LBNL/PUB 5344, Rev. 6

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ENVIRONMENT, SAFETY, AND HEALTH SELF-ASSESSMENT PROGRAM

**Revision 6
September 2007**

Office of Contract Assurance

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Record of Revisions

REV. NO.	DATE	DESCRIPTION
3	**2/28/02**	Minor changes to document content. Updated Appendices A, B, C.
4	**9/26/06**	Updated section 4.5 to reflect new organization. Updated sections 7.0, 8.0, and 9.0 to describe revised assessment processes. Updated section 10.0 to account for new corrective action tracking system.
5	**7/31/07**	Updated section 6 on division self-assessment Revised section 7 to describe new Technical Assurance Program Updated section 10 to describe new Issues Management Program
6	**9/10/07**	Updated section 7.4 to clarify responsibilities for tracking issues identified during Technical Assurance Program assessments. Updated section 7 to consistently describe the Issues Management Program elements. Minor changes to document content.

ENVIRONMENT, SAFETY AND HEALTH
SELF-ASSESSMENT PROGRAM

1.0   INTRODUCTION

LBNL policy requires that all work be done safely, with minimal adverse impact to the public and the environment. To facilitate safe and responsible work, Laboratory divisions and directorates must develop and implement their own Integrated Safety Management (ISM) Plans. ISM requires that

(1)   work is defined,

(2)   hazards are identified,

(3)   controls are developed and implemented,

(4)   work is performed as authorized, and

(5)   feedback and continuous improvement are part of the work cycle.

These five ISM functions are sustained by applying the seven guiding principles of ISM:

(1)   line management responsibility and accountability for environment, safety, and health (ES&H);[1]

(2)   clear ES&H roles and responsibilities;

(3)   competency commensurate with responsibilities;

(4)   balanced priorities between research, operational, and ES&H requirements;

(5)   identification of standards and requirements;

(6)   hazard controls tailored to the work; and

(7)   operations authorization.

When these ISM functions and principles are fully applied to LBNL work activities and operations, work at LBNL is considered to be performed safely and in an environmentally responsible manner.

LBNL's ES&H Self-Assessment Program (also referred to as the Self-Assessment Program) provides the mechanism for assuring that ISM is fully implemented and effective at all levels of Laboratory activities and operations. The Self-Assessment Program is a formal, internal process used to evaluate ES&H programs, policies, and processes. The process is designed to ensure that Laboratory work is conducted safely and with minimal adverse effects to workers (employees, participating guests, and subcontractors), the public, and the environment. The Self-Assessment Program is also the mechanism used to institute continuous improvements to the Laboratory's ES&H programs.

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[1] Note: Environment, safety, and health (ES&H) refers to DOE's Environment, Safety, and Health program. EH&S refers to LBNL's Environment, Health and Safety Division.

2.0   GOALS AND OBJECTIVES

The goals of the Self-Assessment Program are as follows:

- Ensure that work activities and operations are done safely and in a manner that maximizes worker, public and environmental protection.

- Ensure that the five core functions and seven guiding principles of Integrated Safety Management are effectively employed in work planning and performance.

- Meet regulatory requirements for oversight (DOE Policy 226.1), self-assessment (DOE Policy 450.7), and an integrated safety management system (DOE Policy 450.4).

- Meet contractual requirements for ES&H performance and self-assessment (Prime Contract 31, Clause I.86 and Appendix B).

The following are the objectives for conducting self-assessments:

- Provide a mechanism that enables divisions and directorates to compare their safety performance to ISM-based performance objectives and benchmarks.

- Ensure timely identification and correction of ES&H deficiencies.

- Provide a documented basis for lessons learned.

- Identify and foster safety programs and systems that enhance safe work activities and operations.

3.0   SCOPE

This document establishes the implementation authority, responsibilities, and requirements for the overall LBNL ES&H Self-Assessment Program and for each of its subcomponents. The Self-Assessment Program uses performance objectives and criteria based on the core ISM functions and guiding principles to evaluate the ES&H performance at all Laboratory levels and for work both on and off site. Because of the broad range of work activities and operations at the Laboratory, four different types of ES&H self-assessments have been established. Each assessment type focuses on a different level of the institution and is performed by staff with differing expertise and perspective. The four self-assessments are described in Table 1.

