



BROOKHAVEN
NATIONAL LABORATORY

ESH&Q Directorate
Self-Assessment Program

FY 2003

Revision 0

Prepared by *Dallas Ports* 7/2/03
D. Ports

Approved by *J. Tarpinian* 7/2/03
J. Tarpinian, ALD ESH&Q

Attachment 1. Directorate Operational Objectives, Indicators, and Targets

1.0 ESH&Q Vision and Mission

Vision: *Our internal and external customers recognize us as best-in-class providers of environment, safety, health and quality services.*

Mission: *To serve the environment, safety, health and quality needs of our internal customers in an effective and efficient manner and to meet or exceed the expectations of our external customers.*

2.0 Purpose/Scope

This document defines a self-assessment program in support of the ESH&Q mission and business interests for those aspects of performance applicable Directorate-wide. Assessment activities related to Division or Office mission or management activities of those organizations shall be included in their individual self-assessment programs.

Specific objectives and targets for Lab-wide ESH&Q strategic initiatives and operational initiatives applicable at the directorate level are included in attachment 1.

3.0 Responsibilities

3.1 The Assistant Laboratory Director for Environment, Safety, Health, and Quality provides the overall leadership and direction for self-assessment activities within the Directorate. Specifically, these responsibilities are:

3.1.1 Ensuring that a self-assessment program exists, self-assessment programs for Directorate Divisions and Offices are prepared, and are implemented within the Directorate.

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

3.2 ESH&Q Division and Office Managers are responsible to:

3.2.1 Implement self-assessment programs within their respective organizations.

3.2.2 Ensure that systems, processes, guidance, tools, and expert support are provided as necessary to Laboratory Departments/Divisions to support the performance of organizational assessment activities.

3.2.3 In accordance with the Integrated Assessment Subject Area, plan and implement management system assessments, for which they are stewards or points of contact, to ensure the system procedures (e.g., subject areas, ESH Standards etc.) are appropriately defined, being implemented as expected, are achieving desired results, and are continually improved.

3.2.4 Team with their DOE/BAO counterparts in determining the scope of management system assessment activities.

3.2.5 Report results of self-assessment activities that may have Directorate level implications at regularly scheduled Management Team meetings.

Attachment 1. Directorate Operational Objectives, Indicators, and Targets

4.0 Review and Evaluation of Assessment Results

- 4.1 Accomplishments against the objectives and measures of this plan are reviewed approximately quarterly at regularly scheduled bi-weekly managers meetings. Follow-up actions are recorded and typically tracked through an “action item” in the minutes. Actions that may require more formal tracking or are expected to be open for an extended period of time may be tracked through the Family Assessment Tracking System (FATS).
- 4.2 The management team shall determine:
 - 4.2.1 Appropriate Directorate level corrective and improvement actions.
 - 4.2.2 Need to submit assessment results to the Lab-wide Lessons Learned program.
 - 4.2.3 The need to report issues identified through ESH&Q assessment activities to the Laboratory Price Anderson Amendments Act Coordinator.
- 4.3 Progress against the objectives and measures will be formally evaluated annually in accordance with the organizational self-evaluation cycle of the Laboratory’s Integrated Assessment Program. This evaluation is usually scheduled to coincide with the Environmental Management System (EMS) management review and takes place in the first quarter of the fiscal year (reviewing performance of the previous year). When conducting the annual evaluation, in addition to the measures established in this plan other indicators of performance applicable to the objective including the programs described in the approach; occurrence reports, non-conformance reports and external audits (e.g., BAO, EPA, Registration audits, etc.) applicable to ESH&Q Directorate activities are also considered. The results of the annual evaluation serve as a basis for improvement actions and assessment activities for the subsequent year.

5.0 Corrective Action Management

- 5.1 Corrective and improvement actions identified through assessment activities shall be managed in accordance with ESH Standard 1.2.1, Corrective Action Management and Tracking for Internal and External Assessments.
- 5.2 The management Team shall determine corrective and improvement actions applicable Directorate-wide. These shall be tracked to closure through the Bi-weekly meeting notes or the Family Assessment Tracking System (FATS).
- 5.3 The cognizant Division/Office Manager tracks corrective actions applicable to single organizations.

6.0 Documentation

- 6.1 Formal documentation generated as the result of any assessment, and any follow-up actions should be documented and electronically attached through the FATS or filed with the assessment records.
- 6.2 The Management meeting agenda and minutes provide documentation of periodic reviews.

