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BROOKHAVEN NATIONAL LABORATORY Department/Division/Project Environment & Life Sciences Directorate	NUMBER LS-SAP-12	REV. 0
	12/20/11	PREPARED BY: A. Emrick Reviewed by: W. Gunther, J. Haskins, R. Colichio, K. Didie, C. Burns, N. Felock
SUBJECT: FY12 Self-Assessment Plan	APPROVED BY: (signature on file with Self-Assessment Mgr) Reinhold Mann: 	

1.0 Introduction and Purpose

This document describes the assessment activities, assessment methods, and schedules the Environment and Life Sciences Directorate will use to monitor/measure the progress being made toward achieving its objectives and in providing assurances that critical systems/processes that have a direct effect on performance are being adequately managed internally. It also includes the Directorate's environmental and OSH objectives and the respective action plans necessary to achieve these objectives. Considerations in setting these Objectives include:

- BNL ESH Objectives & Targets
- Management Review
- Legal and other Requirements
- OSH Hazards and Risks
- Technological Options
- Financial, Operational and Business Requirements
- Views of Interested Parties

Existing Resources are utilized unless otherwise specified. Execution of this self-assessment plan provides one of several mechanisms for ensuring that standards and procedures are consistent with applicable requirements and provisions of the Lab-level ESH&Q program.

Although the overall assessment planning and the evaluation criteria that the Directorate has utilized is based on a framework built around the Malcolm Baldrige Award Criteria, this document and the activities described herein are still evolving. Future assessment planning and concomitant activities will be based on previous assessment results/evaluations, changes in the Directorate objectives, BNL environmental and OSH priorities, evolving Laboratory Management System Initiatives, and current forecasts about the business climate.

3.0 Roles and Responsibilities

ALD, Environment and Life Sciences - The ALD, Environment and Life Sciences is responsible for the management and oversight of the self-assessment program for the ELS Directorate. This program covers the Biology, Environmental Sciences, and Medical Departments and the Computational Sciences Center. The Environmental Sciences Department is currently obtaining support from the GARS Directorate but reports results of assessments and progress on goals/objectives to the ALD, ELS.

Department Chair- The Department Chairs are responsible for the development and implementation of a self-assessment program. The Chairs are also responsible and accountable for ensuring that appropriate corrective action to identified weaknesses is taken, commensurate with hazard, risk, vulnerability, and overall research objectives.

Line Managers- Line Managers are responsible for conducting an assessment of research activities, facilities, and operations under their purview.

Staff- staff (including guests and subcontractors) are responsible for assessing and improving their work and work processes.

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Staff- staff (including guests and subcontractors) are responsible for assessing and improving their work and work processes.

Self-Assessment Manager (SAM) - is responsible for drafting the self-assessment program with members of the Department and submitting it to the Department Chairs and then the ALD for final approval. The SAM will gather status and data information from those responsible for self-assessment activities. The SAM will analyze this data against the Directorate's goals and objectives and track the implementation of appropriate corrective actions based upon the analysis. The SAM will provide a year-end summary to the Department Chairs and the ALD for ELS (i.e. Operations Management Review Meeting, S&T reporting).

4.0 Implementation

The Directorate has always undergone self-assessment through its various internal committees that address specific areas (ES&H, Support Staff Review, Continuing Appointments Review, etc) as well as external committees (advisory, visiting, DOE Review, etc). The SAP outlined here formalizes the process and uses the Laboratory's Critical Outcomes to obtain a broader view of the Directorate's performance. Input for the contents of the SAP includes the Department Chairmen, the SAM and other members of the staff (scientific, technical, administrative-safety, and administrative-business). The SAP incorporates the following elements:

- **Assessment Criteria:** These number codes refer to the Baldrige Award Criteria which best match the specific area of self-assessment.
- **Objective:** A subset of the Laboratory's PEMP, or the self-assessment activities required of other Laboratory initiatives and programs as they relate to ELS.
- **Approach (ISO 14001/18001 Targets):** Within our objectives we have defined an approach with which to accomplish the assessment activity. The approach is an action or series of actions taken to provide confidence that the Objectives and Performance Measures can be achieved examples include; the establishment of formal project controls, special funding, communications, assignment of specific tasks or responsibilities, etc.
- **Measures:** Specific performance expectation selected to monitor and measure achievement of an Objective. They are quantified where practical.
- **Schedule/Due Date:** Frequency of evaluation and date to be conducted.
- **Maintenance or Improvement:** This data provides detail as to whether the activity is solely a maintenance activity or an improvement initiative.
- **Responsibility:** The person, position or group responsible for specific self-assessment measures. They will conduct the appropriate tasks and report the status of those tasks to the SAM. They will work with the SAM to analyze the data collected for inclusion in a year-end Directorate summary. The responsible person is also responsible for tracking and assuring the implementation of any corrective, preventative or improvement actions.

The SAP matrix (Attachment 1) will be used to drive the self-assessment process and set responsibilities, with individuals or committees to evaluate performance or collect information. A summary of ESH improvement initiatives is included in Attachment 2. The responsible persons/positions will report status to the Self-Assessment Manager. The Chairs and/or ALD, ELS are responsible for making all assignments. The year-end summary (i.e. Management Review) will be prepared by the SAM and presented to management and will be used to set objectives for the next self-assessment cycle. In addition to the plan outlined in the SAP matrix, ad hoc assessments may be set up on an as-needed basis. The results of any ad hoc assessments and DOE-BHSO assessments will be included in the year-end summary(s).

Routine review and updates of organizational documents is recognized as an important aspect of ELS operations. Specific documents are often referenced as part of the ELS "Approach (ISO 14001/OHSAS 18001 Targets)" for achieving performance objectives. Examples include, R2A2s, Experimental review documents, environmental aspects analysis, process evaluations etc. Tracking is done in the Family ATS system or other tracking system.

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ELS S&T Performance measures are included in the Business Plan.

Existing operating budgets will be used to carry out the tasks identified in the Self Assessment activities unless otherwise specified.

6.0 Corrective, Preventative, and Improvement Action Management

The Directorate follows the corrective action management in the [Events and Issues Management Subject Area](#).

7.0 Prioritization

Priority is considered when establishing due dates for action. Those actions that are required assessments and those for which ELS has a primary role are specifically identified.

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Attachment 1

FY12 Self Assessment Activities

<i>ASSESSMENT CRITERIA 5.0</i> Business and Operational Results			
<i>OBJECTIVE:</i> Maintain and improve the quality of research conducted.			PEMP 1.0 Provide for Efficient and Effective Mission Accomplishment
<i>APPROACH :</i> 1. The Director’s Office is responsible for S&T reporting with input from science departments. Data is gathered using various sources such as FWP data, WFO, publications, end of run reports (NSRL, NSLS beamlines), HR data. Quality of research also monitored directly by funding agencies via FWPs, annual reports, etc.			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
Provide status reports on S&T performance, as requested by the Director’s office	OM	Chairs and ALD	As requested by DO As required by agency
FWPs, WFO annual reports, etc	OM	Principal Investigators	

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<i>ASSESSMENT CRITERIA:</i> Business and Financial Management			
<i>OBJECTIVE:</i> Manage financial and business objectives.			PEMP 6 Deliver Efficient, Effective, and Responsive Business Systems and Resources that Enable the Successful Achievement of Laboratory Missions
<i>APPROACH :</i> Monitoring and forecasting of budgets in order to manage the financial operations of the Departments.			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
Budget Cycle: 1. Budget Submission: finalize current FY and plan next two FY. 2. Budget Hearings: report financial status to Director upon request. 3. Plan next FY with best estimate projections and discuss with Chairs. 4. New FY budget and plans based on actual budgets.	1. OM 2. OM 3. OM 4. OM	Budget Administrators	1. Jan-Mar 2. May 3. July-Sep 4. Oct-Dec
Additional Reporting/Monitoring: 1. Cost plan templates updated and submitted to Budget Office so they can manage the overhead units. 2. Monthly reports on project status distributed to PIs. 3. Develop Monthly Reports by Grant Year 4. Maintain Department burden percentage rates (Admin, Space, Electric) the same or less than previous year. 5. Establish BLAF per diem rates that follow BNL escalation guidance 6. Based on Lab charges for ITD and RCD (Instrument Calibration and FSS), establish recharge mechanism to the Depts. Note: Included in each of the Budget Cycle processes are the rates established for: Dept. Administrative Burden, BLAF Animal Per Diems, ITD Allocation Rate, Instrumentation Rate, Space and Electric.	1. OM 2. OM 3. OM 4. OM 5. OM 6. OM	Budget Administrators	1. Jun-Aug 2. Monthly 3. Sept. 4. Ongoing 5. Aug-Oct 6. Sep-Nov

