



Occupational Safety and Health (OSH) Management System Program Description Manual for the Support Organizations Reporting to the Director's Office

Revision No: **Final Rev0e**

Page 1 of 11

PREPARED BY: <u>/s/ R. Selvey 04/28/06</u> OHSAS Phase 3 Project Manager	EFFECTIVE DATE: 04/08/06 REVIEW CYCLE: 3 years	Filing Code: HP80.7
REVIEWED BY: <u>/s/ R. Backofen 04/08/06</u> CEGPA Directorate	<u>/s/ A. Gray 04/08/06</u> Finance Directorate	<u>/s/ H. Todosow 04/08/06</u> Counter Intelligence Office
<u>/s/ S. Alexander 04/08/06</u> Policy & SP	<u>/s/ M. Heinrich 04/08/06</u> ITD & CSC	<u>/s/ T. Maugeri 04/08/06</u> Human Resources Division- OMC
<u>/s/ M. Windsor 04/08/06</u> ISD	<u>/s/ D. Ports 04/08/06</u> Director's Office	<u>/s/ D. Dowling 04/08/06</u> Diversity & Human Resources
<u>/s/ P. Sparrow</u> IA & O		
APPROVED BY: <u>/s/ N. Bernholc 04/08/06</u> OSH Representative for SORD	<u>/s/ J. Tarpinian 04/08/06</u> BNL OSH Representative	<u>/s/ P. Looney 04/08/06</u> Policy & Strategic Planning Office
<u>/s/ J. Hauser 04/08/06</u> Finance Directorate	<u>/s/ M/ Lynch 04/08/06</u> CEGPA Directorate	<u>/s/ G. Gross 04/08/06</u> Counter Intelligence Office
<u>/s/ S. Kendall 04/08/06</u> Diversity Office	<u>/s/ D. Johnson 04/08/06</u> IA&O Office	<u>/s/ W. Hempfling 04/08/06</u> Human Resources Division
<u>/s/ S. Davenport 04/08/06</u> Computational Science Center	<u>/s/ T. Schlagel 04/08/06</u> Information Technology Division	<u>/s/ M. Peterson 04/08/06</u> Information Services Division

Note: Rev 0b, 0d, 0e, 0f reflect changes in signatures line only. Rev 0c involves a typo correction to the header only. No changes to the text from Rev0 are included in Rev 0b-f.

Table of Contents

<u>Section</u>		<u>Page</u>
1.0	PURPOSE/SCOPE.....	2
2.0	RESPONSIBILITIES.....	2
3.0	DEFINITIONS.....	3
4.0	IMPLEMENTATION PREPARATIONS.....	3
5.0	PROGRAM.....	4
6.0	ATTACHMENTS.....	10

Signed copies on File in the
OHSAS Site Program File 80.7

1.0 PURPOSE/SCOPE

1.1 Purpose

This Manual describes the internal procedures used within the Brookhaven National Laboratory's (BNL) *Support Organizations Reporting to the Director's Office (SORD)* to implement the institutional (Lab-wide) Occupational Safety and Health (OSH) requirements. It supplements the information established and maintained in the Laboratory [Occupational Safety and Health \(OSH\) \(Pilot for OHSAS 18001\)](#) Management System Description.

1.2 Scope

This Manual applies to all organizations within the Support Organizations Reporting to the Director's Office, i.e. Finance, CEGPA, Human Resources and OMC, IA&O, Diversity, Policy & SP, Counterintelligence Office, Science & Technology- Information Technology and Information Services. Access to the OSH programs of these organizations, along with descriptions of their functions and services, is available online at the [Support Organizations Reporting to the Director's Office Occupational Health and Safety Management System Website](#). Attachment 9.1 shows the organizations participating in Phases 3 of the OHSAS 18001 Registration Project as *Support Organizations Reporting to the Director's Office (SORD)*.

