Comments and questions regarding this section may be directed to the person listed below:

Shawn Nelson, Industrial Safety Specialist
G40 TASF
294-2153

NOTE: This Section's Sign-Off Record is maintained in the ESH&A Office.

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REVISION / REVIEW LOG

SECTION 10 – ASSESSMENT PROGRAM

Review Number:	Effective Date:	Contact Person:	Pages Affected:	Description of Revision:
0	10/11/99	Tom Wessels	All	Original Issue
1	1/13/06	Shawn Nelson	See Revision Description	G:\Document Control\Revision Descriptions\ Manual 10200.002 Section 10 revdesc.doc
2	12/1/07	Tom Wessels	All	G:\Document Control\Revision Descriptions\ Manual 10200.002 Section 10 revdesc.doc
3	7-28-10	Shawn Nelson	All	G:\Document Control\Revision Descriptions\ Manual 10200.002 Section 10 revdesc.doc
4	5-1-11	Shawn Nelson	All	G:\Document Control\Revision Descriptions\ Manual 10200.002 Section 10 revdesc.doc

SIGN-OFF RECORD

The Environment, Safety, Health and Assurance Program Manual has been reviewed and approved as documented below:

Reviewed by: _____   Date: _____

     Amy J. Harris-Tehan, ESH&A, Document Control Coordinator

Approved by: _____   Date: _____

     Tom E. Wessels, ESH&A Program Manager

Approved by: _____   Date: _____

     Mark L. Murphy, Chief Operations Officer

Approved by: _____   Date: _____

     Debra L. Covey, Associate Director for Sponsored Research Administration

Approved by: _____   Date: _____

     Duane D. Johnson, Chief Research Officer

Approved by: _____   Date: _____

     Bruce N. Harmon, Deputy Director

Approved by: _____   Date: _____

     Alexander H. King, Laboratory Director

Note: Original Sign-off Record with signatures is on file with ESH&A.

10.0   ASSESSMENT PROGRAM

10.1   WORKER OBSERVATIONS

Applicability Statement: *This section applies to all employees.*
This section also applies to ESH&A for tracking and resolution of employee concerns and trending of deficiencies.

10.1.1   REFERENCES

DOE Policy 450.4, Safety Management System Policy
Guide 10200.003, Worker Observation Guide
Plan 10200.008, Employee Safety and Security Concerns Program
Procedure 10200.041, Trend Analysis of ES&H Concerns

10.1.2   BACKGROUND

The most important and effective process for identification and correction of process deficiencies is the observation by individual employees. Direct line supervisors provide individual work directions and each worker is accountable for performing quality work in a safe and productive manner. Employees are charged with the responsibility of continuously assessing their individual performances and their workspaces in order to prevent problems and to identify nonconforming conditions and opportunities for improvement. Ames Laboratory seeks to promptly address employee concerns about environment, safety, and health issues in the workplace.

10.1.3   PROGRAM INFORMATION

Workers shall assess their work and work environments in order to identify potential hazards and opportunities for improvement. The Worker Observation Guide (Guide 10200.003) is available to assist workers in the observation of activities within office spaces and laboratory/shop spaces. Work deficiencies should be corrected as soon as possible by the workers involved with the activity. Workplace deficiencies should be reported to the first level of management as soon as possible. Resolution of concerns should occur at the level of line management most directly responsible for the activity. If the issue cannot be resolved at this level, the employee is directed to proceed within his / her line management structure or to report the concern to the Environment, Safety, Health and Assurance (ESH&A) office as part of the Employee Safety and Security Concerns Program.

10.1.4 TRAINING

GENERAL EMPLOYEE TRAINING (GET) FOR NEW EMPLOYEES AL-001	
Intended Audience:	*Mandatory for all employees.*
Course Format:	*Classroom Instruction. Estimated completion time: 1.5 hours. This topic is discussed with new employees.*
Associated Retrain Period & Format:	*Retrain is required if an employee has been terminated from the Laboratory for more than one year. All Ames Laboratory employees receive the Laboratory's annual retrain mailing, which covers fire safety, cyber security, physical security, informational updates and policy reminders.*

10.1.5 PERFORMANCE CHECKLIST

Supervisors / