DOE Office of Independent Oversight Inspection of Environment, Safety and Health Programs

DOE Facility	Inspection Hot Button	General Finding
Brookhaven National Laboratory (November 2007)	Implementation of safety controls	BNL has not ensured that unambiguous ES&H requirements are established at the institutional level and accurately communicated to BNL personnel.
	Compliance with requirements	BNL managers and supervisors have not always ensured that established safety controls are implemented by workers for activities in experimental and research facilities and laboratories. In several cases, appropriate controls were established in work documents but were not implemented by workers.
	Hazard analysis	Some workplace and construction hazards have not been adequately analyzed.
	Established and implemented Contractor Assurance System	BNL has not established and rigorously implemented effective contractor assurance systems in a manner that sufficiently communicates expectations and requirements, ensures effective implementation, and effectively drives continuous improvement in safety performance.
	Feedback and continuous improvement processes	Oversight of BNL ES&H and assurance programs has not been consistently effective in ensuring continuous improvement.

DOE Facility	Inspection Hot Button	General Finding
	Delegation of Safety Authorities	Increased management attention is needed to ensure timely establishment of a training and qualification program and the development of a formal process for delegating safety management responsibilities.
Stanford Linear Accelerator Center (January 2007)	Adequate work planning and control system	SLAC has not established a formal, structured, and comprehensive process to ensure that the scope of work is clearly defined for all work so that hazards can be systematically identified and the appropriate controls assured.
	Compliance with requirements	The Stanford Site Office and SLAC do not have effective requirements management systems, resulting in many requirements that are not identified, communicated to the workforce, and/or effectively implemented.
	Established and implemented Contractor Assurance System	Deficiencies in Stanford Site Office line management oversight programs and the SLAC contractor assurance system hinder the establishment and maintenance of ES&H programs at SLAC.
	Implementation of radiation protection requirements	Although radiological control requirements are defined in the *SLAC Radiation Control Manual*, deficiencies were identified in the application of the required radiological controls.

	Feedback and continuous improvement processes	Feedback and continuous improvement programs have systemic deficiencies and are not sufficient to identify deficiencies and drive improvements in ES&H programs.
Savannah River Site (February 2006)	Safety system design and authorization bases	While many aspects of the systems reviewed were well designed for their normal operating functions, numerous weaknesses and discrepancies were identified with respect to accident prevention and mitigation.
	Feedback and continuous improvement processes	There are a number of opportunities for improvement in the feedback and continuous improvement processes. For example, in some cases the causes of identified problems are not thoroughly evaluated, and corrective actions do not always consider more systemic problems with management processes.
	Hazard analysis	The primary tool used to perform hazards is the new Assisted Hazards Analysis (AHA) process, which has been effect for 2 months. In nearly all work evolutions observed, approved work packages contained problems in the identification and analysis of hazards.

Inspection of Environment, Safety, and Health Programs
at the Brookhaven National Laboratory (BNL), November 2007
DOE Office of Independent Oversight ISM Hot Buttons

1. **Inspection Hot Button: Implementation of safety controls.**

   - **Finding:** BNL institutional-level and facility/functional area-level management has not ensured that some ES&H and assurance requirements/controls are adequately defined and communicated to workers through the Standards Based Management System and supporting facility/functional level documents in a manner that ensures workers are adequately protected from all hazards, as required by DOE Manual 450.4-1, *Integrated Safety Management System Manual*, DOE Order 414.1C, *Quality Assurance*, and 10 CFR 851, *Worker Safety and Health Program*.

   - **In Other Words:** BNL has not ensured that unambiguous ES&H requirements are established at the institutional level and accurately communicated to BNL personnel.

   - **Specific Examples:**
     - Effective mechanisms for implementing lockout/tagout requirements in accordance with National Fire Prevention Association (NFPA) 70E have not been established.
     - Numerous institutional documents describe requirements using incorrect/indefinite terminology that communicates optional compliance (i.e., the use of “should” rather than “shall”).
     - Safety requirements have not been translated below the level of management system or program description documents into procedures/formal processes.
     - Requirements for a particular topic are located in many different documents.
     - Documents are not kept current and have not been reviewed at the required frequency.

2. **Inspection Hot Button: Compliance with requirements.**

   - **Finding:** BNL institutional-level and facility/functional area-level management and supervisors have not ensured that workers implement established safety controls, as required by DOE Manual 450.4-1, *Integrated Safety Management System Manual*, and 10 CFR 851, *Worker Safety and Health Program*.