BNL has established and maintains an Occupational Safety and Health (OSH) Program to implement OHSAS 18001 principles at BNL. That program is documented in the [Interim OSH Program Description](#) at the institutional level. The Standards Based Management System (SBMS) provides an interim Subject Area [OHSAS 18001 Interim Procedures](#) with guidance and requirements documents describing Laboratory OSH program. The content of the SBMS documents addresses the external requirement sources that apply to BNL's work.

This Program Description Manual documents the processes used to implement the OSH Management System program for the organizations in Support Organizations Reporting to the Director's Office.

2.0 RESPONSIBILITIES

- 2.1 The SORD OSH Representative and the SORD organizations OSH Points of Contact are responsible for the OSH Program in the *Support Organizations Reporting to the Director's Office (SORD)*. The senior managers for the divisions/offices within SORD are given the responsibility for implementation of the elements of the OSH Program within their organization.
- 2.2 To assist in the development and implementation of the initial phases of BNL OSH registration, there is an OSH team consisting of the OSH Points of Contact that is lead by the OHSAS 18001 Phase 3 Project Manager. The Project Manager reports directly to the Safety and Health Services Division/Office Manager. The Project Manager serves as team leader and the OSH document custodian for the BNL site level OSH documents. The senior manager of each division/office within the *Support Organizations Reporting to the Director's Office* has appointed a Point of Contact who:
 - Serves as a member of the OSH team
 - Is a liaison between the Project Manager, the SORP OSH Representative and their respective organizations, and
 - Assures that appropriate communications related to OSH are transmitted to their organization's staff.
- 2.3 The Project Manager & SORD OSH Representative are responsible for maintaining the SORD OHSAS documents webpage. The controlled copy of key OSH documents are maintained on this website and/or at the web sites maintained by Support Organizations Reporting to the Director's Office.
- 2.4 Additional responsibilities of managers and key staff are specified within the body of this Manual. Responsibility for OSH is further delegated down through the line organizations to each staff member, with each level assuming its proper role.

3.0 DEFINITIONS

See the BNL level OSH Management Description for definitions of terms used in this document. The SORD organizations have adopted the terminology used at the site level and will remain in agreement with that terminology.

4.0 IMPLEMENTATION PREPARATIONS

- 4.1 OSH team members, managers, and staff have training to carry out their responsibilities.
- 4.2 All SORD personnel are to complete the BNL course: Reducing Injuries & Accidents in the Workplace (TQ-SAFEAWARE).
- 4.3 SORD personnel who participate in Job and Facility Risk Assessments will be instructed in the risk assessment process by observation of the process or by more formal training offered by SHSD OHSAS Project Manager or OSH Points of Contact.
- 4.4 Division/Office Managers or designees subscribe to the [SBMS Subscription Service](#) as applicable to ensure notification on changes to OSH related requirements.

5.0 OSH PROGRAM

- 5.1 The Occupational Health and Safety Assessment Series (OHSAS) specification gives requirements for an Occupational Safety and Health (OSH) Management System to enable an organization to control its OSH risks and improve performance. It was developed in response to widespread demand for a recognized standard against which to be certified and assessed. This MANUAL is organized by the elements in the OHSAS 18001 specification. A brief description of each element, as it applies to the SORD, is included. Key SORD documents that define the components of the OSH program and their interrelationships include:
- SORD OSH Manual (this document)
 - SORD Divisions'/Offices' Self Assessment Plans (SAP) or other documents containing the OSH Objectives and Suggested Targets
 - SORD divisions/offices that conduct potentially hazardous operations document the safe operating parameters and control measures in division/office level Standard Operating Procedures in particular the [Occupational Medicine Clinic](#).
- 5.2 **Occupational Health and Safety Policy:** BNL's Environmental, Safety, Security, and Health Policy describes the Laboratory's commitment to continual improvement in environmental, safety, security, and health (ESSH) performance. It is posted on the web at: <http://www.bnl.gov/bnlweb/PDF/ESSHP.pdf> Division/Office Managers ensure the ESSH Policy is posted prominently in the workplace of their buildings. The SORD Division/Office Managers communicate to employees the basic tenets of the policy, the importance of adhering to it, and its applicability to their work. They also ensure that staff understand the SORD organization-specific objectives and performance measures, and the operational controls that are applicable to their work.
- 5.3 **Planning for Hazard Identification, Risk Assessment and Risk Control:** SORD Division/Offices use the Job Risk Assessment and Facility Risk Assessments to identify, classify, enumerate and determine the necessary control measures. These assessments address routine and non-routine activities and the hazards in facilities at the workplace. Results from these assessments and the effects of these controls are documented and kept up to date and are considered when setting OSH objectives.
- 5.3.1 The Work Permits and Experimental Reviews described in [Work Planning and Control for Experiments and Operations](#) SBMS Subject Area are typically not applicable tools for the administrative operations done in SORD organizations. Work Permits may occasionally be used in facilities occupied by SORD organizations when work is done by outside organizations involving material or operations not typically associated with SORD operations.
- 5.3.2 SORD Division/Offices evaluate the hazards and risks of their activities following [Job Risk Analysis \(JRA\) interim procedure](#) or the [Facility Risk Analysis \(FRA\) interim procedure](#), as appropriate. These analyses determine the risk for each hazard and steps to be taken if the risk is identified as "intolerable" or "substantial." These will be reviewed on a periodic cycle so that each JRA/FRA is reviewed within a 3-year cycle and any JRA/FRA is reviewed if there is a change in operations..
- 5.3.3 The [Tier I Inspections](#) Subject Area provides the mechanism for conducting and documenting OSH inspections of work spaces.

