

**QUALITY MANAGEMENT OFFICE**  
**BROOKHAVEN NATIONAL LABORATORY**

Procedure No: QP-SOP-02

Revision No: 1

Page 1 of 11

**MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM (ATS)**

**Table of Contents**

<u>Section</u>	<u>Page</u>
1.0 PURPOSE/SCOPE .....	3
2.0 RESPONSIBILITIES.....	3
3.0 DEFINITIONS.....	3
4.0 PREREQUISITES .....	4
5.0 PRECAUTIONS.....	4
6.0 PROCEDURE.....	4
7.0 IMPLEMENTATION AND TRAINING .....	6
8.0 REFERENCES .....	6
9.0 ATTACHMENTS.....	6

**PREPARED BY:**

Brian Kushner  
 ATS Program Manager

*Brian Kushner*  
 2/20/08

Date Prepared:  
 2/20/08

Filing Code:  
 QP60.61(07)

**REVIEWED BY:**

Stasia Scocca  
 Quality Management Office (QMO)

*Stasia Ann Scocca 2/27/08*

Ed Sierra  
 Quality Management Office (QMO)

*Ed Sierra 2/27/08*

**APPROVED BY:**

R. Lebel  
 Manager, Quality Management Office (QMO)

*Roy H. Lebel 3/2/08*

EFFECTIVE DATE: 3/2/08

REVIEW CYCLE: 2 Years

**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. **QP-SOP-02**

Revision **1**

MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)

Page 2 of 11

**Revision Log**

<b>SECTION</b>	<b>Page #</b>	<b>Rev. #</b>	<b>Date</b>	<b>Reason(s) for Revision</b>
6.6.4	5	1	2/20/08	Modified closure of actions to include requirement for actions from DOE/BHSO assessments to receive DOE/BHSO concurrence prior to closure in ATS.
All	All	0	4/18/07	New procedure to describe the process for Managing Institutional ATS.

**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. **QP-SOP-02**

Revision **1**

MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)

Page 3 of 11

## **1.0 PURPOSE/SCOPE**

### **1.1 PURPOSE**

This document describes the process used within the Brookhaven National Laboratory (BNL) Quality Management Office (QMO) to manage the BNL Institutional Assessment Tracking System (ATS) as well as aid in the development of more robust corrective/preventive actions and improved action management at the Laboratory.

1.2 This procedure supplements the Event/Issues Management Subject Area to provide a more detailed description of the corrective/preventive action development and management process.

## **2.0 RESPONSIBILITIES**

2.1 ATS Program Manager – The ATS Program Manager shall be responsible for:

2.1.1 Tracking all institutional level assessments.

2.1.2 Managing the ATS process through: the creation of new ATS items, reviewing, entering, modifying, and closing actions and providing feedback throughout the process.

2.1.3 Reviewing all institutional action plans and providing feedback as necessary.

2.1.4 Assisting in the development of action plans when requested.

2.1.5 Providing senior management with periodic status updates and reports on action management activity.

## **3.0 DEFINITIONS**

3.1 ATS – Assessment Tracking System, the web-based database used to track to completion institutional-level Assessments, Conditions and Actions.

3.2 The Hierarchy of the ATS system is defined as follows:

3.2.1 Assessment – for this procedure an assessment is anything classified as an assessment or any item on the “List of items to be tracked in Institutional ATS” (see Event/Issues Management Subject Area)

3.2.1.1 Condition – typically a finding or area for improvement identified during an assessment or surveillance that requires some action. May also be used as a place holder for a notification or action plan.

3.2.1.1.1 Action – specific step that needs to be taken to address a condition.

3.3 Priority – in ATS actions are prioritized as Corrective, Preventive or Improvement which are defined as follows: (see Event/Issues Management Subject Area)

3.3.1 Corrective – actions taken to resolve events or problems prior to formal causal analysis.

3.3.2 Preventive – actions carefully designed to eliminate or reduce the likelihood of recurrence of events or issues.

3.3.3 Improvement – actions intended to improve performance that do not address the cause(s) of the event or issue.

**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. **QP-SOP-02**

Revision **1**

**MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)**

Page 4 of 11

- 3.3.3.1 Improvement actions receive less scrutiny than corrective and preventive, regarding modifications of intent, due dates, and on time completion.