   - **In Other Words:** BNL managers and supervisors have not always ensured that established safety controls are implemented by workers for

activities in experimental and research facilities and laboratories. In several cases, appropriate controls were established in work documents but were not implemented by workers.

- **Specific Examples:**
  - Eating and drinking in laboratory areas even though prohibited by requirements.
  - Workers did not comply with posted signs and barricades.
  - Chemical and cryogen handling safety requirements were not followed.
  - Flammable liquids were not stored in accordance with requirements.
  - Personnel were allowed to continue work when hazards/controls were not adequately defined.
  - Facility managers and supervisors were aware of discrepancies between established controls and actual implementation but did not take action to ensure compliance with the safety control.

3. **Inspection Hot Button: Hazard analysis.**

- **Finding:** BNL small science has not ensured that activity-level experiment safety reviews and job risk assessments provide sufficient information about workplace hazards such that all appropriate hazard controls could be identified and effectively communicated to the workers in accordance with DOE Manual 450.4-1, *Integrated Safety Management System Manual*.

- **Finding:** Plant Engineering has not sufficiently implemented the requirements in the BNL-wide work planning and control subject area of SBMS to ensure that all hazards associated with the work being performed are effectively identified, analyzed, and categorized during the work planning process.

- **In Other Words:** Some workplace and construction hazards have not been adequately analyzed.

- **Specific Examples:**
  - Plant Engineering did not apply the work control process to analyze potential health hazards associated with exposures to welding fumes in confined spaces or exposure to asphalt fumes during roofing work.
  - BNL ES&H representatives were not aware of the potential exposure hazards associated with these fumes and the Facilities and Operations industrial hygienist was not aware that construction work was being performed.

4. **Inspection Hot Button: Established and implemented Contractor Assurance System.**

- **Finding:** BNL has not implemented an effective and compliant self-assessment program that appropriately identifies, prioritizes, plans, and conducts rigorous evaluations of the adequacy of safety programs and implementation by line organizations as required by DOE Order 414.1C, *Quality Assurance*, and DOE Order 226.1, *Implementation of DOE Oversight Policy*.

- **Finding:** BNL has not established and implemented an effective issues management program that appropriately describes safety deficiencies, determines their causes and the extent-of-condition reviews, and ensures development and implementation of effective corrective and preventive actions as required by DOE Order 414.1C, *Quality Assurance*, and DOE Order 226.1, *Implementation of DOE Oversight Policy*.

- **Finding:** BNL has not implemented a rigorous and effective program of injury and illness investigations that consistently documents and evaluates conditions and causes, and establishes appropriate corrective and preventive actions as required by BNL SBMS procedures and DOE Order 414.1C, *Quality Assurance*, and DOE Order 226.1, *Implementation of DOE Oversight Policy*.

- **In Other Words:** BNL has not established and rigorously implemented effective contractor assurance systems in a manner that sufficiently communicates expectations and requirements, ensures effective implementation, and effectively drives continuous improvement in safety performance.

- **Specific Examples:**
    - Requirements and processes for the assurance system elements are insufficiently and inconsistently defined in documents and implementing procedures.
    - Line organizations conduct few self-assessments of work activities and safety procedures.
    - Self-assessments often lack sufficient depth and rigor; lack a focus on work observation, records review, and work documents; and provide an inadequate view of program implementation/effectiveness to provide management with an accurate understanding of the safety program performance.
    - Methods used by BNL to manage issues are inconsistently implemented and do not include essential elements of effective issue management.
    - Similar weaknesses in process and performance were identified in
        - Occupational injury and illness investigations

        - Lessons learned program
        - Accident and event investigations
        - Employee concerns program
    - Management has not adequately monitored the assurance system implementation and ensured accountability for effective performance.

5. **Inspection Hot Button: Feedback and continuous improvement processes.**

- **Finding:** Brookhaven Site Office management and quality processes have not ensured that procedures and their subsequent implementation fully comply with all of the requirements in DOE Order 226.1A, *Implementation of DOE Oversight Policy*, in such areas as assessments, self-assessments, issues management, corrective action tracking, and operational awareness, and with requirements of DOE Order 210.2, *DOE Corporate Lessons Learned Program*, in the areas of required roles and responsibilities, and annual self-assessments.