The implementation of these processes by SORD organizations is accomplished by Subject Matter Experts (SMEs), local ES&H Coordinators, managers, supervisors, and workers.

5.4 Legal and Other Requirements

New or revised external requirements documents (e.g., new regulations) are analyzed by the SME in ESH&Q to determine their applicability to SORD organizations and to identify additional actions that may be required to achieve compliance. This may involve developing or revising BNL Site level documentation. The Standards Based Management System (SBMS) documents Laboratory-wide requirements. SBMS provides access to regulatory requirements, Laboratory-wide procedures and manuals that define for staff how to control processes and work performed at BNL in a way that protects health and safety.

5.4.1 SORD ESH Coordinators sign up for the SBMS Subscription Service for relevant Subject Areas.

5.5 Objectives (a.k.a. Critical Outcomes/Objectives/Performance Measures)

5.5.1 The [Documenting OSH Management System \(OSH MS\) Objectives/Targets and OSH Management Programs \(OMPs\) interim procedure](#) identifies the process to establish objectives and targets for OSH.

5.5.2 Institutional Occupational Safety and Health objectives are established through the [Integrated Planning Management System Description](#). The SHSD Division/Office Manager is the lead for developing and updating (on an annual basis) the OSH Priorities guidance document that identifies the Lab-wide performance objectives and measures, and suggests flowdown at the organizational and individual level.

5.5.3 The SORD organizations are committed to continual improvement. During development of each division/office's annual Self Assessment Plan (SAP) or equivalent, OSH Objectives (i.e. performance measures) are established. These performance measures are developed to document how the organizations will achieve their objectives and targets and commit the needed resources to successfully implement the plan. Division/Office Managers acknowledge acceptance of the performance measures in their personal performance goals, thus accepting responsibility for their implementation. The development, annual review and revisions to the Objectives document is the responsibility of the Division/Office Manager or their designee(s).

5.5.4 Deployment of Critical Outcomes/Objectives/Performance Measures throughout SORD Divisions/Offices is achieved by developing specific objectives for those activities. This process is described in the interim procedure [Documenting OSH Management System \(OSH MS\) Objectives/Targets and OSH Management Programs \(OMPs\) interim procedure](#).

5.5.5 SORD Division/Office Managers are encouraged to make recommendations to the ALD for ESH&Q regarding any site level objectives and targets.

5.6 OSH Management Program(s)

5.6.1 The SORD organizations implement their identified objectives through Self-assessment Plans or other equivalent methods.

- 5.6.2 The SORD division/office managers are responsible to develop project plans or action plans to identify the project scope, schedule, responsibilities and authorities for completing projects and achieving their OSH objectives.

