



2008 INTERNAL AUDIT

of the

OCCUPATIONAL HEALTH AND SAFETY MANAGEMENT SYSTEM

for

BNL ORGANIZATIONS



Final Report

May 1, 2008

Under Contract with the United States Department of Energy
Contract No. DE-AC02-98CH10886



Registered to
OHSAS 18001

EXECUTIVE SUMMARY

Overall, the Internal Audit found the BNL OSH Program satisfies the OHSAS 18001 requirements at the site level and in line organizations. The organizations continue to improve their OSH programs by refining their OHSAS 18001 elements. A better understanding of quantifiable Objectives was evident this year. Risk assessments have received attention in scientific organizations with inroads into better integrating this risk document into the Experimental Safety Review. A major change in the program this year was the retirement of the Interim Procedures and replacement with the OHSAS 18001 Program Subject Area in SBMS. This new program document streamlines the written program and will allow reduction in redundant written programs at the line organization level.

At the site level, the audit identified 3 minor nonconformances and 4 Opportunities for Improvement.

At the line organization level, the audit teams identified 7 minor nonconformances and 47 Opportunities for Improvement.

All OSH major nonconformances and minor nonconformances from the previous year's OHSAS audits had been closed: Internal Audit 2007 (ATS 3639) and the NSF Registration Audit 2007 (ATS 3827 - no OSH findings)

1.0 INTRODUCTION

An internal audit of the Brookhaven National Laboratory Occupational Safety & Health (OSH) Management System was performed in February 2008 to April 2008. The purpose of the audit was to determine whether the BNL OSH program conforms to the elements of the OSHAS 18001-2007 management system and to determine whether the OSH management system is adequate and effective in protecting the safety and health of workers and preventing incidents. This report contains a description of the scope, approach and findings of the audit.

2.0 SCOPE

This audit covered all BNL directorates. This audit focused on select OHSAS 18001 elements identified below and in Attachment 1. The elements covered in this year's audit complete one-third of the OHSAS 18001 elements. The checklists prepared for the next three year's audits were based on the 2007 revision of the OHSAS 18001 Requirements. Over the three year cycle, BNL will audit for compliance with this new set of requirements. The following elements of the 2007 specifications were addressed in the audit:

Element 4.3.1: Planning For Hazard Identification, Risk Assessment and Risk Control

Element 4.3.3: Objectives and program(s)

Element 4.4.4: Documentation

Element 4.4.5: Control of Documents

Element 4.4.6: Operational Control

Element 4.5.3: Incident investigations, Nonconformity, Corrective and Preventive Action

Element 4.5.4: Control of Records

3.0 AUDIT APPROACH

Planning meetings were held with line organizations' OSH Representatives to select the topics for this year's audit based on suspected areas of weakness and areas where issues had been raised in past audits or during operations in FY07. The OSH Internal Audit Lead Auditor prepared an internal audit topic schedule, audit timeline, and audit checklists. These plans and checklists were reviewed for comments by line organizations and the OSH Management Representative prior to finalization.

The audit was conducted by BNL staff that was familiar with the requirements of the OSHAS 18001 management system and the organization's operations. The field auditors were under the direction of the Lead Auditor. The Lead Auditor has training in conducting assessments from the *OHSAS 18001 Internal Auditor and Foundation Training Course* and experience by leading previous years' internal audits. Line organization staff that had not had the *OHSAS 18001 Internal Auditor and Foundation Training Course* was qualified to act as a team auditor via a class given by the Lead Auditor.

The OSH Management System audit was conducted per the Audit Checklists over the period of February to April 2008. The internal audit consisted of review of written documentation, review of previous audit findings, interviews with line organization staff, and field walk-through inspections of operations and work areas. Line organization conducted area tours, interviews, document reviews and field reviews of their facilities. Line organizations sent completed Audit Checklists to the Lead Auditor to be reviewed and compiled into a site level report. Issues that were common across the site were evaluated for a common cause at the site level. The Lead Auditor reviewed the site level OSH program documentation and records. The audit records of the lead auditor are maintained by SHSD in file code HP80.7. The audit records of the field auditors of line organization are maintained by the line organization and electronic copies are retained by SHSD in file code HP80.7.