Table 1. The Four Types of Self-Assessments Used at LBNL

Assessment	Type	Performed by	Frequency
Division self-assessment	Workplace safety conditions and work practices	Division staff	Annual
ES&H Technical Assurance Program	In-depth technical assessment of program requirements and implementation practices across divisions	EH&S staff	Varies
Management of ES&H (MESH) reviews	Safety management within a division	Safety Review Committee (SRC) peers	Triennial[2]
Contract 31 Appendix B self-assessment	DOE/UC contract performance	EH&S functional managers	Quarterly

4.0   ROLES AND RESPONSIBILITIES

4.1 Laboratory Director

- Establish programs, guidance, and systems for self-assessment to meet the requirements for environmental protection, safety, and health stipulated in the contract between the University of California and the Department of Energy (DOE), and in DOE Policy 450.7.

- Direct division directors to implement the LBNL ES&H Self-Assessment Program.

- Use the results and the corrective actions from the Self-Assessment Program to assure the Laboratory community, the public, the University of California Office of the President (UCOP), and DOE of the safe conduct of work and operations at LBNL.

- Establish and maintain an independent office to support and coordinate the assessment and assurance program.

4.2 Laboratory Chief Operating Officer

- Establish and charter LBNL organizations to conduct and/or coordinate the various ES&H self-assessments.

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[2] Triennial frequency of MESH reviews is approximate. The actual review cycle for each division is based on SRC feedback from the previous MESH review. All divisions will receive a MESH review within two to four years of the prior review.

4.3 Director of Institutional Assurance

- Approve and promulgate the programmatic requirements for all four elements of the ES&H Self-Assessment Program.

4.4 Division Directors

- Develop, document, and implement the division's self-assessment program, including designating the responsible person(s) for the formal assessments.

- Ensure that the division self-assessment program conforms to Laboratory requirements and standards.

- Respond to and implement corrective actions from division self-assessments, technical assurance assessments, and MESH reviews.

- Submit an annual division self-assessment report to the Office of Contract Assurance (OCA).

4.5 Environment, Health, and Safety (EH&S) Division Director

- Identify and interpret the regulatory and contractual requirements for performing work and operations safely and in an environmentally responsible manner at LBNL.

- Ensure that implementation of the ES&H Self-Assessment Program is aligned with Contract 31, Clause I.86, and the LBNL *Integrated Safety Management System Plan* (LBNL/PUB-3140).

- Review and approve the performance standards and criteria for each type of self-assessment annually (i.e., division self-assessments, technical assurance assessments, MESH reviews, Appendix B self-assessments).

- Provide the necessary training and resources to ensure efficient and effective implementation of the ES&H Self-Assessment Program.

- Analyze the results of all self-assessment reports to improve the effectiveness of the technical and management aspects of Laboratory ES&H programs.

- Provide annual assurance to the Directorate of the effectiveness of the ES&H programs in meeting the goals and objectives described in Section 2.0 of this document and those of the LBNL *ISMS Management Plan*.

4.6 Office of Contract Assurance (OCA)

- Provide technical support to the EH&S Division Director for developing ES&H performance objectives and criteria for division self-assessments, technical assurance assessments, MESH reviews, and Appendix B self-assessments.

- Support divisions, the Safety Review Committee (SRC), and EH&S Division in conducting division self-assessments, MESH reviews, technical assurance assessments, and Appendix B self-appraisals.

- Develop and implement the ES&H Self-Assessment Program policies and procedures.

- Provide oversight and validate all four types of ES&H self-assessment activities.

- Develop and monitor the Issues Management Program.

- Prepare and submit the annual *LBNL Environment, Health and Safety Self-Assessment Report* to the LBNL Directorate.

- In consultation with EH&S Division Director, analyze the results of all self-assessment reports to improve the effectiveness of the technical and management aspects of Laboratory ES&H programs.

- In consultation with EH&S Division Director, provide annual assurance to the LBNL Directorate of the effectiveness of the ES&H programs in meeting the goals and objectives described in Section 2.0 of this document and those of the LBNL ISM Plan.

5.0   ES&H SELF ASSESSMENT PROGRAM REQUIREMENTS

The Laboratory's self-assessment process generates targeted performance data through evaluations conducted at all levels (individual workers, operations, facilities, departments, and divisions) of the Laboratory organization. The data are analyzed against regulatory and contractual requirements to identify ES&H strengths, weaknesses, and opportunities for improvement. Findings are communicated to appropriate line organizations and staff, and corrective actions are implemented and tracked.