In accordance with the Laboratory's Integrated Assessment Program, Division/Office managers conduct assessments to monitor and evaluate performance, including progress in meeting their objectives.

5.7 Structure and Responsibility

- 5.7.1 Roles, responsibilities and authorities for OSH issues are identified in each supervisor's and employee's Roles, Responsibilities, Accountabilities, and Authorities (R2A2) as described in the R2A2 Subject Area.
- 5.7.2 The laboratory has a hierarchy of safety committees established to identify and control risks, evaluate the effectiveness of programs, provide technical review, recommend corrective actions and in certain cases set OSH policy. These committees are identified in the [Committee Handbook](#). The BNL Laboratory Director has established a Safety Committee to provide support to and oversight of the Occupational Safety and Health Program.
- 5.7.3 Those individuals with management responsibility are expected to demonstrate their commitment to continual improvement of OSH performance. Examples include participating in safety reviews (such as Tier 1 inspections), nonconformance/accident investigations, facility inspections/tours, promoting/attending OSH meetings and program initiatives, and ensuring adequate resources are available to address OSH issues. SORD organizations with sufficient employee mass have developed internal worker safety committees (i.e. CEGPA, Human Resources.)
- 5.7.4 Funding for the implementation and control of the OSH program within SORD comes out of existing operating budgets and the Division/Office Managers are responsible for allocating the funding needed. Additional funding can be sought through the Project Planning, Programming, and Budgeting Process (PPBP) process or the Safety Solutions Council (S2).
- 5.7.5 General OSH related responsibilities are documented in staff R2A2s. Facility Use Agreements also specify building related responsibilities and operating limits.

5.8 Training, Awareness, and Competence

- 5.8.1 The SORD organizations rely on the Laboratory-wide training programs, as described in the Training and Qualifications Subject Area, to ensure employees are qualified to perform tasks that may impact OSH in the work place. Training requirements are identified in Job Training Assessments (JTA) and have been established in accordance with regulatory requirements for work to be performed, hazards that may be encountered, areas that will be accessed, potential for risk,

- and general site requirements.
- 5.8.2 Management is responsible for ensuring that all personnel whose work has the potential for personnel injury receive appropriate training. Line management performs a training needs analysis in accordance with the [Training and Qualifications](#) Subject Area.
- 5.8.3 Lab level training programs and procedures ensure consistent implementation of requirements for new employees/guests (including visiting scientists) and contractors/vendors.
- 5.8.4 Non-routine and technically complex work activities are addressed during the work planning process, as described in the Work Planning and Control Subject Area.
- 5.8.5 SORD organizations comply with the SBMS Training and Qualifications Management System and related Subject Area, Training and Qualifications. The Division/Office Managers prepares and assigns JTAs to ensure that employees are trained and competent to perform work and to implement operational controls associated with their work. The Division/Office Training Coordinator monitors training requirements using the Brookhaven Training Management System (BTMS) database and notify staff of required and training.
- 5.8.6 SORD employees take the web course for OHSAS 18001 “Reducing Accidents and Injuries in the Workplace” available at <http://training.bnl.gov/> or an equivalent session approved by the SORD OSH Representative.
- 5.8.7 The key BNL training programs to make staff, visiting scientists, and contractors aware of their roles in Occupational Safety and Health management include:
- General Awareness and Site Requirements Training:
 - a) General Employee Training (for BNL staff)
 - b) Contractor Vendor Orientation (for trade/construction contractors)
 - c) Guest Site Orientation (for guest researchers and administrative contractors)
 - d) Employee Refresher Program
 - e) Stop Work Procedure Course
- 5.9 **Consultation and Communication**
- 5.9.1 The SORD organizations have processes for communications on OSH issues primarily through Job Risk Assessments, Facility Risk Assessments, work planning, or pre-job briefings, employees are involved in the identification of hazards and risks and the development and review of policies and procedures.
- 5.9.2 Some SORD organizations may have Worker Occupational Safety and Health (WOSH) Committee that act as an impartial conduit for employee concerns, OSH issues, and suggestions for improvement.
- 5.9.3 Other means of communicating OSH issues include:
- Environment, Safety, and Health Monthly Summary
 - ES&H Hot Line
 - Monday Memo
 - Brookhaven Bulletin
 - SBMS subscription service of new or revised Occupational Safety and Health program requirements.
- 5.10 Documentation SORD organizations maintain organization level or the SORD websites

that describe the core elements of OHSAS 18001 specification and provide direction to related documentation. This document itself is the documentation for the SORD OSH Program and is controlled online at http://www.bnl.gov/esh/shsd/OHSAS/OSH_SORD.asp