4.0 DEFINITIONS

Findings of the Internal Audit are characterized on the follow scale:

Major Nonconformance: A lack of an element, procedure, or a non-fulfilled requirement that puts the process/system at jeopardy, and could lead to significant impact on quality, environment, ES&H, operations, or reliability.

Minor Nonconformance: An observed lapse in a program, process, procedure, or requirement, usually single incidents that do not have a significant impact on the quality, environment, ES&H, operations, or reliability.

Opportunity for Improvement (Recommendation): A suggested means of improving an activity or fulfilling the intent of a requirement.

5.0 FINDINGS

5.1 SITE LEVEL (INSTITUTIONAL) FINDINGS: The summary of the results of the site OHSAS 18001 elements audited:

OSH 18001 Clause	Major Nonconformance	Minor Nonconformance	Opportunity for Improvement
Planning for hazard identification, risk assessment and risk control 4.3.1	0	1	2
Objectives and programs 4.3.3	0	0	1
Documentation 4.4.4	0	0	0
Control of Documents 4.4.5	0	2	0
Operational Control 4.4.6	0	0	0
Incident investigations, nonconformity, corrective and preventive Action 4.5.3	0	0	1
Control of Records 4.5.3	0	0	0
TOTAL	0	3	4

The site level Major Nonconformances, Minor Nonconformances and Opportunities for Improvement will be entered into the BNL institutional level Assessment Tracking System (ATS) for formal tracking to closure.

5.1.1 Site Major Nonconformances:

none

5.1.2 Site Minor Nonconformances:

Site Minor Nonconformance:

4.3.1 Planning For Hazard Identification, Risk Assessment and Risk Control

^{1.} The site level *OHSAS 18001 Subject Area* does not use the exact words of “hierarchy of controls” and does not express the exact intent of this element. [Site Audit]

Site Minor Nonconformance:

4.3.3 Objectives and programs

None

Site Minor Nonconformances:

4.4.4 Documentation

None

Site Minor Nonconformance:

4.4.5 Control of Documents

2. The Internal Control Document Subject Area in the 2006 version is missing some elements needed for OHSAS. The 2008 draft needs to be finalized, approved, and posted on the SBMS web. (Site Audit)
 3. External document control requires procedure review. (EENS roll-up)
-

Site Minor Nonconformance:

4.4.6 Operational Control

None

Site Minor Nonconformance:

4.5.3 Incident investigations, nonconformity, corrective and preventive action

None

Site Minor Nonconformances:

4.5.3 Control of Records

None

5.1.3 Site Opportunities for Improvement

Site Opportunity for Improvement:

4.3.1 Planning For Hazard Identification, Risk Assessment and Risk Control

1. The Subject Areas *Respiratory Protection; Hazard Analysis; Working with Chemicals; Electrical Safety; Laser Safety; Lead; Noise and Hearing Conservation; Static Magnetic Fields; and RF/Microwave* have vague wording on Hierarchy of Control and could be improved with more specific wording [3x] {Site Audit}
 2. Consider using cross cutting multi-directorate teams for updating site-wide JRAs and/or rolling up into Subject Areas. (Life Sciences- roll-up)
-

Site Opportunity for Improvement:

4.3.3 Objectives and programs

3. The site level objectives were not assigned a champion. It would be better to assign a “champion” at the site level to track the progress by the line organizations towards meeting the site goals. (Site Audit)
Better coordination of dates and flow-down of corrective actions is recommended. Certain actions in the OS&H/EMS Management Plan depend on SHSD and institutional coordination for corrective action plan development. (BES- roll-up)
-

Site Opportunity for Improvement:

4.4.4 Documentation

None

Site Opportunity for Improvement:

4.4.5 Control of Documents

None

Site Opportunity for Improvement:

4.4.6 *Operational Control*

None

Site Opportunity for Improvement:

4.5.3 *Incident investigations, nonconformity, corrective and preventive action*

^{4.} The *Investigation of Incidents, Accidents, and Injuries* Subject Area has no requirements on the distribution of reports from investigation. The document would be improved if specific details were described. (Site Audit)

Site Opportunity for Improvement:

4.5.3 *Control of Records*

None

5.2 LINE ORGANIZATION LEVEL FINDINGS:

The summary of the results of line organization the OHSAS 18001 elements audited:

OSH 18001 Clause	Major Nonconformance	Minor Nonconformance	Opportunity for Improvement
Planning for hazard identification, risk assessment and risk control 4.3.1	0	2	13
Objectives and programs 4.3.3	0	0	2
Documentation 4.4.4	0	1	12
Control of Documents 4.4.5	0	1	11
Operational Control 4.4.6	0	1	4
Incident investigations, nonconformity, corrective and preventive Action 4.5.3	0	0	1
Control of Records 4.5.3	0	2	10
TOTAL	0	7	53

The line organization findings will not be tracked in Institutional ATS unless the issue occurred in multiple lines or there is indication that there is an institutional problem that requires a site level solution. The line organizations are to track Major and Minor Nonconformances at the line organization level.

5.2.1. Line Organization Major Nonconformances:

none

5.2.2 Line Organization Minor Nonconformances:

Line Organization Minor Nonconformance:

4.3.1 Planning for hazard identification, risk assessment and risk control

- | | | |
|----|---------------|--|
| 1. | ESH-SHSD | A new JRA or update of JRA-05 is needed to cover the radiological source hazards, previously unidentified from the XRF lead analyzers. |
| 2. | ESH-
EWMSD | (2) minor noncompliances issued for failure to update and review JRAs and FRAs. |

Line Organization Minor Nonconformance:

4.3.3 Objectives and programs

- | | | |
|----|--|---|
| 3. | Director's
Office/Strategic
Planning
/Legal | Individual Director Office objectives were discussed but not formally documented. An individual is assigned to address the items. |
|----|--|---|

Line Organization Minor Nonconformance:

4.4.4 Documentation

- | | | |
|----|---------------|--|
| 4. | ESH-
EWMSD | Hazards List and Risk Assessments have not been updated. |
|----|---------------|--|

Line Organization Minor Nonconformance:

4.4.5 Control of Documents

- | | | |
|----|-----|---|
| 5. | BES | Implementation of a method for change identification needs to be consistently used across the directorate |
|----|-----|---|

Line Organization Minor Nonconformance:

4.4.6 Operational Control

- | | | |
|----|---------------|--|
| 6. | C-AD /
SMD | Seven minor OSHA concerns were observed (see attachment) within ERL. Issues identified and will be tracked in ATS until corrected. |
|----|---------------|--|

Line Organization Minor Nonconformance:

4.5.3 Incident investigations, nonconformity, corrective and preventive action

None

Line Organization Minor Nonconformance:

4.5.3 Control of Records

- | | | |
|----|--------------|---|
| 7. | ESH-SHSD | Not all HP records in Rooms 1-23 and 1-24 are secure. |
| 8. | SORD-
QMO | All records are stored in file cabinet and separate file folders in Bldg. 902C. It was observed that FY07 JRA/FRA and Objective/Targets records were not cutoff after the year. |

5.3.3 Line Organization Opportunities for Improvement:

The line organizations are optional for tracking at the line organization level.

Line Organization Opportunity for Improvement:

4.3.1 Planning for hazard identification, risk assessment and risk control

1.	BES	The CMPMSD new employee orientation form contains potential training requirements outside of CMPMSD facilities. Training requirements for the CFN should be added to the form. For the NEO form, update Training Requirements to include CFN's facility-specific requirements under "Location Specific Training," as researchers may collaborate between the two departments.
2.	BES	Add Noise & Hearing Conservation training for users of B480 machine shop
3.	BES	Review JRA associated with revised ESR CO-4-9 JRAs that are considered high-risk should be reviewed and updated as necessary but at a minimum of 3 yr cycle. Review/update CO-JRA-3 (Pulse-Pump probe, LEAF), last updated 3/10/05, to incorporate any changes to the associated ESR (CO-4-9) which was recently updated in Dec 2007. This JRA has been determined by the department as a 'High' priority assessment.
4.	BES	Communicate results of Chemistry FRA on working in high noise areas to all affected staff
5.	BES	For future revisions, expand JRA/FRA review teams to include researchers and administrative workers For FRA-09. Other staff members, who may occupy or pass by these areas, should be considered as risk team members to improve the communication of the specific controls identified in the FRA.
6.	BES	CFN: There are (18) JRAs at the CFN that cover a variety of routine activities, and these were all developed by a team of five members. It is recommended that other staff members both researchers and administrative workers to which these would apply, be involved with the development, review, and or revision of future JRAs.
7.	EENS	Recommend review of requirements to determine if there is a need for technicians to be current in laboratory standard or hazard communication of workers installing equipment in laboratory settings.
8.	F&O	283 of 288 Risk Assessments were reviewed on time. The remaining 5 are currently being reviewed. See OFI 1.
9.	Life Sciences	Incorporation of JRAs into ESRs will ensure that all activities have been assessed. This should happen as part of the ESR update (electronic ESR process should facilitate)
10.	Life Sciences	PPE needs to be more specific in ESR (Reviewed machine shop in 421 and experimental work in 490 under MO-Thanos1. Training for staff working was up to date, postings were up to date.)
11.	SORD-CEGPA	On the Photo Archiving JRA. Keep track of expected improvements separately until it is actually put in place.
12.	SORD-CEGPA	Production services indicated at the top of the JRA what changes were made in the document. Additionally place a bar on the side of the row where a change is made.
13.	SORD-ITD	Long-term, new operational controls (a Standard Operating Procedure document and a Web Course) are needed to identify controls for work activities performed in the facility. This work is underway.

Line Organization Opportunity for Improvement:

4.3.3 Objectives and programs

14.	BES	Better coordination of dates and flow down of corrective actions between Lab level and directorates/departments is recommended
15.	SORD- Internal Audit & Oversight Office	Changes and the current revisions status of documents are identified: In the future, changes will be marked with an asterisk and a note will be placed at the bottom of the document noting the change.

Line Organization Opportunity for Improvement:

4.4.4 Documentation

16.	BES	Streamline the OHSAS program description and OSH/EMS web pages
17.	BES	Issue a BES controlled records list
18.	BES	Include the FY08 IH self assessment in the BES SA Plan
19.	BES	Improve access to IH records in the Compliance Suite data base by ESH Coord.
20.	ESH	ESH Directorate OSH Management Review needs to be posted on the ESH ISM web page. (Corrected: Done -3/28/08)
21.	Life Sciences	Remove Life Sciences management system description and replace with SBMS only.
22.	Life Sciences	Hazard List--currently a list is created for Management review and the JRAs/FRAs list identifies hazards however there is a site wide list which should be linked to from the Life Sciences OHSAS website.
23.	IO	Sampling and monitoring results are not always sent out to every employee who is at risk to make sure precautions are taken as a result of the monitoring results.
24.	NSLS-2	The Light Sources ALD needs to sign a combined NSLS/NSLS-II EMS/OHSAS manual will be the active document.
25.	SORD	Post the minutes for the SORD Management Review.
26.	SORD	Strategic Planning website: In presentations, include the date of the presentation within the document.
27.	SORD	Update the DO Health & Safety Record/Document Management Requirements Line Organization File list.