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FY12 Self-Assessment Activities

<i>ASSESSMENT CRITERIA:</i> 1.0 Leadership Commitment and Involvement			
<i>OBJECTIVE:</i> Enhance the effectiveness of Laboratory communications and the Laboratory’s relationships with stakeholders.			3.3 Provide Efficient and Effective Communications and Responsiveness to Customer Needs
<i>APPROACH :</i> Continue to participate in BNL’s community outreach program activities (Community Advisory Council, Envoy Program, Summer Sundays, other tours) -Improve programs where applicable. Continue to run the Nuclear Chemistry Summer School. Continue the RapiData course for x-ray crystallography data collection Continue to run the NASA Summer School Continue to participate, when applicable, in Community Advisory Council Meetings (ie. Biological Safety)			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
Run the Nuclear Chemistry Summer School	OM	Pena Guida	4 th qtr
Run the NASA summer school	OM	All staff with CEGPA	4 th qtr
Participate in Summer Sunday, CAC and other community outreach events	OM		4 th qtr
Run and evaluate RapiData Course (transition to Photon Sciences)	OM	Sweet	3 rd qtr

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<i>ASSESSMENT CRITERIA:</i> 1.0 Leadership Commitment and Involvement			
<i>OBJECTIVE:</i> Maintain and Improve physical and computational resources and infrastructure		7.0 Sustain Excellence in Operating, Maintaining, and Renewing the Facility and Infrastructure Portfolio to Meet Laboratory Needs/ EM Program	
<p><i>APPROACH :</i> Physical Infrastructure: Continue to identify key areas (linked through business planning) for infrastructure improvements and apply for GPP funding or other applicable funding. FY12 priorities are: ELS: Continue space optimization study Biology: • Bldg. 463, Greenhouses –install new houses. Medical • Refurbish cyclotron project - 901</p> <p>See GPP/GPE funding program for more details. We will also continue to conduct operational readiness reviews and exit readiness reviews on our major spaces. Computational Resources and Infrastructure: • Work with ITD to ensure that all computers are properly registered and IP addresses are maintained up to date.</p>			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
Physical Infrastructure: Start/Continue any FY11/12 funded projects (see GPP program).	I	ALD, Chairs, Space Contacts	1 st Qtr (pending budget)
Apply for FY13 funding	I	Chairs, Res. Ops	2 nd Qtr
Prepare Mission Needs Statement for ISBII	I	Res Ops, ALD	2 nd Qtr
Continue space optimization study	I	Research Operations/Chairs	3 rd Qtr
Computing resources: 1. Ensure new computers are registered and IP addresses are maintained	OM	ITD, IT Liaison and Chairs	Ongoing

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<i>ASSESSMENT CRITERIA:</i> Leadership Commitment and Involvement			
<i>OBJECTIVE:</i> Ensure management oversight in operations			PEMP 4.0 Provide Sound and Competent Leadership and Stewardship of the Laboratory EM/OSH Program
<i>APPROACH :</i> Improve field presence of managers through: Senior Manager Work Observations Annual Operations Management Review Annual Budget hearings to update managers on status of current/future funding. Periodic staff meetings, emails, other communications			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
Senior Manager Work Observations Level I, II, III managers 12/yr	I	ALD, Chairmen, Level III Mgrs	Ongoing
Operations Management Review (roll up of this plans performance occurs first quarter following FY)	OM	Chairs and ALD via Ops Mgr.	4 th qtr
Budget Hearings as requested by DO	OM	ALD, Business Mgr, Chairs	Upon reqst