Attachment 1. Directorate Operational Objectives, Indicators, and Targets

ESH&Q Strategic Initiatives			
Initiative	Description/Objectives	Target(s)	Lead
Safety Improvement-Occupational Injury Reduction	Laboratory management observed that occupational injury performance had been decreasing since 2000. The current focus is to drive the cultural changes necessary for sustained excellence in occupational injury management. A lab-level Safety Improvement Team (SIT) has been established to provide leadership in establishing direction and implementation of necessary changes.	By 7/30/03 establish a Directors Safety Committee By 9/30/03 publish a strategic plan that defines elements necessary to drive sustained improvement in management and operations to reduce occupational injuries.	Otto White
Nuclear Facility Risk Management	In April 2001, DOE completed the rulemaking process for promulgating Subpart B, <i>Safety Basis Requirements</i> to 10 CFR 830, <i>Nuclear Safety Management</i> . The rule requires all nuclear facilities (Category 1, 2, and 3) to have DOE approved Documented Safety Analysis, Technical Safety Requirements, and an Unreviewed Safety Question process in place by April 10, 2003. The Laboratory has reviewed its' existing nuclear facilities and inventories and has taken action to assure rule compliance. The most significant new requirement affecting BNL is that the rule treats the transportation of nuclear materials as a "nuclear facility" during on-site transportation activities. Maintaining compliance with the existing inventory of nuclear material and facility limitations will require restrictions that will reduce operational flexibility. The Laboratory is developing a nuclear facilities strategic plan that, when fully implemented, will optimize the nuclear facility footprint to manage risks while maintaining sufficient capability and flexibility for current and future Laboratory needs and can be accomplished with allocated resources.	By 9/30/03 analyze alternative approaches and associated costs to address this issue.	Steve Hoey
Long Term Environmental Stewardship	When the DOE Environmental Management program completes its cleanup mission at BNL, the long-term stewardship responsibility of the cleanup areas will be transferred to the Office of Science. These responsibilities include maintaining waste containment systems, O&M of groundwater treatment systems, and monitoring and reporting. These responsibilities represent a significant financial liability to the Laboratory. The source and level of funding for this responsibility is an unresolved issue. BNL management is taking action to ensure a clear understanding of the potential liability to the laboratory and DOE if long-term funding is not secured.	By 9/30/03 complete initial baseline of LTS liabilities	George Goode
Waste Management Costs	A change in DOE waste management funding (direct EM funding to program funding) in FY03 has required the Laboratory to adjust the business model for funding waste management activities. Some DOE programs do not appear to have incremented programs with appropriate funding to offset the costs of regulated waste management, which can result in curtailment of planned research. Continued management attention will be required to ensure a full transition is made without adversely affecting research programs or encouraging accumulation of legacy wastes. Waste management costs are also impacted by the laboratory's waste management infrastructure. Costs associated with maintaining the nuclear facility status for the waste management facility increases the costs of waste management activities and those costs are currently shared by the all laboratory organizations. The equitability of this needs to be considered as the laboratory proceeds.	By 9/30/03 complete the initial phase of waste management costs modeling and funding approaches to facilitate establishing the long-term strategic direction.	George Goode
External Regulation/OSHA enforcement	The Department of Energy has been directed by Congress to pursue OSHA regulation of workplace hazards and NRC regulation of accelerator, and nuclear facilities. OSHA and NRC inspections are expected to occur in FY03. Additionally, independent of external regulation, the DOE has been directed to initiate a program for enforcement of OSHA regulations enabling them to fine laboratory contractors for OSHA violations. DOE is in the process of establishing the program to implement the requirements. In anticipation of external regulation the laboratory, or DOE enforcement of OSHA regulations BNL has taken several actions, including providing additional training to staff and completing an thorough inspection and cost estimate.	By 9/30/03 complete preparations for OSHA inspection scheduled for November 2003. By 9/30/03 develop a plan to communicate appropriate elements of this initiative to internal and external customers.	Otto White

Attachment 1. Directorate Operational Objectives, Indicators, and Targets

Directorate Operational Objectives, Indicators, and Targets				
Performance Area	Objectives	Indicators	Targets	Key Responsibilities
1.0 Leadership Commitment and Involvement				
1.1	Effectively and efficiently communicate Information throughout the Directorate	Management team meeting attendance Directorate news letter ALD meetings with staff All hands meetings	Implement the ESH&Q news letter and publish for 3 rd and 4 th quarters By September 30, 2003 conduct 1 all hands meeting.	Division and Office managers are responsible to attend management team meetings, communicate pertinent information to their staff, and provide articles for the ESH&Q newsletters. The Administrative Assistant to the ALD is responsible to schedule a staff lunch with the ALD.
1.2i	Effectively communicate and market ESH&Q services to laboratory and external customers and stakeholders	Publications Conference presentations	Develop ESH&Q brochure by 9/30/03	Administrative assistant to the ALD is responsible to coordinate development of the ESH&Q brochure.
1.3	Establish and maintain routine management field presence in work spaces occupied or supported by ESH&Q staff	Frequency of level 1 and level 2 manager participation on ES&H (Tier 1) walkthroughs	Benchmark in FY03	The ALD, Division and office managers are responsible to participate in Tier 1 walkthroughs. The ES&H coordinator is responsible to track manager participation in Tier 1 walkthroughs
2.0 Human Resource Development and Management				
2.1 (EMS Objective)	Establish and maintain a trained and qualified staff to ensure that personnel can achieve the highest level of performance capable of serving the current and future needs of our internal and external customers, to provide a safe and healthful workplace, and to protect the environment.	Required Training completion rate % staff with current JTAs % staff with completed physicals # of Nationally recognized professional certifications/registrations	Required training completion rate >=95% 95% staff have current JTAs 95% staff have completed physicals Benchmark # of professional certifications/registrations by September 30, 2003	Division and Office managers are responsible to ensure staff have updated JTAs, have completed required physicals, monitor routine training reports, and take actions as necessary to ensure required training is completed.