- 5.11 **Document and Data Control** SBMS contains a comprehensive document control system for procedures and records. That Subject Area identifies responsibilities and establishes controls for issuing, revising, and approving institutional level documents
- 5.11.1 Each SORD organization maintains a table that documents their OSH records and documents and their storage location. In addition, SORD organizations maintain records in the DOE Foremost system.
- 5.12 **Operational Control** As the basis of the Job Risk Assessment and Facility Risk Assessments, each SORD division/office has prepared a list of operations and activities that are associated with identified risks where control measures need to be applied. Using this list, controls are established on a priority basis to address the identified hazards and risks.
- 5.12.1 Establishing and implementing operational controls for activities that have “substantial risk” is documented in the [Job Risk Analysis \(JRA\) interim procedure](#) and [Facility Risk Analysis \(FRA\) interim procedure](#).
- 5.12.2 SBMS Subject Areas on OSH topics document the administrative and engineered controls used to prevent, minimize, or mitigate OSH hazards. Procurement processes require the identification of specific OSH related requirements in procurement documents.
- 5.12.3 The SORD organizations use numerous procedures and processes to identify and control its risks for its employees, guests, and contractors which include but are not limited to;
- Occupational Health and Safety (Pilot for OHSAS 18001) Program Description
 - Facility Risk Assessment Interim Procedure
 - Job Risk Assessment Interim Procedure
 - Guests and Visitors Subject Area
 - Work Planning and Control Subject Area
- 5.12.4 The system for identifying and communicating job specific requirements to contractors is described in the section [Contractor/Vendor Training and Processing](#) in the [Training and Qualifications](#) Subject Area.
- 5.13 **Emergency Preparedness and Response** SORD organizations follow the requirements of the Emergency Preparedness subject area. The SORD organizations also participate in periodic drills conducted to test and continually improve our emergency plans and procedures.
- 5.13.1 The [Emergency Preparedness](#) and the [Stop Work](#) SBMS subject areas provide staff with the instructions on how to respond to an Occupational Safety and Health emergency.
- 5.13.2 Local Emergency Coordinator (LEC) that cover SORD facilities ensure the building emergency response procedures are up-to-date, and that they are adequately controlled. They ensure that postings are up-to-date.
- 5.13.3 The Building Managers for SORD organizations update run books with facility-

specific hazards information.

