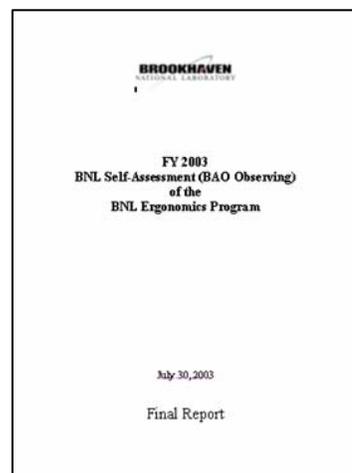


BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 1 OF 16

Contents

- 1.0 Purpose & Scope
- 2.0 Responsibilities
- 3.0 Definitions
- 4.0 Prerequisites
- 5.0 Precautions
- 6.0 Procedure/ Equipment
- 7.0 Implementation and Training
- 8.0 References
- 9.0 Attachments
- 10.0 Documentation



1.0 Purpose & Scope

This document describes the process of conducting a Self Assessment/Surveillance of an Industrial Hygiene subject area. The goal of the procedure is to provide a uniform methodology/protocol to ensure high quality reviews.

2.0 Responsibilities

- 2.1 **Program Administration:** This procedure is administered through the Safety and Health Services Division (SHSD) Industrial Hygiene Group (IH). The IH Manager plans the program areas for assessment/surveillance and assigns staff to conduct the reviews (*Assessors*).
- 2.2 **Lead Assessor** is responsible to follow this procedure in planning & conducting the assessment, reporting results, and tracking the status.

3.0 Definitions

Self Assessment Report: A document that describe method and results of an audit of a BNL IH program.

BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 2 OF 16

Issues hierarchy:

Level of Severity	ESH Directorate DH-SOP-008	BHSO	OHSAS/EMS
Highest	Major non-conformance	Level 1 Finding	Major non-conformance
Moderate	Minor non-conformance	Level 2 Finding	Minor non-conformance
Low	Opportunity for Improvement/Observation	Level 3 Finding	Opportunity for Improvement
Positive Practice	Noteworthy Practice	Noteworthy Practice	Noteworthy Practice

- *Major Noncompliance/nonconformance:* A system element missing, or there is evidence that a system element is not implemented or not effective. Multiple minor nonconformances may be grouped together as a major, if they are all examples of the same type of nonconformance.
- *Minor Noncompliance/nonconformance:* A single observed lapse in a procedure or requirement, with evidence that the overall system requirement is defined, implemented, and effective.
- *Opportunity for Improvement:* A minor occurrence of not meeting a regulatory driver or best management practice. It may also include a recommendation of a possible program improvement.
- *Observation:* Not a nonconformance, but something that could lead to a nonconformance, if allowed to continue uncorrected; or an existing condition without adequate supporting evidence to verify that it constitutes a nonconformance.
- *Noteworthy Practice:* Performance that exceeds expectations in terms of efficiency and/or effectiveness and provides a model for others to follow. A noteworthy practice is a positive condition or strength.

4.0 Prerequisites *Assessors* must have subject matter expert knowledge of the topic to be assessed.

5.0 Precautions

Personal Protective Equipment: The use of personal protective equipment to protect the assessment team members is required when field reviews are done in areas with hazards. Appropriate personal protective equipment must be obtained, qualified, and used.