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<i>ASSESSMENT CRITERIA:</i> Operational Excellence/Process Management			
<i>OBJECTIVE:</i> Ensure facilities are operating in compliance with applicable subject areas and within the limits stated in the Facility Use Agreements.			PEMP Goal 7.0
<p><i>APPROACH :</i> Review and revise work planning documents (SADs, SHAs, SOPs, etc) as necessary to ensure facilities are operating in compliance with applicable SBMS Subject Areas and the operating limits are reflected in the building Facility Use Agreement. Facilities will be reviewed using a risk-based, prioritized approach, as follows:</p> <ul style="list-style-type: none"> • Bldg. 463 Controlled Environment Radiation Facility (CERF) –Operations are static; the hazard categorization was resubmitted to DOE and approved in FY10. • 4T MRI- Finalize ATS items from LEHSC walkthrough. • Bldg 490 9.4T MRI Facility – Facility was reviewed by LESHSC and has undergone many assessments. Routine updates only. Facility will move to SBU in FY12. • Bldg. 901 Cyclotron – SAD is current, routine updates only. • Bldg 906 Positron Emission Tomography (PET) – this is a commercially built machine. • Bldg 490 Gamma Irradiator- commercially built but newly installed at BNL from Cold Spring Harbor. • Routine work that does not require a detailed hazard analysis (as defined by the Hazard Assessment Subject Area) but is covered by Work Planning and Control Subject Area documents (ESRs, WPs, SOPs) are reviewed and assessed as part of the Work Planning and Control program. 			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
Accelerator Safety:			
Upgrade the JSW SAD to meet Accelerator Safety Subject Area	OM	Schlyer	FY13
Review/update the Ebco cyclotron SAD	OM	Schlyer	FY13
Facility Hazard Analysis: Review and revise the hazard analyses for the following facilities according to the Hazard Analysis Subject Area and ensure operating limits are in the FUA.			

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CERF - Maintain status by conducting assessment to ensure it meets all current reqmts.	OM	BO Chair, Sautkulis	FY13
4T MRI – assess overall operations triennially	OM	Tomasi	FY13
Gamma Irradiator (Bldg 490)-maintain proper procedures. Assess overall ops triennially.	OM	MO Chair	Ongoing
9.4T MRI- Work with SBU staff to relocate machine to SBU in FY12.	OM	Benveniste, Res. Ops	FY12

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<i>ASSESSMENT CRITERIA:</i> 6.0 Compliance with Laws Regulations and Contractual Requirements 4.0 Process Management	
<i>OBJECTIVE:</i> Achieve and maintain compliance with applicable laws and BNL regulations and improve safety performance	5.0 Sustain Excellence and Enhance Effectiveness of Integrated Safety, Health, and Environmental Protection EM/OSH Program

