey	9/30/04
	3	Beryllium (Annual)	R. Selvey	9/30/04

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ASSESSMENT CRITERIA: 6.0 Compliance with Laws, Regulations and Contractual Requirements				
OBJECTIVES: A. To assess Lab-wide compliance with specific regulatory requirements B. To perform SHSD operations in accordance with applicable laws, regulations and contractual requirements				
Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
6.A.2. Safety Engineering Scheduled Assessments		Assessment Report Completed on Schedule		
	3	Construction Safety ²	K. Krasner	9/30/04
	3	Injury/Illness Recordkeeping Assessment (Collaborative with BHSO) ²	J. Ellerkamp	3/31/04
6.A.3. Safety Management Systems Integration Assessments		Assessment Report Completed on Schedule		
	3	Support the DOE TCEAP Assessment	S. Hoey	12/30/03
	3	Facility Hazard Categorization Validation ²	G. Shepherd	09/30/04
	3	Bldg 801 Radiological Inventory Control Assessment ²	G. Shepherd	10/30/04
6.B.1. Training & Qualification	3	Track completion of required courses (%) & JTAs Targets: Employees = 95%, Guest/Contractors = 80%	T. Blydenburgh	Quarterly Status Report

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Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
ASSESSMENT CRITERIA: 6.0 Compliance with Laws, Regulations and Contractual Requirements				
OBJECTIVES: A. To assess Lab-wide compliance with specific regulatory requirements B. To perform SHSD operations in accordance with applicable laws, regulations and contractual requirements				
6.B.2. FY2004 Required Assessments (as required by the Integrated Assessment Subject Area)	3	1. Fire Safety (Survey Sheet)	F. Horn	06/30/04
	3	2. Energy Management Awareness Questionnaire)	F. Horn	06/30/04
	3	3. Level 2 Managers Self-assessment of Records Management System (Self-Assessment Aid for Records Mgmt)	T. Blydenburgh	Complete
	4	4. Foreign Visits and Assignments Assessment Aid.	T. Blydenburgh	06/30/04
	3	5. Work Planning and Control: Compare Dept. level WP&C procedures to P&C Subject Area to ensure consistency and compliance. Evaluate feedback received on FY04 Work Permits.	K. Conkling	06/30/04
	3	6. Worker Safety and Health (Worker Safety and Health Required Assessment Aid).	S. Hoey	06/30/04

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Strategy	Priority ¹	Indicators (Measures/Assessments)	Responsibility	Schedule/Due Date
ASSESSMENT CRITERIA: 6.0 Compliance with Laws, Regulations and Contractual Requirements				
OBJECTIVES: A. To assess Lab-wide compliance with specific regulatory requirements B. To perform SHSD operations in accordance with applicable laws, regulations and contractual requirements				
6.B.3. Operate in conformance with ESHQ EMS.	2	1. Close any environmental finding from external/internal Compliance assessments by ATS due date.	Per ATS	Per ATS
		2. Close any EMS system findings identified during internal/external EMS assessments by ATS due date.	Per ATS	Per ATS
		3. Provide data showing performance on above to EMS Rep in preparation for ESH&Q EMS Management Review.	Per ATS	9/30/04 – Complete (2/20/04 RLS email)