6.0 Procedure

BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 3 OF 16

- 6.1 **Planning assessments/surveillances:** The IH Manager (or designee) selects and plans the topics for review on a yearly basis and maintains an IH Groups 5-yr Assessment Plan (see Attachment 9.1 for an example of the plan.)
- 6.2 **Scheduling the assessment/surveillance:** The lead assessor plans an assessment/surveillance to meet the commitment due date. A formal schedule (optional) can be used, such as the example in *Attachment 9.2: Compliance Self-Assessment Schedule* (start dates, milestone dates, and completions dates).
- 6.3 **Scoping the assessment/surveillance:** The *Lead Assessor* determines the scope of the assessment/surveillance (e.g. what drivers will apply, program elements to be reviewed, organizations to be reviewed, team members, duration of the assessment, etc.).
- 6.4 **Assessment/surveillance checklist preparation:** The Assessment team researches regulatory drivers and prepares assessment checklist(s). See *Appendix 9.3* for an example of a Assessment Checklist.
- 6.5 **Conducting an Assessment**
- 6.5.1 **Written Program Review:** The Assessment team reviews the BNL written program (SBMS Subject Area, SOPS, etc.) for compliance with applicable regulatory driver(s).
- 6.5.2 **Service Delivery Review:** The Assessment team reviews internal BNL services providers who administer the BNL program (e.g. medical surveillance/approval, training, protective equipment specification and issuance, hazard assessments, exposure monitoring, etc.) for compliance with applicable regulatory driver(s).
- 6.5.3 **Line Implementation Field Review:** The Assessment team conducts field reviews of line organizations operations for compliance with requirements.
- 6.5.4 **Assessment Report:**
- The *Assessor* prepares a Draft *Self-Assessment report*. See Attachment 9.4 for the recommended format and content of the Assessment Report.
 - The *Lead Assessor* circulates the Draft *Self-Assessment Report* to the assessment team for review and comment and corrects errors.
 - The *Lead Assessor* routes the Draft *Self-Assessment Report* for factual accuracy review by impacted organizations and BNL management.
 - The *Lead Assessor* resolves issues, prepares the Final *Self-Assessment Report* and routes it to SHSD Management, the Office of Independent Oversight, and all parties assessed.
- 6.6 **Conducting a Surveillance:** Follow DH-SOP-008.

BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 4 OF 16

- 6.7 **Preparing a Corrective Action Plan:** If there are conditions that need correction:
- o The *SME* prepares a Draft *Corrective Action Plan*. See Attachments 9.4 for the content of the Corrective Action Plan.
 - o The *SME* circulates the Draft *Corrective Action Plan* to all organizations with an identified action for a Factual Accuracy review and consensus on action description and commitment dates.
 - o The *SME* resolves issues, prepares the Final *Corrective Action Plan*, and routes it to SHSD Management, the Office of Independent Oversight (IO), and all parties with an identified action.
 - o Causal Analysis and Extent of Condition analysis are performed when indicated in the *Event and Issues* Subject Area.
- 6.8 **Preparing for ATS Entry:** The *SME* prepares *ATS* wording for concerns/finding and submit to IO for Activity Tracking System (ATS) entry.
- 6.9 **Securing assessment/surveillance records:**
- o The *Final Assessment Report (or Final Surveillance report)* and the *Corrective Action Plan* are electronically saved in the SHSD Shared Drive for Assessments.
 - o Hardcopy storage of any documentation is optional.
 - o “Working papers” (e.g. copies of documents reviewed, field sheets, hand written notes, e-mail discussions, draft reports, factual accuracy drafts, etc.) can be discarded at the end of the assessment.

7.0 Implementation and Training

- 7.1 **Qualification Criteria:** Only individuals who have demonstrated knowledge of this procedure, to the satisfaction of the IH Manager, will be qualified to perform in the role of *Lead Assessor*. The qualification criteria to perform the role *Lead Assessor* are demonstrated competency in knowledge of this procedure and knowledge of the subject area to be assessed. Qualification is document in *Attachment 9.6 Job Performance Measure*.

8.0 References

- 8.1 Industrial Hygiene Auditing: A Manual for Practice, A. Leibowitz, AIHA Publications, 1994.
- 8.2 DH-SOP-008: ESH Directorate: *Conduct an ESH Surveillance Procedure*.

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BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 5 OF 16

8.3 *Events & Issues Management* Subject Area.