- **In Other Words:** Oversight of BNL ES&H and assurance programs has not been consistently effective in ensuring continuous improvement.

- **Specific Examples:**
    - Many of the current deficiencies are longstanding and have been previously identified by internal and external assessments.
    - Brookhaven Site Office has not adequately evaluated and verified corrective actions to ensure that they were sufficient to address the issue, identify and address causal factors, and ensure that the extent-of-condition review was considered in the corrective actions.

6. **Inspection Hot Button: Delegation of Safety Authorities.**

- **Finding:** A formal process or procedure for delegations of safety management responsibilities and authorities (consistent with process criteria and attributes) as directed by the Deputy Secretary of Energy in the memorandum *Delegations of Safety Authorities*, dated December 27, 2005 has not been established.

- **In Other Words:** Increased management attention is needed to ensure timely establishment of a training and qualification program and the development of a formal process for delegating safety management responsibilities.

- **Specific Examples:**
    - No specific examples listed in report.

DOE Office of Independent Oversight Focus Areas which are considered in the Evaluation of Other ISM Elements
Brookhaven National Laboratory

1. **Inspection Hot Button: Environmental management system implementation.**

   - **Specific Examples:**
     - BNL has effectively implemented EMS within the ISM system for most work activities with the exception of skill-of-the-craft work performed in the Facility and Operations shop areas.

2. **Inspection Hot Button: Injury and illness investigation and reporting.**

   - **Specific Examples:**
     - In some cases, fact-finding, critique, and investigation reports lacked sufficient rigor to address all elements of the event and identify recurrence controls.
     - There are weaknesses in processes, injury investigations, and recordkeeping for the Computerized Accident/Incident Reporting System.
     - Corrective actions do not always address causes, extent-of-condition reviews, or recurrence controls.

3. **Inspection Hot Button: The effectiveness and implementation of DOE Order 226.1, *Implementation of DOE Oversight Policy*.**

   - **Specific Examples:**
     - Several Brookhaven Site Office procedures and their subsequent implementation do not conform to the requirements of DOE Order 226.1.
     - Brookhaven Site Office has not developed all elements of an adequate baseline assessment program in accordance with DOE Order 226.1.

Inspection of Environment, Safety, and Health Programs
at the Stanford Linear Accelerator Center (SLAC), January 2007
DOE Office of Independent Oversight ISM Hot Buttons

1. **Inspection Hot Button: Adequate work planning and control system.**

- **Finding:** SLAC has not sufficiently defined formal work planning and control processes, including work scope definition, walkdowns, pre-job briefings, subject matter expert involvement, and adequate implementing procedures for hazard analysis and control, to ensure that each of the core functions of integrated safety management are systematically used in planning and executing work, as required by DOE Policy 450.4, *Safety Management System Policy*.

- **Finding:** SLAC has not adequately defined the involvement of subcontractors in lockout/tagout procedures, accepted subcontractor lockout/tagout programs, or subcontract terms and conditions, and lockout/tagouts have not always met the requirements of NFPA 70E.

- **Finding:** SLAC has not confirmed readiness to perform subcontracted construction work managed by the Conventional and Experimental Facilities Department with sufficient rigor, as required by DOE Order 450.4, *Safety Management System Policy*.

- **In Other Words:** SLAC has not established a formal, structured, and comprehensive process to ensure that the scope of work is clearly defined for all work so that hazards can be systematically identified and the appropriate controls assured.

- **Specific Examples:**
  - Work authorization processes, including ensuring readiness to perform work, are not well defined.
  - Job hazards analyses and mitigation (JHAMs) and area hazards analyses (AHAs) do not constitute a work control process. Important elements are missing, such as formal requirements for ES&H subject matter expert involvement, walkdowns, work documents, and pre-job briefings.
  - As a result of inadequately defined work, hazards, and controls, some ES&H requirements have not been met and unsafe work conditions were observed.

2. **Inspection Hot Button: Compliance with requirements.**

- **Finding:** The Stanford Site Office and SLAC do not have an adequate system for managing requirements to ensure that they are current,

accurate, communicated to, and understood at the working level, as required by DOE Policy 450.4, *Safety Management System Policy*.

- **In Other Words:** The Stanford Site Office and SLAC do not have effective requirements management systems, resulting in many requirements that are not identified, communicated to the workforce, and/or effectively implemented.