<p>APPROACH : Establish and Maintain Overall Compliance in all areas by:</p> <ol style="list-style-type: none"> 1. Subject area publication and change notifications, identification and tracking of implementation issues. 2. Tier 1s and work planning. 3. Work Planning and Control Processes <p>Environmental Compliance</p> <ol style="list-style-type: none"> 1. Conduct operations in accordance with applicable Environmental Subject Areas 2. Perform Environmental Compliance Assessments including process evaluations, Tier 1s and participate in topical assessments. 3. EMS Rep and ECR to periodically review process evaluations, experimental reviews, and aspects analysis (at minimum annually) 4. Improve RCRA Compliance by tracking RCRA findings during Tier 1s and reviewing with PIs (e.g. during work planning meetings) <p>Radiation Control Program</p> <ol style="list-style-type: none"> 1. Facility Support performs assessment via Tier I inspections and walkthroughs and rep quarterly assessments. 2. There are 12 topical assessments to be done as part of FS Rep Quarterly Assessment program. One will be performed per quarter determined by operational performance and lessons learned. <p>Occupational Safety and Health:</p> <ol style="list-style-type: none"> 1. Chemical Safety performance: conform to Chemical Management System requirements 2. Participate in Topical Assessments <p>Quality Management</p> <ol style="list-style-type: none"> 1. Participate in site-wide topical assessments when applicable. 2. Implement revisions to Internal Controlled Document Control Subject Area. <p>Tier I Program</p> <ol style="list-style-type: none"> 1. Maintain Tier I program including the regular participation of ES&H subject matter experts. 2. Perform timely closeout of Tier I findings 3. Improve Tier I by focusing on negative trends
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	Ongoing	Responsibility	Schedule/Due Date
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	Maintenance (OM)/ Improvement(I)		
Objective: Overall ESH Compliance			
<ul style="list-style-type: none"> • Tier I inspections <ul style="list-style-type: none"> ○ Participate in Tier 1 Working Group 	I	Tier I Coord.	Per BNL Schedule
<ul style="list-style-type: none"> • Training Program (in addition to T&Q Lab-Level Assessment Activities) <ul style="list-style-type: none"> ○ % Job Training Assessments reviewed to ensure “up-to-date” ○ Maintain >95% required training complete for employees. ○ % JTAs linked to visitors/guests as required. (>95% goal) 	OM	Training Coord/staff/mgmt	Ongoing
Environmental Compliance			
<ul style="list-style-type: none"> • Participate in EWMSD Topical Assessments 	OM	EWMSD Lead	2rd Qtr
<ul style="list-style-type: none"> • Obtain and use funds to dispose of Radioactive Regulated Medical Waste (occurs every 3-4 years) 	OM	EMS Rep/ECR/WMR/FS	FY13
<ul style="list-style-type: none"> • Identify priority excess materials and disposition (Bldg 463 Retiree labs- start with B239) 	I	Research Ops/staff	8/30/12
<ul style="list-style-type: none"> • Reduce paper by using electronic ESR 	I	ESRC w/site	ongoing
<ul style="list-style-type: none"> • In support of Sustainability Goal: <ul style="list-style-type: none"> ○ Conduct a walkdown of at least one ELS bldg to identify energy savings opportunities (w/F&O, ECR, RSM) 	I	RSM/ECR/F&O	6/30/12
OSH Compliance			
<ul style="list-style-type: none"> • Participate in SHSD topical assessments as applicable 	OM	SHSD Rep w/ESH Mgr	As per BNL Schedule
Industrial Hygiene:			
<ul style="list-style-type: none"> Review flammable hazards on Hazard Placards 	I	ESH/Bldg Mgr/SHSD/	As per BNL Schedule
Radiation Control			
<ul style="list-style-type: none"> • FS Rep quarterly assessments <ul style="list-style-type: none"> - 1st Qtr- Sealed Source (due to recent ORPS on leaking sealed source) <ul style="list-style-type: none"> – Bldgs 901, 906, 490, 463 - 2nd Qtr- Rad Work Controls- sampling of work to include Imaging. - 3rd Qtr – ALARA - 4th Qtr- to be determined based on 1-3qtr operational performance 	OM	FS Rep	Quarterly
<ul style="list-style-type: none"> • Maintain ALARA program-report to Mgmt at annual Ops Rev. 	OM	ESH Mgr	Ongoing

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<i>ASSESSMENT CRITERIA 4.0</i> Process Management	
<i>OBJECTIVE:</i> Conduct operations in accordance with the Expectations of the BNL’s Management Systems to improve environmental performance and worker safety and health.	PEMP 5.0 Provide Efficient and Effective Implementation of Integrated Safety, Health and Environmental Management EM/OSH Program