Line Organization Opportunity for Improvement:

4.4.5 Control of Documents

28.	BES	For documents of external origin, e.g. equipment manuals, a consistent manner of retention, control and retrievability needs to be established. A consistent manner for retention, control and retrievability of these types of documents, such as equipment manuals, needs to be established.
29.	Life	Current revision status is identified by version or date as per subject area. A

	Sciences	revision (change) history is in process of being added as JRAs/FRAs and other documents are updated. Worst case is that a person would have to compare the two versions to determine changes. OFI in process is the tracking of changes on documents (see JRAs/FRAs revised in 08).
30.	NSLS-1	An “Opportunity For Improvement” exists in identifying commercial manuals for safety significant processes and equipment, such as ODH equipment manuals, overhead cranes manuals, and High Sensitivity Smoke Detectors (HSSD). The manuals could be catalogued in a list documenting the owner, location and revision of the manuals, the manuals could also be stamped “Controlled Document”.
31.	NSLS-2	NSLS-II’s system is currently based on and uses the NSLS system. NSLS-II is currently developing its own system (not yet in place).
32.	NSLS-2	NSLS-II OHSAS documents have not yet reached this “obsolete” status. Current plans are to assign an NSLS-II file cabinet for the storage of obsolete documents.
33.	SORD-CEGPA	The filing location list is in process of being updated.
34.	SORD-CEGPA	The Office of Education procedures are given a new revision number even if no changes are made (except for the signature). It is suggested to have a paragraph at the end of the document the shows the change history (e.g. if there is no change and reason for the change. It can also be kept as a separate document indicating the details of this information.
35.	SORD-CEGPA	Some forms that are used to register incoming students do not have dates on them. Though this is not a safety and health issue it is suggested that they also have dates and or revision numbers.
36.	SORD-CEGPA	The Health & Safety Record/Document Management Requirement – Line Organization Files for CEGPA/PA is in process of being updated due to location changes for buildings.
37.	SORD-CEGPA	The Office of Education procedures are given a new revision number even if no changes are made (except for the signature). It is suggested to have a paragraph at the end of the document the shows the change history (e.g. if there is no change and reason for the change. It can also be kept as a separate document indicating the details of this information.
38.	SORD-IA&O	Mark changes with an asterisk and a note at the bottom of the document noting the change. Consider whether food preparation needs to be included in JRAs even though it is not part of work activity

Line Organization Opportunity for Improvement:

4.4.6 Operational Control

39.	Life Sciences	As a result of an SMF over exposure and some waste management issues those JRAs should be revisited in FY08.
40.	IO	There is no documentation provided to prove that vendor has taken unique training that is not tracked on the web.
41.	SORD-CEGPA	Instructors are trained to provide safety information. In the future consider having a checklist or some other item to insure that the instructors cover those items. Date the checklist and mark with a revision number so that it is known

	what the correct version is.
42. NSLS-2	At this time, change control is managed as part of the design phase of the project. Changes to PSRFs are managed by the creating addenda and adding these to the PSRF binders. When the one year life cycle of a PSRF is over, addenda may be added to the body of the revised PSRF. NSLS-II specific change control processes are under development at NSLS-II.

Line Organization Opportunity for Improvement:

4.5.3 *Incident investigations, nonconformity, corrective and preventive action*

43. Director's Office /CIO	The injury involved cutting lunch items. This was not part of the normal work since it occurred during lunch time.
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Line Organization Opportunity for Improvement:

4.5.3 *Control of Records*

44. BES	Improvements were identified in the labeling scheme for the CMPMSD ESH records
45. EENS	Review procedure for control of OSH documents for equipment manuals.
46. EENS	Recommend review of document control for machine shop qualified operators
47. ESH-SHSD	IH Room 1-26 Reports/Memos: files secure but within the files, it would be best to place most recent files at the front of the drawers to make filing easier.
48. F&O	Section 4.5.5, "Records and Records Management," of the F&O ESH Program Description needs to be revised to reflect current records management practices.
49. F&O	BNL Records Management Record Folder No. DF8169, OHSAS 18001 Program Registration Documents, need to be revised to reflect current records management practices (change to an electronic record).
50. NSLS	LS-QAP-1003, NSLS EMS/OHSAS Records Management, Rev I, 02/05/08, http://www.nsls.bnl.gov/newsroom/publications/manuals/qa/LS-QAP-1003.pdf refers to section 6.7, the document ends at 6.6.
51. NSLS	Consider scanning and digitally archiving all EMS/OHSAS records, for example ODH calibration records.
52. NSLS	Update "Appendix A EMS/OHSAS Records Guide" <ol style="list-style-type: none"> 1) 90 day accumulation area checklists are archived in Master file room and in the NSLS QA database, the reference to room 1-178 should be deleted, and the owner changed from J. Aloï to K. Klaus. The "topic" field in the database indicates these records are "Environmental Program Support Documents"; this should be consistent with Appendix A. 2) Radioactive Waste accumulation area checklists are archived in Master file room and in the NSLS QA database, the reference to room. These forms are omitted from the Appendix A records guide, they should be included in "Environmental Program Support Documents". 3) The entry for Tier 1 Facility Safety Inspections should be updated on the Appendix A Records Guide. The record is the NSLS tier 1 database located on the NSLSNT1 server, the reference to room 1-177 should be deleted, and