- **Specific Examples:**
  - Stanford Site Office has not established a structured process for ensuring that new or modified ES&H directives are incorporated into the contract in a timely manner and effectively implemented.
  - SLAC has not established effective mechanisms for identifying all safety requirements or a reliable hierarchy of documents (policies, programs, procedures, training plans, etc.) and a document control system (review, approval, and change control) to establish a process to clearly and consistently communicate these requirements to personnel.
  - An adequate process for ensuring that applicable requirements are imposed on subcontractors has not been established.

3. **Inspection Hot Button: Established and implemented Contractor Assurance System.**

- **Finding:** SLAC does not have a current, approved Headquarters Functions, Responsibilities, and Authorities Manual and does not have an adequate set of procedures to fully implement its quality assurance program and safety oversight activities, as required by DOE Policy 411.1, *Safety Management Functions, Responsibilities, and Authorities Policy,* DOE Order 414.1C, *Quality Assurance,* and DOE Order 226.1, *Implementation of DOE Oversight Policy,* respectively.

- **Finding:** The Stanford Site Office does not have an approved site office Functions, Responsibilities, and Authorities Manual and does not have an adequate set of processes and procedures to govern a number of its safety oversight activities, including such important functions as requirements management and maintenance of accelerator safety basis documents as required by DOE Policy 411.1, *Safety Management Functions, Responsibilities, and Authorities Policy*; DOE Order 414.1C, *Quality Assurance*; DOE Policy 450.4, *Safety Management System Policy*; and DOE Order 420.2B, *Safety of Accelerator Facilities*.

- **In Other Words:** Deficiencies in Stanford Site Office line management oversight programs and the SLAC contractor assurance system hinder the establishment and maintenance of ES&H programs at SLAC.

- **Specific Examples:**
  - The Stanford Site Office has not developed internal management systems/processes and established protocols with the contractor for managing requirements and ensuring that applicable requirements are in the contract and standards.
  - Some mechanisms referenced in the quality assurance program (e.g., training and qualification, document control, assessments, and accident investigations) have not been formalized, approved, and implemented.
  - The Site Office has not established processes and procedures to ensure that accelerator safety basis documents are periodically reviewed and properly maintained.
  - The Stanford Site Office has not established a training and qualification program for personnel assigned ES&H oversight responsibilities.
  - The Site Office has not developed a core set of training requirements that are applicable to all ES&H staff.

4. **Inspection Hot Button: Implementation of radiation protection requirements.**

- **Finding:** SLAC has not performed a facility-level hazards assessment of the SSRL beam lines, beam line hutches, and experiment halls (areas associated with photon hazards) as required by DOE Order 420.2B, *Accelerator Safety,* and internal SLAC requirements addressing accelerator safety assessment documents.

- **Finding:** SLAC has not implemented certain radiation protection requirements with sufficient rigor to ensure adequate radiological control in such areas as the use and content of radiological work authorizations, radiological postings and boundary controls, radiological control procedures, and technical basis.

- **In Other Words:** Although radiological control requirements are defined in the *SLAC Radiation Control Manual*, deficiencies were identified in the application of the required radiological controls.

- **Specific Examples:**
  - Radiological work authorizations were not always used when required, and controls were not always specified, posting and boundary controls were deficient in some areas, and the program lacked procedures and technical bases for certain field methods and performance.

5. **Inspection Hot Button: Feedback and continuous improvement processes.**

- **Finding:** The Stanford Site Office has not sufficiently established and implemented a fully effective line management oversight and self-assessment program, including a training and qualification program and processes for tracking and communicating ES&H issues to SLAC, that ensures that STANFORD SITE OFFICE and SLAC are implementing ISM as specified in the DOE Order 226.1, *Implementation of Department of Energy Oversight Policy.*

- **Finding:** The Stanford Site Office has not implemented the requirements of Procedure SSO-ADM-06, *Employee Concerns Program*, in accordance with DOE Order 442.1A and DOE Order 226.1 expectations.

- **Finding:** SLAC has not established a program of effective assessment and activity level feedback activities with sufficient scope and rigor to ensure that ES&H performance at all levels and in all organizations is consistently and accurately evaluated, as required by DOE Order 226.1, *Implementation of DOE Oversight Policy*.