- 5.14 **Performance Measurement and Monitoring** The SORD organizations follow the Integrated Assessment Program Subject Area for the identification and implementation of its monitoring and measurement program. OSH indicators, and/or performance measures, associated with objectives and targets are identified in Self-Assessment Plans or the equivalent and are tracked on a routine basis (at least annually).
- 5.14.1 The Job and Facility Risk assessments are re-evaluated as result of accidents, injury statistics, trends and employee safety concerns to identify and implement corrective actions to preclude recurrence.
- 5.14.2 Proactive reviews are conducted by Tier I inspections, jobsite inspections, self-assessments, routine walk-through, and unscheduled reviews to evaluate of compliance with OSH requirements. Regulatory Compliance assessments are conducted via the Tier I process and via Lab-Wide Compliance Assessments.
- 5.14.3 SORD Division/Offices are responsible for tracking organization-specific performance and reporting to the SORD OSH Management Representative on the overall performance of the organizations included in OHSAS 18001 registration process.
- 5.14.4 The OMC maintains testing equipment used in performing health evaluations that have OSH significance. OMC maintains the equipment calibration, operator qualification, and records in compliance with applicable SBMS requirements.
- 5.15 **Accidents, Incidents, Nonconformance and Corrective and Preventive Action** The Division/Offices within SORD use SBMS procedure to properly investigate accidents, incidents and nonconformances, determine appropriate corrective/preventive action, and properly track them to closure.
- 5.15.1 A system for investigation of incidents, accidents, and injuries (see the [Investigation of Incidents, Accidents, and Injuries](#) Subject Area) provides a mechanism to evaluate incidents for root and contributing causes in order to prevent their recurrence. Formal critiques (see the [Critiques](#) Subject Area) are another mechanism available to line organizations to evaluate an event, capture the facts, establish the chronology, and identify lessons learned information.
- 5.15.2 Nonconformances that are not addressed by another SBMS procedure, such [Occurrence Reporting and Processing System \[ORPS\]](#) Subject Area, are processed in accordance with the [Nonconformances, Identifying and Reporting](#) and [Corrective and Preventive Action](#) Subject Areas.
- 5.15.3 The SORD OSH Representative or Points of Contact schedule the update of Job Risk Assessments or Facility Risk Assessments as the result of corrective/preventive actions associated with a critique, occurrence, near-miss or non-conformance.
- 5.15.4 Internal corrective actions are tracked within the Assessment Tracking System (ATS) or equivalent. Division/Office managers are responsible for ensuring that the information and status in the tracking system(s) are up to date and closed out.
- 5.15.5 Each Division/Office is responsible for tracking their nonconformances and corrective actions to completion. A formal Laboratory-level tracking system, Corrective Action Management and Tracking for Internal and External Assessments (see ESH 1.2.1 Corrective Action Management and Tracking for External and Internal Assessments), is used to track the corrective actions from

occurrences, independent internal investigations, and external assessments.

5.16 Records and Records Management

5.16.1 OSH related records are maintained to ensure integrity, to protect them from loss, and to enable retrieval. The major OSH records maintained by SORD organizations consist of Tier 1 inspection records and internal ESH communication to staff.

5.16.2 Records Management requirements are documented in the SORD organization in accordance with the SBMS Records Management Procedure. For retention schedules, see http://www.bnl.gov/esh/shsd/ohsas/WordDocs/Site_Program_files/OSH_record_and_document_list_final_rev1.doc.

5.17 Audit

5.17.1 To periodically verify that the OSH Program is operating as intended, internal BNL self assessment of OSH program areas are conducted. These assessments, conducted as part of the Site-wide Self-Assessment Program, are designed to ensure that any nonconformance to the OHSAS 18001 Specification is identified and addressed.

5.17.2 In accordance with Integrated Assessment Subject Area, the Division/Offices within SORD prepare and implement annual Self-Assessment Plans or an equivalent. The OSH Audit Checklist shall be completed in accordance with SBMS Interim Procedure 2004-18001-005 18001 Audit Checklist.

5.17.3 The OSH Audit and Management Review are included in the Self -Assessment Plan and conducted at least annually.

5.17.4 Original copies of the records of internal assessments are maintained by SHSD with reference copies provided to the SORD organization.

5.17.5 SHSD may conduct internal assessments of SORD organizations to verify compliance and safe operations in specific targeted OSH areas when those site level reviews are conducted on topics applicable to SORD.

5.18 Management Review The Lab Director reviews the Lab-wide OSH Management System annually. The SORD organizations' OSH Programs are reviewed annually by the Division/Office Managers. The review shall ensure that all necessary information is collected to allow management to carry out evaluation and shall include accidents and injuries statistics, areas of high hazard and high risks, OSH performance, Tier I trends, OSH audit results, corrective and preventive actions. This review also identifies, as necessary, the need for changes and continual improvement of the OSH Program.

5.18.1 The review is conducted in accordance with the Integrated Management Review SBMS Interim Procedure.

5.18.2 The SORD OSH Representative schedules, coordinates, leads, and captures findings and associated corrective actions in the Assessment Tracking System.

6.0 ATTACHMENTS

6.1 OHSAS 18001 Organization Chart (next page)

