DEFENSE NUCLEAR FACILITIES SAFETY BOARD

September 7, 2001

TO: J. K. Fortenberry, Technical Director **FROM:** D. F. Owen, RFETS Site Representative

SUBJECT: RFETS Activity Report for the Week Ending September 7, 2001

Plutonium Stabilization and Packaging System (PuSPS). The site rep. observed the first operation to cut open the outer can of a rejected DOE-STD-3013 container in a contamination cell (C-cell) adjacent to PuSPS this week. The operation was generally accomplished per the procedure; however, after this activity the site rep. noted to Building 371 management that the operator sign-off upon inspection of the inner can for any damage from the cutting operation could not be completed as written (the procedure was outside of the C-cell and the supervisor was calling out the steps). In response, the procedure will be revised to allow another individual to complete the sign-off of the inspection. Building 371 management is also taking steps to ensure that the supervisor is supervising the activity and not involved in performance of the operation. The inner can was repackaged into a new outer can in PuSPS. Several more rejected DOE-STD-3013 containers are to be opened during the next week. (3-A)

Response to the Board Letter of March 23, 2001. This letter forwarded observations on safety management at RFETS following Building 707 thermal stabilization activities where unusual furnace glovebox pressure fluctuations were observed with subsequent determination that an authorization basis safety control (to sample and characterize feed material) was not being implemented. As reported on August 17th, Kaiser-Hill completed actions (per DOE's August 7th response to the Board) to develop "Lessons Learned" that document any breakdowns in safety management processes during the event and incorporate those lessons learned into training and procedures. This week, the site-rep. reviewed these actions and discussed observations with DOE-RFFO and Kaiser-Hill management. The "Lessons Learned" essentially repeat the background and most (but not all) of the applicable errors that occurred during the event as noted in the DOE response. The Lessons Learned generally do not, however, discuss breakdowns in safety management processes (e.g., training and procedures) as called for by the DOE response. DOE-RFFO and Kaiser-Hill management indicated that these actions will be revisited to address these observations. (1-C)

Feedback and Improvement. Past site rep. reports, as well as a January 2001 DOE-RFFO letter to Kaiser-Hill (see site rep. reports of January 5th and February 16th), have noted that the conduct of "fact-finding" meetings following events or occurrences has often not brought out important information from which to determine proper corrective/improvement actions. In the April "Site Safety Improvement Plan," Kaiser-Hill committed to improve site-wide guidance and training on proper conduct of fact-finding. Improvement was observed in conduct of fact-finding earlier this year; however, DOE-RFFO management noted to Kaiser-Hill management (and the site rep. agrees) that the improvement has recently waned. Site rep. review of the revised site-wide guidance and training indicates that a key aspect of fact-finding, to determine both what occurred as well as what was required to occur (per work instructions, permits, postings, etc.), is not clearly incorporated. The site rep. raised this issue with DOE-RFFO and Kaiser-Hill management. Training/guidance changes and other actions related to fact-finding are planned. (1-C)