the responsible person should be changed from B. Chmiel to K. Klaus. The records system entry should be evaluated to determine if the BNL Records Management System is appropriate for a digital file.

53. SORD- QMO Records are stored in file folders with descriptive tabs. The records listed below were legible and retrievable. The file folders do not have the file code listed.

6.0 ATTACHMENTS

1. Audit Topic Schedule
2. Audit Timing Schedule
3. Audit Scope: Elements Audited by Organization
4. Site level Internal Audit Checklists
5. Line Organization Internal Audit Checklists

Attachment 1

Audit Topic Schedule FY08-FY10

Final Rev0 Date 08/29/07

OHSAS Element	Title	2008	2009	2010
Element: 4.1	General Requirements			x
Element: 4.2	OH&S Policy			x
Element: 4.3.1	Planning For Hazard Identification, Risk Assessment and Risk Control	x		
Element: 4.3.2	Legal and other Requirements		x	
Element: 4.3.3	Objectives and program(s)	x		
Element: 4.4.1	Resources, roles, responsibility, accountability and authority			x
Element: 4.4.2	Competence, training and awareness		x	
Element: 4.4.3	Communication, participation and consultation		x	
Element: 4.4.4	Documentation	x		
Element: 4.4.5	Control of Documents	x		
Element: 4.4.6	Operational Control	x		
Element: 4.4.7	Emergency preparedness and response		x	
Element: 4.5.1	Performance measurement and monitoring		x	
Element: 4.5.2	Evaluation of Compliance		x	
Element: 4.5.3	Incident investigations, Nonconformity, Corrective and Preventive Action	x		
Element: 4.5.4	Control of Records	x		
Element: 4.5.5	Internal Audit			x
Element: 4.6	Management Review			x

Attachment 2

Timing Schedule & Task Tracking Record

Final Rev0 02/25/08

WBS#	Task	Assigned to:	Status/ (Duration)	Project Dates- Acceptable Task Date Ranges or Due Dates			
				Period 1 10/01/07 – 02/28/08	Period 2 03/01/08- 03/31/08	Period 3 04/01/08 – 04/21/08	Period 4 04/22/08 – 05/30/08
1.0	Pre-Audit Assistance to BNL Organizations 10/01/07 – 02/28/08						
1.1	Announce Audit to organizations.	Lead Auditor	(2 hours)	10/12/07			
1.2	Announce preparation/ guidance meeting(s).	Lead Auditor	(1 hours)	11/02/07			
1.3	Conduct preparation meeting and one-on-one meetings requested by BNL organizations.	Lead Auditor	(1 day)	11/02/07			
2.0	Preparation for Audit 02/01/08 – 02/29/08						
2.1	Compile requirement list.	Lead Auditor	(1 days)	11/20/07			
2.2	Hold Scoping Meeting. Determine Audits scope.	Lead Auditor, Audit Teams	(1 day)	Critical Step 01/11/08			
2.3	Prepare Audit checklists based on contractual drivers.	Lead Auditor	(5 days)	Critical Step 11/02/08			
2.3	Via meetings & email, Team reviews the Audit checklists.	Audit Teams	(4 hours)	11/27/07- 12/03/07			
2.4	Via meetings & email, Team reviews Topic Schedule.	Audit Teams	(4 hours)	11/27/07- 12/03/07			
2.5	Announce start of line organization Audits via e-mail or memo and distribute checklists.	Lead Auditor	(1 hour)	01/31/08			
2.6	Prepare Audit “Team Member” training material.	Lead Auditor	(1 day)	02/27/08			
2.7	Conduct Audit “Team Member” Training.	Lead Auditor, Audit Teams	(3 hours)	02/27/08			
3.0	Conduct Audit 03/01/08 – 03/31/08						
3.1	Conduct “In Brief” (pre-review) meeting with key BNL managers (if requested by management).	Lead Auditor, Audit Teams	(2 hours)		03/01/08		
3.2.	Conduct BNL written program versus OHSAS Requirements.	Lead Auditor	(4 days)		Critical Step Start by: 03/01/03		
3.3	Conduct Field implementation reviews in line organizations via checklists.	Audit Teams	(25 days)		Critical Step Start by: 03/01/03		