**4.0 PREREQUISITES**

None

**5.0 PRECAUTIONS**

None

**6.0 PROCEDURE**

**6.1 INITIAL RECEIPT OF ASSESSMENT REPORT (see Attachment 4):**

Upon receipt of an assessment report or any item on the “List of items to be tracked in Institutional ATS”, (see Event/Issues Management Subject Area), the ATS Program Manager or delegate shall begin the tracking process as follows:

- 6.1.1 Open a new ATS item for the assessment, with one condition and one action requesting development of an action plan. In the case of an ORPS report, request an update/final report as the first action.
- 6.1.1.1 Owners and due dates should have been previously determined. If there is no owner contact the appropriate party to determine owner of the assessment and action plan.
- 6.1.2 Email guidelines for effective action plan development to action plan owner. (see Attachment 1).
- 6.1.3 ATS Program Manager or another delegated QMO staff member will assist in the development of the action plan, if requested.

**6.2 REVIEW OF ACTION PLANS:**

Upon receipt of the action plan, ATS Program Manager shall review the action plan against guidelines for effective action plan development previously sent to action plan owner.

- 6.2.1 If action plan does not adequately address the criteria outlined in the guidelines, the ATS Program Manager shall provide feedback on improvements needed and may offer to assist in modifying the plan.
- 6.2.2 If additional review is required, the action plan shall then be forwarded by ATS Program Manager or action plan owner to the appropriate party. ATS Program Manager provides feedback as necessary.
- 6.2.2.1 ORPS action plans require review by the ORPS Coordinator.
- 6.2.2.2 PAAA/NTS Noncompliance action plans require review by the PAAA Coordinator.
- 6.2.2.3 DOE-BHSO review of action plans is required if requested by BHSO.

**6.3 ENTERING ACTION PLAN:**

Upon successful completion of all necessary reviews, the action plan shall be entered into ATS by ATS Program Manager or delegate and left in “Draft” status for final review by action plan owner.

- 6.3.1 ATS Program Manager or delegate modifies information in ATS as directed by action plan owner.

**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. **QP-SOP-02**

Revision **1**

**MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)**

Page 5 of 11

**6.4 OPENING ACTION PLAN:**

Upon approval of action plan owner, ATS Program Manager or delegate changes status of action plan conditions and actions to "Open." (At this point assessment owner begins execution and management of action plan).

6.4.1 ATS Program Manager develops summary report of assessment and resulting action plan and ensures it is delivered to assessment owner, action plan owner and affected management system stewards as appropriate. (see Attachment 2)

**6.5 MODIFICATIONS TO ACTION PLAN (see Attachment 5):**

ATS Program Manager shall address requests for modification of action plans (text or due dates) as follows:

- 6.5.1 Modification of a corrective action(s) that was previously reviewed and approved (formally) by DOE/Brookhaven Site Office (DOE/BHSO) requires communication with and approval from DOE/BHSO along with concurrence from an ALD/Level 1 manager prior to modification in ATS.
  - 6.5.1.1 Prior to deleting, adding and/or modifying an action (changing the intent of an action and/or extension of action due date), the Action Owner must contact the appropriate DOE/BHSO point of contact for approval.
  - 6.5.1.2 The level of approval documentation required (formal/informal) is determined on a case-by-case basis during the discussion with the DOE/BHSO point of contact.
  - 6.5.1.3 Include documentation of this change request/approval in ATS.
- 6.5.2 Action plans resulting from an ORPS Report shall receive concurrence from an ALD/Level 1 manager and the ORPS Coordinator prior to modification in ATS.
- 6.5.3 Action plans resulting from a PAAA/NTS Noncompliance shall receive concurrence from an ALD/Level 1 manager and the PAAA Coordinator prior to modification in ATS.
- 6.5.4 Actions prioritized as Corrective or Preventive shall receive concurrence from an ALD/Level 1 manager prior to modification in ATS.