The program consists of the following core activities:

- establishment of performance objectives and criteria;

- assessments and appraisals;

- development and tracking of actions to correct deficiencies and/or sustain improvements; and

- reporting self-assessment results and improvements to the Laboratory community.

All four types of self-assessments adhere to these four core activities. However, because of differences in focus and approach, each of the four self-assessments is described in further detail in the sections that follow. Section 10.1, Feedback and Improvement, describes the process for developing and tracking corrective actions, lessons learned, and noteworthy practices, and for reporting the results and improvements to the Laboratory community.

6.0   DIVISION SELF ASSESSMENT

6.1 Division Assessment Objectives and Criteria

LBNL uses the five core functions of ISM as the basis for the Division Self-Assessment Program performance criteria. The seven principles of ISM are applied to the performance criteria, as applicable, to focus on line management commitment to manage work safely and responsibly. The Division Self-Assessment Program emphasizes the principles addressing line management responsibility for safe work practices, authorization of work, and feedback and improvement.

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All divisions must measure their safety performance against ISM-related indicators and benchmarks as identified by OCA, with input from LBNL management, division safety coordinators, and EH&S professionals. The performance expectations and indicators are also selected to promote compliance with Laboratory ES&H policies and applicable federal, state, and local regulatory requirements. ES&H regulatory requirements applicable to LBNL are listed in the DOE/UC prime contract (Contract 31, Appendix I, Directives) as the *Work Smart Standard Set for LBNL*. Laboratory ES&H policies and guidance for meeting them are detailed in the *LBNL Health and Safety Manual* (LBNL/PUB-3000) and in documents referenced therein. The performance expectations and indicators are adjusted annually in alignment with institutional ES&H priorities, based on the following input:

- Significant PUB-3000 and institutional ISMS Management Plan objectives: EH&S Division management, in consultation with the OCA, identifies priorities and areas of concern that merit assessment through division self-assessment.

- Effectiveness review of the previous year's annual self-assessment process: refer to Section 10.1.3, Effectiveness Reviews.

- An institutional risk-based gap analysis of assurance systems: OCA performs an annual risk-based assurance gap analysis to assess and rank significant ES&H risks. The risks are compared to existing assurance mechanisms to determine an appropriate assurance methodology. Division Self-Assessment, MESH reviews, ES&H Technical Assurance assessments, and other internal and external reviews are considered in determining appropriate assurance methods. When applicable, performance criteria are modified and/or newly developed to address these risks.

The current year Division ES&H Self-Assessment Performance Measures and Guidance for Performing ES&H Division Self-Assessment are available on-line and from OCA.

6.2 Conducting Division Assessments

Divisions must use the current Self-Assessment Program performance criteria to evaluate their work activities, workplaces, and operations for conformance to safe practices and environmental stewardship. Self-assessment activities include ongoing inspections, informal walkthroughs, hazard reviews, interviews with managers and staff, and review of ES&H performance indicators provided by the EH&S Division. These activities result in the divisions' abilities to do the following:

- Measure their ES&H performance against the current Division Self-Assessment Program performance criteria.

- Evaluate the effectiveness of division systems and processes used to identify and control hazards and environmental concerns.

- Identify areas of improvements and noteworthy practices for their ES&H programs.

Individuals conducting self-assessments must know basic ES&H requirements and standards applicable to division operations. All division safety coordinators are required to complete ES&H Self Assessment training (EHS0799). In addition, this training is recommended for all division self-assessment team members. Division staff performing assessments are not expected to be ES&H technical experts; however, they should be able to recognize deficiencies and problems and be prepared to consult EH&S, particularly their EH&S division liaison, for

clarification on requirements or corrective actions. Division self-assessment team members must obtain all necessary training (see Job Hazards Questionnaire) for performing appraisals and subsequent continuous improvement activities.

Assessment information should be gathered continuously, but must be submitted as a formal report to OCA at the end of the self-assessment performance year. The division director and the division safety coordinator must sign the annual report. Findings and corrective actions from division self-assessment must be tracked in the Laboratory's Corrective Action Tracking System (CATS). As with all self-assessments, OCA will facilitate and coordinate identification of institutional corrections and assist in assigning these corrections to the appropriate organizations.