<p><i>APPROACH :</i></p> <p>Integrated Safety Management:</p> <ol style="list-style-type: none"> 1. Continue to improve ISM program <p>Work Planning and Control Management System</p> <p>Experimental Review</p> <ol style="list-style-type: none"> 1. Maintain a Directorate-level experimental review program in accordance with SBMS Work Planning and Control Subject Areas including decay in storage, and path of disposal reviews. <p>Routine Work Planning</p> <ol style="list-style-type: none"> 1. Maintain, the Directorate-level work planning program in accordance with Laboratory requirements 2. Improve program by incorporating JRAs into work planning processes <p>Environmental Management:</p> <ol style="list-style-type: none"> 1. Continue to develop and improve EMS 2. Perform required EMS Assessments as per Environmental Assessments Subject Area 3. Maintain ISO14001 registration for Directorate by successfully participating in a surveillance audit by an outside registrar (to be funded by the BNL EMS project). <p>Emergency Management</p> <ol style="list-style-type: none"> 1. Prepare for and participate in DOE Emergency Management Assessment. <p>Occupational Safety and Health:</p> <ol style="list-style-type: none"> 1. Maintain ISO18001 by successfully participating in surveillance audit by external registrar (funded by BNL OHSAS project). 2. Improve worker safety and health, reduce potential for injury <p>Records Management</p> <ol style="list-style-type: none"> 1. Maintain all vital records up to date. 2. Maintain all Departmental business and ESH operations and Chair records in the upgraded Records Management System. 3. Ensure all Principal Investigators have a records inventory.

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Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
Integrated Safety Management			
• Implement ISM Improvement Plan as applicable	I	ISM POC	See ATS
Work Planning and Control			
• Work Planning <ul style="list-style-type: none"> ○ Experimental and Routine WP process <ul style="list-style-type: none"> • Conduct CIP on ESR process ○ Evaluate improvement opportunities for Programmatic Operational WPC 	I	ESRC w/Pis	6/30/12 9/30/12
Environmental Management Program			
• Perform a management review of EMS in accordance with the “Environmental Assessments” Subject Area.	OM	EMS Rep w/Mgrs	2 nd Qtr (see BNL schedule)
• Participate in ISO14001 external audit	I	EMS Rep	3 rd Qtr (see BNL schedule)
• Participate in Pollution Prevention program by <ul style="list-style-type: none"> ○ Submit at least 1 pollution prevention proposals and/or success stories 	I	EMS Rep lead	1 st Qtr–P2 Proposals (see call) Report successes at mgmt review (11/10)
OSH Management Program			
• Maintain OHSAS 18001 system <ul style="list-style-type: none"> ○ Review documentation ○ Participate in Internal OSHAS assessment ○ Participate in external registrar audit 	OM	OHSAS Team, staff	1 st Qtr 2 nd Qtr (see BNL Schedule) 3 rd Qtr (see BNL Schedule)
• Maintain and improve OHSAS System <ul style="list-style-type: none"> ○ Continue to incorporate JRAs into ESRs or other work planning documents. 	I	OHSAS Team, staff	1 st Qtr 4 th Qtr
• Communicate JRAs via Work Planning (e.g. ESRs)			At annual review of ESRs for ongoing. Upon submission of new ESRs
• Participate in Safety Solutions Program in an effort to reduce injury potential. <ul style="list-style-type: none"> ○ Submit 1 proposals and/or 1 success stories 	I	Staff, ESH Mgr	see call for proposals Report successes at mgmt review
Quality Assurance			
• Records Management <ul style="list-style-type: none"> ○ Maintain all vital records up to date. (ongoing) ○ Ensure all Principal Investigators have an inventory. (Ongoing) 	OM	Records Reps with staff	Ongoing