**6.6 CLOSING ACTIONS:**

ATS Program Manager shall address requests from Action Owner or delegate, for action closure as follows:

- 6.6.1 Review closure statement and objective evidence (and Action Closure Verification Checklist or Action Effectiveness Validation Checklist for Preventive Actions) to verify that the action has been addressed.
  - 6.6.1.1 If action does not appear to be addressed, the ATS Program Manager provides feedback to action owner.
- 6.6.2 Actions from ORPS Reports shall be forwarded to ORPS Coordinator for review and concurrence prior to closure.
- 6.6.3 Actions from PAAA/NTS Noncompliances shall be forwarded to PAAA Coordinator for review and concurrence prior to closure.
- 6.6.4 Actions from DOE/BHSO assessments shall be forwarded to appropriate DOE/BHSO counterpart for review and concurrence prior to closure.
- 6.6.5 If additional review of action closure has been requested, closure request shall be forwarded to appropriate contact for review and concurrence prior to closure. (e.g., If a manager requests concurrence on closure)
- 6.6.6 Action is closed in ATS after all necessary review and concurrence has been completed.

**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. **QP-SOP-02**

Revision **1**

**MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)**

Page 6 of 11

**6.7 CLOSING CONDITIONS:**

ATS Program Manager shall address requests from Condition Owner or delegate for condition closure as follows:

6.7.1 Verify that all actions under the condition are marked as closed.

6.7.2 Close condition.

6.7.3 Upon closing the final condition under an assessment (assessment is automatically marked as complete), ATS Program Manager develops an Action Plan Completion Summary Report of assessment and ensures it is delivered to assessment owner, action plan owner and affected management system stewards as appropriate. (see Attachment 3)

**6.8 CLOSING ASSESSMENTS:**

ATS Program Manager shall address requests from Assessment Owner or delegate for assessment closure as follows:

6.8.1 Verify that all conditions under the assessment are marked as closed.

6.8.2 Close assessment.

**7.0 IMPLEMENTATION AND TRAINING**

7.1 ATS Program Manager and delegates shall become familiar with this procedure.

7.2 ATS Program Manager and those involved in reviewing action plans must be knowledgeable of causal analysis methodologies.

**8.0 REFERENCES**

8.1 [Assessment Tracking System \(ATS\)](#)

8.2 [Event/Issues Management Subject Area](#)

**9.0 ATTACHMENTS**

- 9.1 Attachment 1 - Guidelines for effective action plan development
- 9.2 Attachment 2 - Assessment and Action Plan Summary Report Sample
- 9.3 Attachment 3 - Action Plan Completion Summary Report Sample
- 9.4 Attachment 4 – Flowchart – Main Process
- 9.5 Attachment 5 – Flowchart – Modifying Action Plan

**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. **QP-SOP-02**

Revision **1**

**MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)**

Page 7 of 11

Attachment 1 - Guidelines for effective action plan development

**Considerations for developing CORRECTIVE/PREVENTIVE ACTIONS for entry to ATS:**

- Findings and/or causes are clearly described as Conditions to be resolved.
- Actions address all aspects of each identified finding and/or cause. This may entail one or several Actions to resolve the Condition. The actions may include both “Corrective” Actions (to remedy the finding) and “Preventive” Actions (to prevent the same and similar findings from recurring).
- Actions are prioritized as Preventive, Corrective, or Improvement.
- Clear and concise description of the Actions to be performed in sufficient detail to allow all personnel responsible for the Action to understand the specific activities to be conducted.
- Resources (funding, personnel, time) needed to successfully complete each Action have been identified.
- Designate a single individual responsible for managing and coordinating the preparation, completion, and effective implementation of each Action. Assessment Owner has worked with Action Owners in these determinations.
- Schedule established with projected dates for completing each of the Actions. The planned completion date should be reasonable based on priority of the Action, availability of resources needed, amount of time needed to close each activity (e.g., publish the procedure, implement the procedure, and train workers on the procedure), and evidence needed to verify closure.
- Clearly specify the Action deliverable, which will provide objective evidence that the Action is completed (revised procedure, record of completed training). The Action should be achievable and measurable in order to ascertain when the Action has been completed.
- If appropriate, plan what activities or mechanisms can be used to independently verify completion and conduct the effectiveness review of the completed Actions.