The Lab's Division ES&H Self-Assessment Manual (PUB-3105) provides complete guidance on developing and maintaining a division self-assessment program.

7.0   ES&H TECHNICAL ASSURANCE PROGRAM (TAP)

7.1 Technical Assurance Program Objectives and Criteria

The ES&H Technical Assurance Program (TAP) provides the framework for systematic reviews of ES&H programs and processes. The intent of TAP assessments is to provide assurance that ES&H programs and processes comply with their guiding regulations, are effective and properly implemented by Laboratory divisions.

The Office of Contract Assurance (OCA) works with EH&S division representatives to establish and maintain a three year technical assurance assessment schedule. EH&S assesses programs and processes based on institutional priorities, the risk-based gap analysis of assurance systems maintained by OCA, and an effectiveness review of the previous year's assessments (see section 10.1.3, Effectiveness Reviews). Review periodicity varies, depending on programs and processes hazards and risk.

TAP assessments include regular inspections of the workplace, work activities, and facilities. Assessments also include reviews of documentation such as formal work authorizations, hazardous work permits, and EH&S and CATS databases. The primary elements of ES&H technical assurance assessments are:

- Formal authorization compliance
- Regulatory compliance
- Program or process effectiveness
- Issues documentation (via the CATS database) and timely resolution
- Corrective action effectiveness (implemented via data monitoring and analysis)
- Lessons learned effectiveness

Systematic assessments of the technical programs and processes provide the divisions and EH&S a basis on which to direct resources for improved ES&H performance.

7.2 Technical Assurance Assessment Plans (TAAPs)

For each program and process included in the Technical Assurance Program, a Subject Matter Expert (SME) of the EH&S Division prepares a Technical Assurance Assessment Plan (TAAP). All TAAPs include a description of the program or process, hazards and controls, roles and responsibilities, and reference to applicable governing documents. Other elements of the TAAP vary depending on the program or process. TAAPs include the following elements, where applicable:

- Number or percentage of permits/areas/operations planned for review each assessment period

- Documentation review
    — Formal work authorizations
    — Hazardous work permits
    — Training reports
    — Program or process-specific documentation
    — ORPS reports
    — NTS reports
    — CATS database entries
    — Lessons Learned database entries

- Interview Lines of Inquiry

- Field inspections, checklists

EH&S SMEs review and update TAAPs annually, at a minimum, based on institutional priorities, the risk-based gap analysis of assurance systems maintained by OCA, and the effectiveness of the previous year's reviews

7.3 Conducting TAP Assessments

EH&S Division employees conduct assessment activities as described in the TAAPs. They may gather data from routine field activities, dedicated TAP inspections, or both. TAP assessments should enable SMEs to determine the following, as applicable:

- Are divisions in compliance with formal work authorizations, hazardous work permits, and regulatory requirements?

- Are issues being documented in the CATS database and resolved in a timely manner?

- Are corrective actions implemented and effective? If not, is an extent of condition review warranted?

- Are lessons learned implemented and effective?

- What opportunities for improvement exist within the ES&H program or process?

Annually, SMEs perform a comprehensive assessment of programs and processes using data collected throughout the year. They identify institutional and/or divisional trends, assess program effectiveness, document institutional safety program issues in CATS, and develop programmatic corrective actions, as necessary.

7.4 Reporting TAP Results

EH&S Division SMEs report the results of technical assurance assessments to the subject division(s), EH&S Division, and OCA. Divisions are responsible for documenting issues and corrective actions in CATS when the SMEs identify deficiencies in divisional implementation. The EH&S Division documents issues and corrective actions for institutional safety program deficiencies. SMEs provide verbal and written feedback to division personnel during the course of support and assessment activities. EH&S should consider all relevant communications when preparing TAP assessment reports.

<u>Periodic TAP Reports</u> - Each TAAP includes the planned frequency of assessments. The SME prepares a report approximately two weeks following the end of each assessment period. TAP reports include the following, where applicable:

- Assessment of authorization/ hazardous work permit/ regulatory compliance

- Analysis of routine program and process documentation (e.g. Hazard Evaluation Forms, email communications, etc.)

- Documentation of issues in the CATS database and timely resolution of issues.