9.0 Attachments

- 9.1 5-yr Assessment Planning
- 9.2 Sample *Project Schedule*
- 9.3 Sample of *Assessment Checklist*
- 9.4 Contents of an Self Assessment Report
- 9.5 Contents of a Corrective & Preventative Action Plan (CPAP)
- 9.6 Regulatory Required Frequency of Self-Assessments
- 9.7 Job Performance Measure Qualification Form

10.0 Documentation

Document Development and Revision Control Tracking		
PREPARED BY: <i>(signature and date on file)</i> R. Selvey Date 10/28/03	REVIEWED BY: <i>(signature and date on file)</i> K. Erickson Date 10/30/03	APPROVED BY: <i>(signature and date on file)</i> R. Selvey Manager Date 10/31/03
ESH Coordinator/ Date: <i>none</i>	Work Coordinator/ Date: <i>none</i>	SHSD Manager / Date <i>none</i>
QA Representative / Date: M./ Pizzulli 07/15/06	Training Coordinator / Date: <i>none</i>	Filing Code: IH52
Facility Support Rep. / Date: <i>none</i>	Environ. Compliance Rep. / Date: <i>none</i>	Effective Date: 11/04/03
ISM Review - Hazard Categorization <input type="checkbox"/> High <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> Low/Skill of the craft	Validation: <input type="checkbox"/> Formal Walkthrough <input type="checkbox"/> Desk Top Review <input type="checkbox"/> SME Review Name / Date:	Implementation: Training Completed: Tracked in BTMS Procedure posted on Web: 10/14/09 Hard Copy files updated: 10/14/09 Document Control: n/a

Revision Log
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input checked="" type="checkbox"/> Periodic review <input type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Rev1: Added Attachment 9.6 the JPM for Qualification of Assessor. Revised the format of section 10 to most recent version. Reviewed the document and no changes were indicated. SME Reviewer/Date: R. Selvey 07/12/06 <i>(signature on file)</i>

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BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 6 OF 16

Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Rev2 Major re-write to combine IH40510 and IH40520 and streamline the documentation checklists. SME Reviewer/Date: R. Selvey 09/08/09 (signature/date on file)
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Rev3 Merger of IH40500 and 40510 with transfer of 5-yr plan as Attachment 9.1. SME Reviewer/Date: R. Selvey 10/08/09 (signature/date on file)
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Rev4 Revision to update the record keeping porting in section 6. SME Reviewer/Date: R. Selvey 10/14/09 (signature/date on file)
Purpose: <input type="checkbox"/> Temporary Change <input type="checkbox"/> Change in Scope <input type="checkbox"/> Periodic review <input checked="" type="checkbox"/> Clarify/enhance procedural controls Changed resulting from: <input type="checkbox"/> Environmental impacts <input type="checkbox"/> Federal, State and/or Local requirements <input type="checkbox"/> Corrective/preventive actions to non-conformances <input checked="" type="checkbox"/> none of the above Section/page and Description of change: Rev5 Major revision includes "surveillances" and streamlines the process for assessments. SME Reviewer/Date: R. Selvey 02/94/11 (signature/date on file)

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BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 7 OF 16

Attachment 9.1

5-yr Assessment Planning

IH Program Internal Assessment / Surveillance- 5yr Plan			Rev: 2/4/2011							
Topic			FY09	FY10	FY11	FY12	FY13	FY14	FY15	FY16
Assessments										
Chemicals, Beryllium Lead	RLS	A	x			x			x	
Biohazards/Etiologic Agents	NMB	B			x			x		
Noise & Hearing Conservation	CW	A			x		x			x
Non-Ionizing Radiation, SMF & Lasers	CW	B	x	x						
Surveillances										
Asbestos	RLS	B			x					
Bloodborne Pathogens EC Plan Review	NMB	R	x	x	x	x	x	x	x	x
Chemical Hygiene Plan Review	RLS	R	x	x	x	x	x	x	x	x
Confined Spaces	NMB	R	x	x	x	x	x	x	x	x
Exhaust Ventilation	RLS	B			x			x		
Heat Stress	RLS	C			x				x	
IAQ	RLS	C				x				
Natural Hazards in the Environment	RLS	C					x			
Respiratory Protection & PPE	RLS	A	x	x		x		x		x