**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. QP-SOP-02

Revision 1

MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)

Page 8 of 11

Attachment 2 – Assessment and Action Plan Summary Report Sample

***BHSO Corrective Action Verification and Effectiveness (CAVE) of 2001 Non-Ionizing Radiation  
Assessment  
ATS Item # 3565***

Assessment Summary:

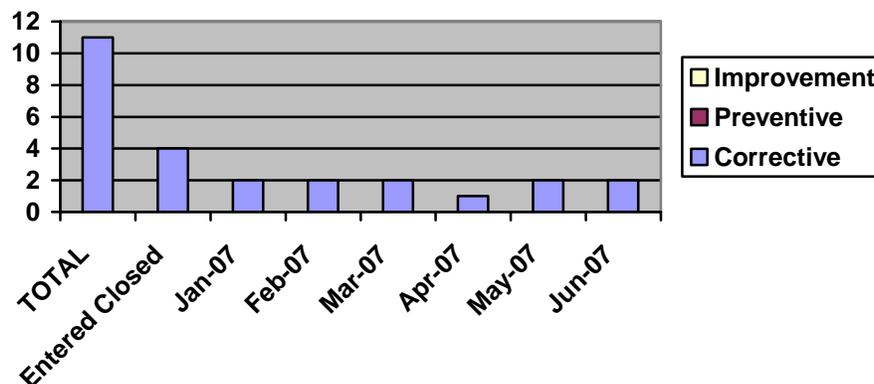
BHSO conducted a verification of the completion and effectiveness of BNL corrective actions to resolve issues identified in a 2001 Assessment. Corrective actions were completed although the documentation of evidence supporting successful implementation of corrective actions varied across organizations and continued effectiveness of these actions was not always demonstrated.

There were three BNL wide findings. Training requirements on RF/Microwave Radiation needed to be strengthened. There was a need for Better communication of requirements and implementation of the training qualification programs by SHSD. BNL did not realize that modification of corrective action plans in response to DOE concerns or findings require formal approval by DOE.

The resulting action plan contained 5 conditions and 11 actions

<b>Conditions by Management System</b>			
Quality	Worker Safety & Health	Work Planning & Control	Training & Qualifications
1	2	1	1

ACTION DUE DATES (first 6 months):



**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. QP-SOP-02

Revision 1

MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)

Page 9 of 11

Attachment 3 - Action Plan Completion Summary Report Sample

**ASSESSMENT ACTION PLAN COMPLETION SUMMARY REPORT 4/18/07**

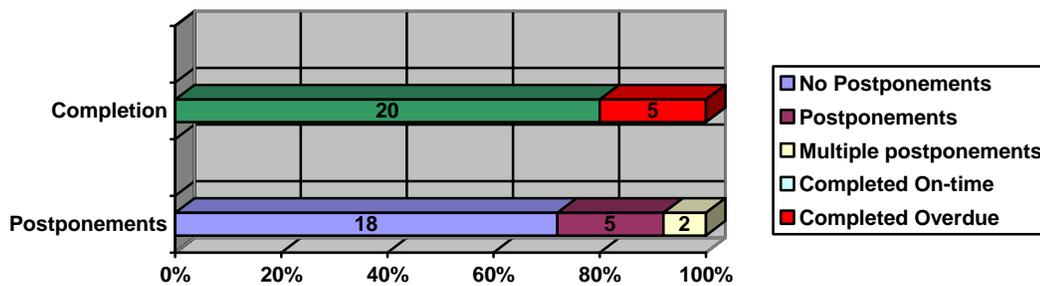
***(Name of assessment/report here)***  
**ATS Item # XXXX**

ACTION PLAN CONTAINED:

- 17 conditions
- 25 actions
  - 20 corrective
  - 4 preventive
  - 1 improvement

Completion Performance:

- Actions:
  - 5 actions had due dates postponed
    - 2 had multiple postponements
  - 20 actions completed on-time (includes postponed dates)
  - 5 Actions were completed past due