- Corrective action effectiveness (data monitoring and analysis)

- Lessons learned effectiveness

OCA reviews TAP reports to identify programmatic opportunities for improvement and divisional issues spanning multiple programs and processes. OCA also reviews reports to determine if assessment activities address all the elements described in the TAAPs.

<u>Annual TAP Reports </u>- EH&S SMEs prepare TAP annual reports on institutional and/or divisional trends, program and process effectiveness, and programmatic corrective actions, if applicable. OCA may prepare division-specific annual TAP reports, summarizing previously identified divisional trends, and any additional issues identified by OCA's review of divisions' performance across all the programs and processes assessed. OCA reports significant TAP results in the annual *LBNL Environment, Safety and Health Self-Assessment Report.*

8.0   MANAGEMENT OF ENVIRONMENT, SAFETY, AND HEALTH (MESH) REVIEWS

8.1 MESH Assessment Objectives and Criteria

Management of Environment, Safety, and Health (MESH) reviews are peer reviews conducted by members of the Laboratory's Safety Review Committee (SRC) with staff support from OCA. The intent of this type of review is to provide a strong perspective from the research and operations community on the management of ES&H in the assessed division. The MESH reviews evaluate the ES&H performance in division operations and/or research, focusing on how well division managers implement the division's ISM plan. Emphasis is placed in evaluating division senior and line management for work planning, hazard identification and controls, ES&H performance, and feedback and improvements.

8.2 Conducting MESH Assessments

The SRC prepares an annual MESH review schedule based on the required review period for each division, as determined in prior MESH reviews. MESH team members are SRC members selected as scientific or operations peers who are familiar with the work and hazards in the division to be reviewed. The MESH team leader must be from a different (but work-related) division, with participatory experience in past MESH reviews. For example, the team leader for the Facilities Division review should have technical experience and knowledge in plant engineering, whereas the team leader for a scientific division should have research experience in a related scientific field. An OCA representative, who also serves as a team member, provides assessment and documentation support.

Following the [SRC MESH Guidance & Overview](), available on the SRC MESH web page, the MESH team uses the SRC MESH questionnaire as the basis for their line of inquiry. The MESH questionnaire progresses through the following topics (which correlate with the five ISM functions):

1) work planning,

2) hazard identification and risk analysis,

3) establishment of controls,

4) work performance, and

5) feedback and improvement.

The MESH team uses the questionnaire to conduct their interviews and inspections. The team is responsible for evaluating management performance in integrating ES&H into division operations, including pre-work planning to balance safety with research and/or operations, involvement and accountability in its ES&H program, and controlling major hazards to division staff, operations, and facilities. The review team prepares the MESH report, which identifies noteworthy practices, observations, and concerns. After the division has reviewed the report for factual accuracy, the final report is signed by each team member and submitted to the SRC Chair, the assessed division director, and the division safety coordinator.

At a subsequent SRC meeting following formal transmittal of the MESH report, the division director must present the division's plan of actions to address concerns from the MESH report. The division is encouraged to seek support from the review team and OCA and EH&S staff in developing a corrective action plan. Following SRC review and concurrence, the concerns and their corrections must be entered into CATS.

The division director must report to the SRC within six months of the MESH review on the status of the improvements and the effectiveness of the corrective actions. SRC may close out the review, modify the corrective action plan, or extend the review and reporting period.

The division director must also report on the MESH review and status of corrective actions at the division's periodic review of its ISM plan before the LBNL ISM Board. The ISM Board is composed of the Laboratory Deputy Director, Chief Operating Officer, and the EH&S Division Director.

9.0   CONTRACT 31, APPENDIX B SELF-ASSESSMENT

9.1 Appendix B Assessment Objectives and Criteria

The prime contract between DOE and University of California (Contract 31, Clause I.86 and Appendix B) includes a Performance Evaluation and Measurement Plan (PEMP) which establishes annual performance goals, objectives, measures, and targets for environment, safety, and health. As part of the contract, Laboratory and UCOP functional managers conduct self-assessments to evaluate performance against the PEMP. Although specific measures may change during the annual updating, the PEMP performance measures are always within the framework of the DOE Office of Science mandated objectives. The Appendix B self-assessment is the Laboratory's primary mechanism for evaluating its contract performance for ES&H.