R = required annually; A = highest risk & applicability; B = moderate risk & applicability; C = lowest risk & applicability

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BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 8 OF 16

Attachment 9.2

Sample of Assessment Project Schedule

WBS#	Task	Assigned to:	Status/ (Duration)	Project Dates- Acceptable Task Date Ranges or Due Dates			
				Month1 nn/01/nn – nn/30/nn	Month2 mm02/01/nn – mm02/31/nn	Month3 Mm03/01/nn – mm03/30/nn	Month4 Mm04/01/nn – mm04/31/nn
1.0	Pre-Assessment Assistance to BNL Organizations			month1/01/nn – month1/30/nn			
1.1	Scope and Planning meeting with members of assessment team invited to participate (ESHD, DOE-BAO, others)	Lead assessor					
1.2	Announce assessment to organizations	Lead assessor	(2 hours)				
1.3	Announce preparation/guidance meeting(s)	Lead assessor	(1 hours)				
1.4	Conduct preparation meeting and one-on-one meetings requested by BNL organizations	Lead assessor	(as needed, estimate 10 hours)				
2.0	Self-Assessment			month2/01/nn – month2/30/nn			
2.1	Compile contractual/regulatory drivers list.	Lead assessor	(4 days)				
2.2	Hold Scoping Meeting. Determine field assessments.	Assessment Team	(1 day)	Critical			
2.3	Prepare assessment checklists based on contractual drivers	Lead assessor					
2.3	Hold meeting or via email team reviews driver list and checklists.	Assessment Team	(2 hours)				
2.5	Announce start of <u>field</u> assessments via e-mail or memo and schedule field reviews on MS Outlook.	Lead assessor	(1 hour)				

Sample

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BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 9 OF 16

W/BS#	Task	Assigned to:	Status/ (Duration)	Project Dates- Acceptable Task Date Ranges or Due Dates			
				Month1 nn/01/nn – nn/30/nn	Month2 mm02/01/nn – mm02/31/nn	Month3 Mm03/01/nn – mm03/30/nn	Month4 Mm04/01/nn – mm04/31/nn
2.6	Conduct “In Brief” (pre-review) meeting with key BNL managers (if requested by management).	Lead assessor	(2 hours)				
2.7	Conduct BNL written program vs. regulatory driver(s) review	Assessment Team	(4 days)		Critical Path Start:		
2.8	Conduct Field implementation reviews on BNL Organizations	Assessment Team	(14 days)		Critical Path Start:		
3.0	Self-Assessment Report Preparation	month03/01/ - month03/31/nn					
3.1	Prepare <i>Draft Assessment report</i>	Lead assessor	(5 days)			Key Due date nn/nn/nn (Milestone)	
3.2	Circulate <i>Draft Assessment Report</i> to BAO counterpart and assessment team for review and comment.	Lead assessor/ BAO counterpart					
3.3	Prepare correspondence and route <i>Draft Assessment Report</i> for factual accuracy review by impacted organizations and BNL management	Lead asses				Due Date: nn/nn/nn	
3.4	Factual Accuracy comment period	BNL Organizations	(2 hours)			Due Date nn/nn/nn	
3.5	Resolve issues and incorporate comments from FA review into <i>Final Assessment Report</i>	Lead assessor	(5 days)				

Sample

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BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 10 OF 16