**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

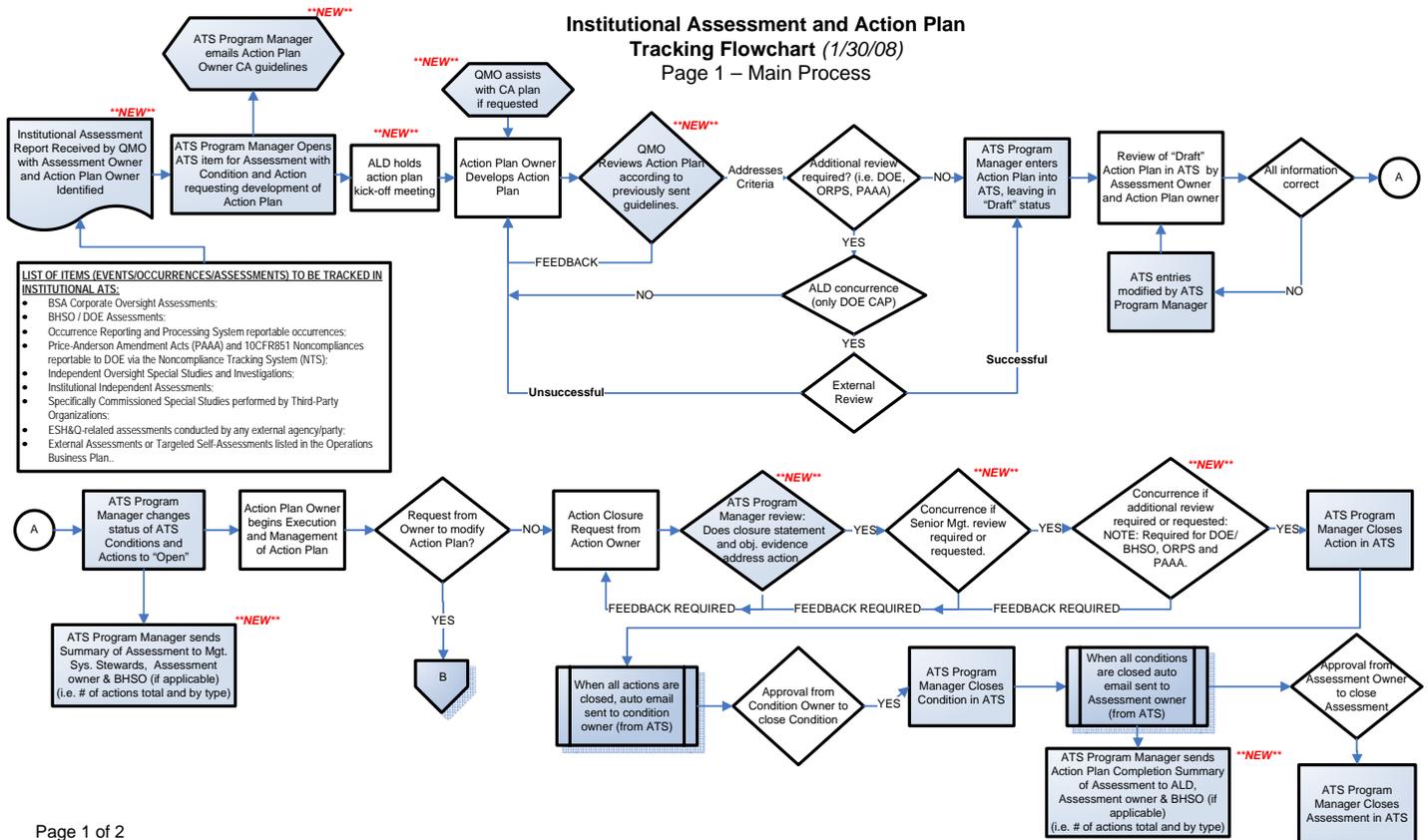
Proc. No. QP-SOP-02

Revision 1

**MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)**

Page 10 of 11

Attachment 4 – Flow chart – Main Process



**QUALITY MANAGEMENT OFFICE PROCEDURE  
BROOKHAVEN NATIONAL LABORATORY**

Proc. No. QP-SOP-02

Revision 1

**MANAGEMENT OF THE INSTITUTIONAL ASSESSMENT TRACKING SYSTEM  
(ATS)**

Page 11 of 11

Attachment 5 – Modifying Action Plan

**Institutional Assessment and Action Plan Tracking Flowchart (1/30/08)**  
Page 1 – Modifying Action Plan