- **Finding:** SLAC has not established an effective issues management program that ensures that safety deficiencies are appropriately documented, rigorously categorized, and evaluated in a timely manner, with root causes and extent of condition accurately identified, and appropriate recurrence controls identified, as required by DOE Order 226.1, *Implementation of DOE Oversight Policy*.

- **Finding:** SLAC has not established a rigorous and effective program for investigation of incidents, occurrences, and events, including occupational injuries and illnesses, to ensure that incident causes are identified and that appropriate and effective corrective and preventive actions are identified and implemented, as required by DOE Order 226.1, *Implementation of DOE Oversight Policy*.

- **Finding:** SLAC has not developed procedures and programs for implementation of the exposure assessment requirements and does not perform baseline hazards assessments and periodic reassessments of work areas and activities based on risk, as required by DOE Order 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees.*

- **In Other Words:** Feedback and continuous improvement programs have systemic deficiencies and are not sufficient to identify deficiencies and drive improvements in ES&H programs.

- **Specific Examples:**
  - The SLAC assessment program lacks sufficient depth, rigor, and focus on performance.
  - Investigations of injuries and illnesses, operational incidents, events, and safety issues routinely have not adequately identified or addressed root causes or established recurrence controls.
  - The Stanford Site Office has not been sufficiently involved and focused on evaluation contractor performance to ensure that deficiencies in work planning and control, requirement management, and feedback and improvement systems are identified and addressed.

DOE Office of Independent Oversight Focus Areas which are considered in the Evaluation of Other ISM Elements
Stanford Linear Accelerator Center

1. **Inspection Hot Button: Environmental management system and pollution prevention program.**

   - **Specific Examples:**
     - Some guidance documents have only recently been updated, and many new provisions are in the initial stages of implementation.
     - There are instances where EMS aspects are not integrated with other SLAC planning and tracking documents.

2. **Inspection Hot Button: Workplace monitoring of non-radiological hazards.**

   - **Specific Examples:**
     - Exposure assessment policy documents are minimal.
     - Exposure assessment requirements identified in DOE Order 440.1A have yet to be evaluated and implemented.
     - SLAC is not positioned to meet the exposure assessment requirements in 10 CFR 851.
     - Line management has not adequately integrated industrial hygiene recommendations into work documents.
     - Limited staff has resulted in a lack of maintenance for exposure assessment programs.

Inspection of Environment, Safety, and Health Programs
at the Savannah River Site (SRS), February 2006.
DOE Office of Independent Oversight ISM Hot Buttons

1. **Inspection Hot Button: Safety system design and authorization bases**

   - **Finding:** The H-Canyon and HB-Line authorization basis documents contain discrepancies and inadequacies, which resulted in their not providing adequate assurance that some safety-related ventilation and explosion prevention structures, systems, and components will perform their intended safety functions under design basis accident conditions.

   - **Finding:** Weaknesses in the design engineering of the H-Canyon exhaust system and its essential supporting structures, systems, and components and in the translation of the design and the authorization bases into facility operating procedures/practices and surveillance testing procedures and practices are such that the capabilities of these structures, systems, and components to fully perform design safety functions under design basis accident conditions are not sufficiently assured.

   - **Finding:** The Design Engineering, Systems Engineering, and Authorization Basis organizations have not applied sufficient rigor, attention to detail, and a questioning attitude in addressing the HCP facility authorization bases and safety system designs and their translation into technical procedures and practices.

   - **In Other Words:** While many aspects of the systems reviewed were well designed for their normal operating functions, numerous weaknesses and discrepancies were identified with respect to accident prevention and mitigation.

   - **Specific Examples:**
     - Emergency diesel generator components not adequately analyzed for damage from natural events.
     - Seismically induced fire in fan building not considered.
     - Lack of instrumentation for monitoring HB-Line vessel hydrogen concentration.
     - Inadequate procedures and provisions for refueling the emergency diesel generator day tank.
     - Non-conservative diesel generator load testing.

2. **Inspection Hot Button: Feedback and continuous improvement processes.**

- **Finding:** The SR employee concerns program is not effectively implemented in accordance with SR's implementing procedure and DOE Order 442.1A, *Department of Energy Employee Concerns Program.*

- **Finding:** Savannah River Site Office (SRSO) does not adequately or routinely accomplish and document reviews of contractor self-assessment results as required by SRSO procedures and does not ensure that some required assessments are planned and scheduled.