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<i>ASSESSMENT CRITERIA:</i> Operational Excellence/Process Management			
<i>OBJECTIVE</i> Achieve integration of environmental stewardship, radiological, and safety management into all facets of the Laboratory’s missions, and manage programs and operations in a manner that protects ecosystem, workers, and public health			5.0 Sustain Excellence and Enhance Effectiveness of Integrated Safety, Health, and Environmental Protection OSH Program
<i>APPROACH :</i> BNL must comply with the DOE 10CFR851 on work with Biological and Etiologic agents (which includes references to NIH rDNA guidelines, USDA and CDC Select Agent Programs) and the requirements of the Biological Weapons Convention. To do this we developed a Biological Safety Subject Area, revised our Institutional Biosafety Committee (IBC), took an inventory of all existing agents and incorporated any newly identified using existing systems (Experimental Safety Review). We, in ELS (in particular Biology), must continue to work closely with Safety and Health Services Division (SHSD) to maintain the system. We must also continue to maintain the Regulated Etiologic Agent database with S&HSD. We are subject to audits, both announced and unannounced,			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
1. Maintain inventory of all regulated etiologic agents (as required in 10CFR851)	OM	S&HSD Lead, during IBC review	Ongoing
2. BNL maintains a select agent registration. There’s a required site-visit once during 3yr registration period. Other visits may be unannounced. Goal is to have no interruption in registration due to audit findings. (42CFR73)	OM	IBC Coordinator/Pis/RFO	Ongoing (Next Site visit: ~ 1 st Qtr FY13)
3. BNL is required to submit Confidence Building Measures annually (Biological Weapons Convention Data) to DOE (NA-241).	OM	IBC Coordinator/IBC Chair/BWC contact	2 nd Qtr (when requested by DOE)

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<i>ASSESSMENT CRITERIA:</i> Process Management/Operational Excellence			
<i>OBJECTIVE:</i> Effectively and efficiently manage Clinical Research Center operations including the oversight of the Controlled Substance Program.			2.3 Provide Efficient and Effective Operation of Facilities
<p><i>APPROACH :</i> Periodically Assess Clinical Research Center operations. Utilize independent subject matter experts, as appropriate, in the conduct of selected assessments</p> <ul style="list-style-type: none"> • Ensure clearly define roles and responsibilities. • Maintain and continually improve operational procedures • Conduct quarterly compliance (Stony Brook U.) and periodic system assessments of the CRC operation • Effectively and efficiently closeout corrective and improvement actions identified through assessment activities • Assess the controlled substance program as per CRC Policies and Procedures <p>These operations are also audited by external parties (e.g. JCAHO, FDA, DEA). The audits can be unannounced. Those that are scheduled on a regular basis are:</p> <ul style="list-style-type: none"> • JCAHO Survey – every 3 years. Next one is due ~August 2011. At the midpoint there is a self-assessment performed by the Institution and reviewed by JCAHO via a teleconference. JCAHO can also send auditors unannounced at anytime. • Controlled Substances: DEA inventory every two years. 			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
Conduct compliance assessments of CRC including the review of the subject records. <ol style="list-style-type: none"> 1. Assess implementation of protocols (evaluation of adverse events/violations). 2. Perform assessment of the CRC program and provide report to management. 3. Assess the status of the controlled substance program 4. JCAHO Survey 5. JCAHO Self-Assessment 6. DEA Controlled Substance Inventory-internal 7. Assess AAHRPP program 	OM	<ol style="list-style-type: none"> 1. SBU Compliance Coord. 2. CRC Manager 3. CRC Manager with Pharmacist 4. CRC Manager/Line Mgrs 5. CRC Manager/Line Mgrs 6. CRC Mgr/Pharmacist 7. CRC Manager /Accreditor 	<ol style="list-style-type: none"> 1. Ongoing 2. Ongoing 3. 4th Qtr 4. Aug 2014 5. May, 2012 6. May, 2012 7. Ongoing

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FY12 Self Assessment Activities

<i>ASSESSMENT CRITERIA:</i> Operational Excellence and Process Mgmt			
<i>OBJECTIVE:</i> Effectively and efficiently manage the Brookhaven Laboratory Animal Facility			2.3 Provide Efficient and Effective Operation of Facilities
<i>APPROACH :</i> The Medical Department is responsible for the Institution’s Brookhaven Laboratory Animal Facility (BLAF). In this role the Department has the responsibility for managing it effectively and efficiently. The Institutional Animal Use and Care Committee provide oversight for this facility. To do this the IACUC assesses the BLAF semi-annually using guidance from the “Guide for Care and Use of Laboratory Animals”. The facility is accredited by AAALAC and must undergo audits every 3yrs. The USDA and NYS Dept of Health also inspect this facility on a regular basis (both announced and unannounced visits).			
Measures	Ongoing Maintenance (OM)/ Improvement(I)	Responsibility	Schedule/Due Date
1. Association for Assessment and Accreditation of Laboratory Animal Care (AAALAC). Certifies BLAF every 3 yrs. 2. USDA inspection. Unannounced 1-2 times/year. 3. NYS Dept. of Health 4. IACUC, semi-annually	OM OM OM OM	BLAF Mgr, Vet, Line Mgrs, IACUC BLAF Mgr, Vet, Line Mgr. BLAF Mgr, Vet, Line Mgr IACUC	Summer, 2014 1-2 times per year. Annual (est. Feb) 2 times per year