WBS#	Task	Assigned to:	Status/ (Duration)	Project Dates- Acceptable Task Date Ranges or Due Dates				
				Month1 nn/01/nn – nn/30/nn	Month2 mm02/01/nn – mm02/31/nn	Month3 Mm03/01/nn – mm03/30/nn	Month4 Mm04/01/nn – mm04/31/nn	
3.6	Present <i>Final Assessment Report</i> to IO.	Lead assessor	(1 day)			Key Due Date nn/nn/nn Assessment Final Milestone		
3.7	Conduct “Out Brief” meeting (if requested by BNL management).	Lead assessor	(1 day)					
3.8	Issue <i>Final Assessment Report</i> from BNL to BAO.	IO Office	(1 day)			Key Due Date nn/nn/nn Milestone		
4.0	Corrective Action Plan	month4/01/nn – month4/30/nn						
4.1	Prepare draft <i>Corrective Action Plan (CAP)</i> based on Final report	Lead assessor	3 days	Sample				
4.2	Distribute <i>Draft CAP</i> to affected organizations for comment	Lead assessor						
4.3	Comment period on <i>Draft CAP</i>	BNL Organizations	1 day					
4.4	Resolve issues on <i>Draft CAP</i>	Lead assessor	3 days					
4.5	Issue Final <i>Corrective Action Plan</i> to IO.	Lead assessor	2 days				Key Due Date: Nn/nn/nn Milestone	
4.6	Prepare <i>ATS</i> wording for concerns/finding and submit to IO for entry.	Lead assessor	2 days (2 day)				Key Due Date: nn/nn/nn Final Milestone	

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BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 11 OF 16

Attachment 9.3

Sample of Assessment Checklist

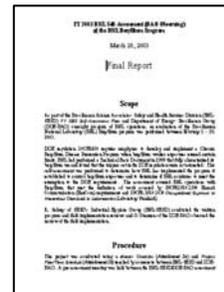
ESH Directorate - SHSD Indus. Hygiene Multiple-Topic Assessment FY09 Self-Assessment Checklist		Form Rev. 05-01-09	page 1 of 1		
SITE PROGRAM AUDIT		FY09 Topical Areas: Air Quality, EPC Chemical, Confined Space, Lead, Inorganic, PPE, Response, Process/Inventory, Radiation			
Topic:					
Assessment:		Assessment Date:			
1	Written Program	N/A	Y	N	
a.	Site Level Written Program (SBMS Subject Areas SBMS Program Descriptions) completed, up-to-date and meets requirement criteria. Written Program contains requirements for: Work planning & Routine Job and Site Level hazard analysis (Accession) Exposure Monitoring Exposure Control- Use of Hierarchy of Controls PPE selection and usage Training to be done Medical Surveillance Posting & Labeling A MSD/MSDS approved warning statement (Caution/Danger) is included on sign (if required). Document and record control.			-	-
Observation:					
b.	Site written program periodically reviewed for compliance and changes to conditions: <input checked="" type="checkbox"/> Legacy documents retired <input checked="" type="checkbox"/> Mainstem Status Document	SBMS Review			
Observation:					
c.	Requirement Management: Regulatory Drivers and Best Management Practice documents periodically reviewed.	SME Review			
SBMS Record of Decision (ROD) is complete and up-to-date					
Observation:					
d.	Site Level OHSAC Risk Assessment (JRA or FRA) developed and reviewed periodically, after changes to conditions, or after event/incident.	Reviewed			
Observation:					
e.	Service Provider written procedures developed, approved, and periodically and reviewed and provide adequate documentation on process for: <input checked="" type="checkbox"/> Meeting regulatory requirements <input checked="" type="checkbox"/> World class delivery	SOPs Reviewed			
Service Provider Organization:					
Service Provider Organization:					
Service Provider Organization:					
Observation:					

BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division	NUMBER IH40500
	REVISION Final Rev5
INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	DATE 02/04/11
	PAGE 12 OF 16
SUBJECT: Industrial Hygiene Assessments & Surveillances	

Attachment 9.4

Contents of an *Self Assessment Report* (Recommended Format & Content)