Attachment 1. Directorate Operational Objectives, Indicators, and Targets

Directorate Operational Objectives, Indicators, and Targets				
Performance Area	Objectives	Indicators	Targets	Key Responsibilities
3.0 Customer Focus and Satisfaction				
3.1	Provide high quality services to the Laboratory fully responsive to Laboratory and the Department of Energy expectations	Survey results Informal feedback	Qualitative evaluation	Division and Office managers are responsible to solicit feedback from customers and stakeholders and respond accordingly.
3.2 (EMS Objective)	Consider the public's values, priorities, and concerns in decisions made and activities conducted within the ESH&Q directorate when the decisions or activities can affect the public or be of significant interest to key stakeholder	Community involvement plans developed for applicable directorate initiatives	By September 30, 2003 100% of all applicable initiatives have developed and/or initiated development of community involvement plans. Note: see target for external regulation strategic initiative.	Division and Office managers are responsible to ensure the need for community involvement plans for projects under their responsibility are considered and developed as appropriate.
4.0 Process Management				
4.1	Effectively and efficiently implement Directorate self assessment and improvement management processes	Assessment Activities Completed on schedule Conditions and actions tracked through closure Abnormal conditions events (e.g. NCRs, ORs etc.) reported as required by SBMS	>=90 % of planned "focused" assessment activities completed on schedule. >=95% of focused assessment results tracked in ATS (or FATS)	Division and Office managers are responsible to complete assigned assessment activities on schedule and enter results in an assessment tracking system (ATS or FATS)
4.2 (EMS Objective)	Prevent pollution and minimize waste generated through ESH&Q activities	Waste generation rates P2 proposals submitted Identification of success stories/lessons learned ECR involvement in work planning and control.	By September 30, 2003 complete annual evaluation of waste generation rates, ensure trends or spikes are understood and if appropriate improvement actions are identified. By September 30, 2003 distribute annual reminder to all ESH&Q staff regarding Directorate policies on minimizing waste generated as a result of administrative activities.	The ECR is responsible to coordinate the annual review. Division and Office managers are responsible to take actions as necessary to minimize the waste generated by their activities. The ALD is responsible to distribute the reminder for the minimization of administrative wastes.
4.3 (EMS Objective)	Ensure the continuing suitability, adequacy, and effectiveness of the ESH & Q EMS	Process assessments reviewed and revised in accordance with Subject Area requirements Operational controls updated accordingly Assessments and management reviews completed	100% of directorate process assessments reviewed and updated in accordance with SBMS requirements by 9/30/03 Complete Management Review by 9/30/03	Division and Office managers who have responsibility for Directorate processes are responsible to ensure respective processes assessments are reviewed and updated in accordance with SBMS Requirements The ECR is responsible to coordinate the EMS management review

Attachment 1. Directorate Operational Objectives, Indicators, and Targets

Directorate Operational Objectives, Indicators, and Targets				
Performance Area	Objectives	Indicators	Targets	Responsibilities
5.0 Business and Operational Results				
5.1	Manage the ESH & Q budget effectively and efficiently	Progress on activity based budgeting analysis	Complete initial phase of activity-based budgeting analysis by 9/30/03	Division and office managers are responsible to completed the zero-based budgeting analysis for their respective organizations
6.0 Compliance with Laws, Regulations, and Contractual Requirements				
6.1	Complete required assessments as defined in the Integrated Assessment Program Subject Area	Required Assessments completed as assigned and scheduled	>= 90% of required assessments completed as per necessary schedule	Division and Office managers are responsible to participate in or conduct required assessments as scheduled.
6.2 (EMS Objective)	Achieve and maintain compliance with ES&H requirements	ES&H inspections (Tier 1) completed as scheduled Trends of number and type of issues SME involvement	>= 95% of Teir 1 inspections completed on schedule >= 75% of inspections in "industrial" spaces include SME Involvement (ECR, OSHA, Fire etc) By 9/30/03 complete a directorate "roll-up" analysis of Tier 1 inspection results and communicate it to Directorate staff..	ES&H coordinator is responsible to ensure required Tier 1 inspections are completed on schedule and to complete the annual roll-up analysis. The ALD is responsible to approve the roll-up analysis and communicate the results to Directorate Staff ES&H SMEs are responsible to participate in Tier 1 inspections.