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**ESH Improvement Plan
Environment and Life Sciences**

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SUBJECT: FY 2012 ESH Objectives and Targets
 PREPARED BY: A. Emrick
 Reviewed By: R. Colichio, W. Gunther, N. Felock, J. Haskins, C. Burns
 Date: 12/13/11 Revision: 0

APPROVED BY: R. Mann, ELS ALD
 _____ Date: _____

Objective: IMPROVE ES&H PROGRAM

Target	Action(s)	Responsible Person(s)	Program	Completion Date(s)
1. IMPROVE COMPLIANCE				
1.1 Improve Area-Based PPE Compliance	1.1.1 Level I, II, III Mgrs to monitor and discuss Area-Based PPE requirements during work observations.	Level I, II, and III Managers	OSH	9/30/12
1.2 Implement Revised Hazard Placards	1.2.1 Review all Hazard Placards where flammables are stored/used and ensure they are properly addressed on placards and post "no open flames" for those areas	ES&H Coord & SHSD Rep	OSH	Per BNL Schedule
1.3 Improve Sustainability Practices and Meet energy efficiency goals of EO 13514	In support of Sustainability Goal and Reduction of Water Consumption 1.3.1 Schedule a walk down of at least 1 ELS building with F&O, ECR and Research Ops staff to look for energy efficiency, recycling, and water reduction ideas.	ECR/F&O	EMS	9/30/12
1.4 Improve Safety Engineering	1.4.1 Inventory pressure vessels and relief valves (goal: 100% in database) and link to HVT and WPC as appropriate.	ESH Coord/SHSD Rep	OSH	6/30/12
1.5 Improve Chemical Safety	1.5.1 Review condition, age and need for chemicals with physical hazards (e.g. pyrophorics) and dispose of unneeded.	SHSD Rep	OSH/EMS	9/30/12
2. IMPROVE OPERATIONAL PERFORMANCE				
2.1 Improve Workspace Safety and Reduce/Eliminate Wastes	2.1.1 Identify priority excess materials and chemicals and disposition as part of ongoing Housekeeping effort. <i>Note: Bldg. 463 (Retiree labs-Priority 1 is Sutherland, J. lab)</i>	RO/Staff	EMS/OSH	9/30/12
2.2 Improve Radiological Operations	2.2.1 Evaluate and reduce (where appropriate) sealed source inventory.	Sealed Source Custodians/Owners	EMS/OSH	1/31/12
2.3 Improve Participation in P2 & S2 Programs	2.3.1 Ensure at least 1 P2 and 1 S2 Proposal are submitted	EMS/OSH Rep/Staff	EMS/OSH	Per BNL Schedule

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Considerations in setting these Objectives include:

BNL ESH Objectives & Targets
Management Review
Legal and other Requirements
OSH Hazards and Risks
Technological Options
Financial, Operational and Business Requirements
Views of Interested Parties
Existing Resources are utilized unless otherwise specified

Acronyms

CSM	Cognizant Space Manager
ELS	Environment and Life Sciences
EMS	Environmental Management System
ERC	Experimental Review Coordinator
ESH	Environmental, Safety, and Health
ESHC	Environment, Safety and Health Coordinator
ESR	Experimental Safety Review
OSH	Occupational Safety and Health
PPE	Personal Protective Equipment
P2	Pollution Prevention Program
R2A2	Roles, Responsibilities, Accountability, Authorities
RO	Research Operations Office
S2	Safety Solution Program
WP&C	Work Planning and Control