- Cover memo prepared on BNL "Memo" letterhead
 - Date: date assessment report is being transmitted
 - Addressee (To:)
 - Sender (From:)
 - Subject line: such as *FYnn BNL Self-Assessment of the xxxxx Program*
 - Body stating the content of the Attachment which is the *Self-Assessment Report*
 - SHSD File Code
 - CC: Addressee(s): should be all who participated in the assessment and all assessed.
- Report Cover Page
 - BNL Logo
 - Assessment title: such as *FYnn BNL Self-Assessment of the xxxxx Program*
 - Date
 - "Final" or "Factual Accuracy" or "Draft" Status
- Assessment Report Text
 - Scope: A brief overview and summary (one to four paragraphs) describing the drivers, the date of the assessment, and the main topics addressed.
 - Procedure: Brief description of the procedure used to do the assessment, including links to checklists.
 - Conclusion & Recommendations: Detail description of "who and what" was assessed, what was found, and the extent of condition to BNL as a whole.
 - Sites Inspected
 - Documents reviewed
 - Persons interviewed
 - Review Checklists



BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 13 OF 16

Attachment 9.5

Contents of an Corrective & Preventative Action Plan (CPAP)

(Recommended Format & Content)

1. Cover memo prepared on BNL "Memo" letterhead
 - a. Date: date CAP is being transmitted
 - b. Addressee (To:)
 - c. Sender (From:)
 - d. Subject line: such as *FYnn BNL Self-Assessment of the xxxxx Program- Corrective Action Plan*
 - e. Body stating the content of the Attachment which is the *Corrective Action Plan*
 - f. SHSD File Code
 - g. CC: Addressee(s): should be all who participated in the assessment and all assessed.

2. Report Cover Page
 - a. Assessment title: such as *FYnn BNL Self-Assessment of the xxxxx Program- Corrective Action Plan*
 - b. Date:
 - c. "Final" or "Factual Accuracy" or "Draft" Status

3. Corrective Action Plan Text
 - a. A brief overview and summary (one to four paragraphs) describing the Assessment the CAP covers, the date of the assessment, and the main topics addressed by the assessment, and the commitment to track the CAP in the BNL ATS or SHSD FATS.
 - b. Table of Corrective Actions:

Assessment #:	<i>This is assigned by ATS entry</i>
Assessment Title:	<i>(Use the Title of the Self Assessment, such as Fynn BNL Self Assessment of the XXXX Program))</i>
Assessment Owner:	<i>Name of BNL employee, (usually the SHSD Manager)</i>
Assessment Viewing:	<i>Public or Private (Private = SHSD only; Public = SHSD + other organizations)</i>

Condition ID#	<i>nnnn.1</i>
Condition Title:	<i>(Short description of the condition 60 characters or less)</i>
Condition Description:	
Condition Owner:	

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BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division INDUSTRIAL HYGIENE GROUP Standard Operating Procedure	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 14 OF 16

Condition Due Date:	<i>(longest due date of actions associated with this condition)</i>	
<i>(Action 1 associated with this condition)</i>	Action ID#	nnnn.1.1
	Action Title:	<i>(Short description of the action 60 characters or less)</i>
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
<i>(Action 2 associated with this condition, if needed)</i>	Action ID#	nnnn.1.2
	Action Title:	<i>(Short description of the action 60 characters or less)</i>
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
<i>(Action 3 associated with this condition, if needed)</i>	Action ID#	nnnn.1.3
	Action Title:	<i>(Short description of the action 60 characters or less)</i>
	Action Description:	
	Action Closure Date:	
	Owning Organization:	
<i>Additional Actions if needed for this Condition (nnnn.1.4 – nnnn.1x)</i>		

Additional Conditions with corresponding Actions as needed to cover all Assessment Concerns, Findings. Assessment Observations can be tracked if necessary for closure.