- **Finding:** The SRSO technical qualification program does not meet the requirements of DOE Order 360.1B, *Federal Employee Training*, or DOE Manual 426.1-1A, *Federal Technical Capability Manual*, in the areas of assessments and records management.

- **Finding:** The SRSO self-assessment process does not meet some requirements of SV-PRO-012, *SRSO Self-Assessment*, or NNSA guidance on the process.

- **Finding:** Westinghouse Savannah River Company (WSRC) self-assessment and issues management programs have not been consistently effective in evaluating performance, identifying deficiencies, and ensuring effective corrective actions to prevent recurrence.

- **Finding:** SR has not adequately implemented the safety system oversight functions for HCP facilities.

- **Finding:** SRS non-radiological workplace exposures have not been sufficiently analyzed and/or documented for some facilities and for a number of work activities as required by DOE Order 440.1A, *Worker Protection Management for DOE Federal and Contractor Employees.*

- **In Other Words:** There are a number of opportunities for improvement in the feedback and continuous improvement processes. For example, in some cases the causes of identified problems are not thoroughly evaluated, and corrective actions do not always consider more systemic problems with management processes.

- **Specific Examples:**
  - Few operational awareness activities are documented in a manner that allows for tracking and trending; and the processes are not covered by procedures.
  - The Savannah River Site Office tracking tool (ECATS) is not integrated with other Site Office issue management systems or the contractor's corrective action tracking tool.
  - The technical qualification program is not effectively managed or implemented.

- There are a number of weaknesses in the self-assessment program. Three is no requirement to develop a plan for each major self-assessment activity. There is no requirement to analyze deficiencies to identify causes and prevent recurrences. Not all concerns or issues identified in self-assessments are entered or tracked in the corrective action tracking system.

3. Inspection Hot Button: Hazard Analysis

- **Finding:** Identification and analysis of chemical hazards are not always adequate to ensure that appropriate exposure controls are implemented for tritium maintenance activities.

- **Finding:** WSRC has not provided a sufficient set of requirements to ensure that operations line organizations effectively and consistently apply the hazards analysis process to identify and analyze hazards specific to an operational activity.

- **Finding:** Some hazards associated with maintenance and construction work are not being appropriately characterized, analyzed, and documented during work planning and hazards analysis processes to ensure that appropriate controls are identified.

- **Finding:** Controls identified during the hazards analysis process for maintenance work in H-Canyon are not always sufficiently specific and detailed to ensure effective implementation by workers and supervisors.

- **Finding:** In some cases, the lack of interface between Savannah River National Laboratory (SRNL) research and development activities and SRNL operations activities has resulted in the potential for hazards not being sufficiently identified and analyzed.

- **Finding:** Some H-Canyon Radiation Work Permits have not been prepared and selected in a manner that ensures adequate task breakdown, accuracy of radiological information, and proper specification of controls for discrete work activities.

- **Finding:** Elements of the SRNL Conduct of R&D process do not ensure that all work is defined, hazards are analyzed and documented, controls are sufficiently identified and implemented, and work is performed within controls.

- **Finding:** SRNL has not ensured that hoisting and rigging procedures for the SRNL shielded cell facility engineered lifts have effectively implemented SRS or DOE hoisting and rigging requirements and established appropriate administrative controls.

- **In Other Words:** The primary tool used to perform hazards is the new Assisted Hazards Analysis (AHA) process, which has been effect for two months. In nearly all work evolutions observed, approved work packages contained problems in the identification and analysis of hazards.

- **Specific Examples:**
  - Health hazards described in MSDSs were not incorporated into work packages issued to maintenance mechanics.
  - Hazards that were not adequately identified during the hazards analysis process include: mixed wastes, mercury and mercury wastes; potential hazards associated with the use of breathing air systems, and inclement weather hazards.
  - Often airborne hazards from chemicals and radioactive materials are being assumed, but not analyzed or documented.

DOE Office of Independent Oversight Focus Areas which are considered in the Evaluation of Other ISM Elements
Savannah River Site

1. Inspection Hot Button: Environmental management system
2. Inspection Hot Button: Workplace monitoring of non-radiological hazards
3. Inspection Hot Button: Quality assurance in engineering and configuration management programs and processes
4. Inspection Hot Button: Safety system component procurement
5. Inspection Hot Button: Safety management for protective force training
6. Inspection Hot Button: Status of implementation of the recently issued DOE Policy 226.1 and DOE Order 226.1