ESSH AUDITS

I. SCOPE

The Physics Department performs a number of audits each year some of which are required by Laboratory Policy others by Department Policy. This procedure is intended to clarify the timing, scope, and reporting process for each audit. One goal of this policy is to roll up all audits into the annual self-evaluation, reported at the Management Review.

II. ENVIRONMENTAL MANAGEMENT SYSTEM ASSESSMENTS

A. Compliance Assessment

The Department EMS Representative (DER) and the Environmental Compliance Representative (ECR) shall serve as members of the inspection team and represent the Environmental Assessment Committee (EAC) whenever such information is gathered. Information relevant to regulatory compliance is entered on Guidance Cards for significant aspects, or an equivalent form. The goal is to complete assessments of two SBMS Subject Areas during the fiscal year.

The DER shall update the list of satellite accumulation areas and check for compliance by visiting each area. The ECR may act in a supporting role, if necessary. The goal is to complete this activity annually.

During the Management Review the results of the Compliance Assessment shall be reported to the Department Chair. Finding significant problems may require convening an additional Management Review. If such a review is deemed necessary, it should be held as soon as possible after the problem has been identified.

Records of the Compliance Assessment are maintained with other self-assessment records.

B. System Assessment

Evaluate Documents. The EMS document evaluation takes place in the December – January time frame. This coincides with the annual Experiment Safety Review "cycle"

when procedures and forms are examined, evaluated and modified if necessary. The DER and the Department ESSH Committee shall include an evaluation of EMS Documentation as part of this assessment. The ECR has a supporting role. The Department ESSH Committee and Department Chair must approve any changes.

Evaluate Operations. Tier I inspections function as an opportunity to observe operations and to interview workers. The DER and ECR shall be part of the Tier I team during these evaluations. Information pertaining to observations shall be recorded on the appropriate assessment checklist, such as that provided in the SBMS Subject Area. The goal is to complete a minimum of two evaluations by the end of the fiscal year.

System Audit. A formal audit of all the elements of the EMS is performed at least every three years. A qualified auditor or an audit team led by a qualified auditor who is external to the Physics Department shall perform the audit. This audit is performed as part of the BNL-wide EMS audit.

During the Management Review the results of the System Assessment is reported to the Department Chair. Finding significant problems may require convening an additional Management Review. If such a review is deemed necessary, it should be held as soon as possible after the problem has been identified.

Records of the System Assessment are maintained with other self-assessment records or with BNL assessment records.

C. Management Review

The results of the Compliance and System Assessments are used by the DER as input to the Management Review. A meeting is scheduled with personnel and agenda as specified in the SBMS Subject Area. Recommendations and corrective actions that are identified as a result of this review are tracked to completion. The goal is to have the meeting during the first quarter of the following fiscal year.

The Management Review may also be held at the Directorate level, at the request of the Directorate Associate Laboratory Director. Additional Management Reviews may be scheduled as necessary as a result of findings of the Compliance and System Assessments. Such meetings may be called at the discretion of the Laboratory Management, Directorate Management, Department Management, or Assessment Team(s).

Records of the Management Review, including minutes of the meeting are maintained with other self-assessment records. Issues identified that require tracking shall be tracked through the BNL ATS.

Official copies of these procedures are maintained at the following website, http://www.bnl.gov/physics/safety/policies.asp. Before using a printed copy, verify that it is the most current version by checking the document issue date on the website. Signed copies of these official procedures are maintained at the Training Office.

III. OHSAS 18001 ASSESSMENTS

A. Compliance Assessment

An assessment of the OHSAS 18001 system is carried out as required in Section 4.5.4 of the OSH Program Description. Part of the goals of this assessment is to determine if the OHSAS 18001 system as implemented in the Physics Department:

1) Conforms to the requirements of the BNL OSHAS specification;
2) Has been properly implemented and maintained; and
3) Is effective in meeting the organization's policy and objectives.

This assessment may use the Audit Checklist Interim Procedures and forms therein, if the persons performing the audit find it useful.

B. System Assessment

A system assessment that covers a subset of the OHSAS 18001 system as implemented at BNL is performed as required in the OSH Program Description, following that subject area to determine the frequency with which all elements are assessed. This assessment is performed as part of the BNL-wide OHSAS assessment.

C. Management Review

An annual Management Review is performed as required in Section 4.6 of the OSH Program description, and follows the relevant Integrated Management Review procedure. It is included as a part of the EMS Management Review.

IV. SAFETY ASSESSMENTS

A. Tier I Program

The Tier I Program, under the direction of the ESSH Coordinator, achieves the Laboratory's departmental laboratory and office safety inspection requirements and serves to ensure individual Physics Laboratories' and Offices' comply with Physics Department rules and regulations, adherence to the posted authorized use of an individual lab or office, field observation of the conformity to the safe operating envelopes as granted by the Experimental Safety Review, and a building infrastructure assessment. These inspections also serve as an information gathering mechanism for performing the assessments required for the Department's EMS. The program involves Level 1, 2, and 3 managers, other departments, the DOE Facility Representative, the Environmental Compliance Representative, Group Safety Coordinators, and other members of the department.

B. Experimental Safety Review Program

The Department plans and monitors most of its activities under the Work Planning and Control for Experiments and Operations Subject Area. The Department's ESSH Committee acts as the Experimental Safety Review Committee, which evaluates the activities for safety, environmental aspects, proper use of the facility, and a review of the

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training requirements of the individuals involved in the projects. Projects that involve the use of radioactive materials receive an informal ALARA review. The Committee looks for pollution prevention opportunities while reviewing individual experiments and systematically while comparing similar experiments. The review is comprehensive since it involves feedback from those working on the project and involves a visual inspection of the laboratory area by Committee members.

C. Item Specific Audits Reported in the Management Review

1. Chemical Audit - Annual, by all Department Chemical Owners and the ESSH Coordinator.
2. Dose Reviews - Semi-annual, by the ESSH Committee.
3. Department ESSH Policy Reviews - Annual, by the ESSH Committee.
4. Sealed Source Audits - Semi-annual for non-exempt sources, annual for exempt sources by the ESSH Coordinator.
5. Hazard Placard Audit - Annual, by the ESSH Coordinator.

D. STOP Program

The Physics Department participates in the Safety Observation Program in order to bring Department managers into workspaces to observe how work is done and to have a dialogue about safety. Managers inquire about the knowledge a worker has about safety, programs, training, how they know they are working safely and what to do if they need to do something outside their authorization basis. Workers can communicate their assessment of safety, how it affects them, any concerns not being addressed, lab-wide issues, etc.

V. SELF ASSESSMENT

The Physics Department's Self-Assessment Plan (SAP) is based on the Laboratory's Critical Outcomes. The Department assesses the elements that are relevant to its internal strategic plans, operations, and objectives, with the goal of enhancing the performance of the Physics Department and contributing to the Critical Outcomes of the Laboratory. As the primary mission of the Department is to facilitate the basic research and development activities of its scientific staff and the excellence of its research programs, the SAP emphasizes those areas critical to enhancing this mission. Essentially, the process entails (a) the collection of data on the Department's performance measures; (b) the analysis of these data against the Department's objectives; and (c) the implementation of appropriate corrective actions based upon the analysis.

The Department integrates all of the above-required audits into the Self-Assessment Plan to present a comprehensive picture of the Department's overall performance.

VI. CORRECTIVE ACTIONS AND TRACKING

The Department's Corrective Actions are tracked in a combination of the BNL ATS database and a local database (FATS) for local issues such as the Tier I corrective actions under the control of the ESSH Coordinator.

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