BROOKHAVEN NATIONAL LABORATORY Safety & Health Services Division	NUMBER IH40500
	REVISION Final Rev5
SUBJECT: Industrial Hygiene Assessments & Surveillances	DATE 02/04/11
	PAGE 15 OF 16

Attachment 9. 6

Regulatory Required Frequency of Self-Assessments

Mandated annual reviews:

- Chemical Hygiene Plan [29CFR191.1450(e)(4)]
- Confined Space Cancelled Permit Review [29CFR191.146(d)(14)]
- Bloodborne Pathogen Exposure Control Plan [29CFR1910.1030(c)(1)(v) and (c)(1)(iv)(B)]

Periodic reviews (unspecified frequency):

- Respiratory Protection Program [29CFR1910.134 (c)(1)(ix); (c)(3); and (l)(1), and ANSI Z88.2 (5.3)]
- Lasers [ANSI Z136.1 (1.3.2.8)]

Reviews when there is reason to believe the program needs updating:

- Asbestos- General Industry [29CFR1910.1001 (f)(2)]
- Beryllium- CBDPP BNL's equivalent [10CFR850.10(2)(c.) and 10CFR850.40(a)]

Reviews of written exposure control plans triggered by over exposure to OSHA PELs:

- Acrylonitrile 29CFR1910.1045 6 month revision cycle
- Arsenic 29CFR1910.1018 6 month revision cycle
- Benzene 29CFR1910.1028 revision cycle based on monitoring data
- Butadiene, 1,3- 29CFR1910.1051 12 month revision cycle
- Cadmium 29CFR1910.1027 12 month revision cycle
- Ethylene Oxide 29CFR1910.1047 12 month revision cycle
- Lead 29CFR1910.1025 and 29CFR1926.62 6 month revision cycle
- Vinyl Chloride 29CFR1910.1017 6 month revision cycle

No regulatory requirements calling for program reviews, (IH Group targets for periodic assessments):

- Biohazard/Etiologic Agents [DOE N450.7]
- Exhaust Ventilation: HEPA Surveillance testing [ANSI N510; N509]
- Local Exhaust Control Ventilation: [29CFR1910.94]
- Hazard Communication Program [29CFR1910.1200]
- Noise and Hearing Conservation Program [29CFR1910.95]
- Non-ionizing radiation [29CFR1910.95]

Environmental, Safety, Health & Quality Directorate
SHSD Industrial Hygiene

IH Assessments & Surveillances Job Performance Measure (JPM) Completion Certificate

Candidate's Name	Life Number:
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Practical Skill Evaluation: Demonstration of Evaluation Methodology by Oral Exam

Criteria	Qualifying Performance Standard	Unsat.	Recov.	Satisf.
1. Planning the assessment/surveillance	Demonstrates knowledge of preparing a plan with the key assessment steps in <i>Attachment 9.2: Compliance Self-Assessment Schedule</i> .			
2. Scoping the assessment/surveillance	Demonstrates knowledge of the elements a <i>Scoping Meeting</i> with the IH Manager, SHSD Manager, BAO counterparts, and members of the Assessment team.			
3. Driver Review	Demonstrates knowledge of preparing assessment checklists based on contractual drivers.			
4. Written Program Review	Demonstrates knowledge of reviewing written program (SBMS Subject Area, SOPS, etc.) for compliance with applicable regulatory driver(s).			
5. Program Service Delivery Review	Demonstrates knowledge of reviewing services providers for compliance with applicable regulatory driver(s).			
6. Line Implementation Field Review	Demonstrates knowledge of Field implementation reviews on BNL organizations.			
7. Assessment Report	Demonstrates knowledge of preparing a <i>Draft Self-Assessment report</i> , <i>factual accuracy review</i> , and <i>Final Self-Assessment Report</i> .			
8. Corrective Action Plan	Demonstrates knowledge of preparing a <i>Corrective Action Plan</i> . Knows to prepare <i>ATS</i> wording for concerns/findings.			

I accept the responsibility for performing this task as demonstrated within this JPM and the corresponding SOP.

Candidate Signature:	Date:
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I certify the candidate has satisfactorily performed each of the above listed steps and is capable of performing the task unsupervised.

Evaluator Signature:	Date:
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