9.2 Conducting Appendix B Assessments

The EH&S Division collects data and information quarterly, starting at the beginning of the fiscal year, to provide evidence of performance against the PEMP. This information is presented at joint quarterly meetings of LBNL, UCOP, and DOE staff. When applicable, they identify risks and recommend improvements to the ES&H program.

The annual report, prepared at the end of the performance year by EH&S and UCOP, summarizes the cumulative ES&H performance for the year. This report is the formal submission to DOE to meet the assessment requirements of the DOE/UC contract. At the end of the fiscal year, DOE independently evaluates the program and makes recommendations for improvement.

10.0   FEEDBACK AND IMPROVEMENT

All four types of self-assessments provide feedback on the Laboratory's ES&H performance in order to identify improvement opportunities, and determine and implement appropriate improvement strategies. Throughout the year, division personnel, EH&S professionals, and OCA apply the Issues Management Program to self-assessment activities. On an annual basis, OCA compiles the data and information from the year's self-assessment activities and summarizes results in the *LBNL Environment, Safety and Health Self-Assessment Report*.

10.1 Issues Management Program

10.1.1 Identifying and Tracking Deficiencies Through Resolution

The Laboratory's Corrective Action Tracking System (CATS) is used to document and track through resolution issues identified from employee discovery, internal or external oversight assessments, external reporting, suggested process improvements and associated actions that require formal corrective action. Divisions are required to enter assessment findings and corrective actions into CATS, and EH&S SMEs enter and track programmatic deficiencies. The Laboratory's *Issues Management Program* document [LBNL/PUB-5519 (1)] and *CATS Database User Manual* (OIA-OCA-0001) contain detailed guidance on issues identification, tracking, resolution, closure, validation, and effectiveness of corrective actions.

10.1.2 Data Monitoring and Analysis

Divisions are required to monitor and periodically (e.g., upon completion of all formal inspections, at mid-year, or at year's end) analyze deficiencies, individually or collectively, in order to identify system issues and to identify recurrence of issues, generic issues, trends and vulnerabilities at a lower level before significant problems result. EH&S Division SMEs also analyze data from technical assurance assessments to identify trends in ES&H programs and processes and/or implementation of those programs and processes within the divisions. The Laboratory's *Data Monitoring and Analysis Program* [LBNL/PUB-5519(3)] contains detailed guidance on data monitoring and analysis.

10.1.3 Effectiveness Reviews

OCA reviews the results of the prior year's self-assessment process to determine if the assessments: 1) followed the proper protocol, 2) addressed institutional needs, and 3) identified the primary priorities and areas of concern (i.e. were events/ conditions manifest that should have been identified, but were not?). Lessons learned from this review are used to modify existing and/or develop new division self-assessment performance measures, and to adjust TAAPs and MESH review guidance, as necessary.

10.1.4 Lessons Learned and Best Practices

Incidents discovered during the course or as a result of assessments may warrant development and dissemination of a Lessons Learned Briefing. Any Lab staff may initiate briefings in the Lessons Learned/Best Practices database. The Laboratory's *Lessons Learned and Best Practices Program* [LBNL/PUB-5519(4)] and the *Lessons Learned/Best Practices Database User Manual* (OIA-OCA-0002) contain detailed guidance on Lessons Learned development, dissemination and feedback.

10.2 Annual Lab-wide Self-Assessment Report

Each year, OCA compiles the data and information from the year's self-assessment activities and summarizes results in the *LBNL Environment, Safety and Health Self-Assessment Report*. OCA analyzes self-assessment results to identify repeat and related deficiencies not previously identified by the divisions or EH&S SMEs.   Methods used to identify and analyzes discernable trends are described in The Laboratory's *Data Monitoring and Analysis Program* (LBNL/PUB-5519(3), latest revision). When generic root causes exist, OCA and EH&S Division will develop corrective actions and lessons learned, as appropriate. The corrective actions are entered into CATS and tracked in the same manner as any assessment finding. Because most of the corrective actions at this level are institutional in nature, the objective of these actions is to foster continuous improvement of the Laboratory's ES&H performance.

The *LBNL Environment, Safety and Health Self-Assessment Report* represents the state of ES&H at LBNL. The annual report is submitted to the Director of Institutional Assurance and EH&S Division Director for review and approval. The EH&S Division Director presents the report information to the Laboratory Chief Operating Officer and to each division director for their review and consideration.

APPENDICES