WBS#	Task	Assigned to:	Status/ (Duration)	Project Dates- Acceptable Task Date Ranges or Due Dates			
				Period 1 10/01/07 – 02/28/08	Period 2 03/01/08- 03/31/08	Period 3 04/01/08 – 04/21/08	Period 4 04/22/08 – 05/30/08
3.4	Line organizations submit completed checklists to Lead Auditor.	Audit Teams	(1 day)		Critical Step Due Date: 03/31/08		
4.0	Audit Report Preparation 04/01/08 – 04/21/08						
4.1	Prepare <i>Draft Audit Report</i> .	Lead Auditor	(5 days)			Due date 04/04/08 Milestone	
4.2	Circulate <i>Draft Audit Report</i> to Audit team for review and comment.	Lead Auditor	(1 day)			Start by: 04/04/08	
4.3	Review <i>Draft Audit Report</i> and comment.	Audit Team	(1 day)			04/04/08 – 04/10/08	
4.4	Prepare correspondence and route <i>Draft Audit Report</i> for factual accuracy review by impacted organizations and BNL management.	Lead Auditor	(1 days)			Due Date: 04/10/08	
4.5	Factual Accuracy comment period.	BNL Organizations	(1 day)			04/10/08- 04/18/08	
4.6	Resolve issues and incorporate comments from FA review into <i>Final Audit Report</i> .	Lead Auditor	(2 days)			04/18/08- 04/21/08	
4.7	Complete <i>Final Audit Report</i> .	Lead Auditor	(1day)			Due Date: 04/21/08	
4.8	Issue <i>Final Audit Report</i> to Site OSH Representative and Director's Office.	Lead Auditor	(1day)			Due Date: 04/21/08 Milestone	
4.9	Conduct "Out Brief" meeting (if requested by BNL management).	Lead Auditor	(2 hours)			TBD	
5.0	Corrective Action Plan 04/22/08 – 05/30/08						
5.1	Prepare draft <i>Corrective Action Plan (CAP)</i> based on Final report- Site Level.	Lead Auditor	(3 days)				04/22/08
5.2	Distribute <i>Draft CAP</i> to affected organizations for comment.	Lead Auditor	(2 hours)				04/25/08
5.3	Comment period on <i>Draft CAP</i> .	BNL Organizations	(3 hours)				04/25/08- 05/09/08
5.4	Resolve issues on <i>Draft CAP</i> .	Lead Auditor	(3 days)				04/25/08- 05/15/08
5.5	Issue Final <i>Corrective Action Plan</i> .	Lead Auditor	(1 day)				Due Date: 05/16/08 Milestone
5.6	Prepare <i>ATS</i> wording for concerns/finding and submit for entry.	Lead Auditor	(2 days)				Due Date: 05/30/08 Final Milestone

Attachment 4
Site Audit Checklists

Attachment 5
Line Organization Audit Checklists

[To save paper resources and reduce the size of the main text of the Internal Audit Report, Attachments 4 and 5 are maintained as a separate file. See the OSH Web Site for access to these Attachments.]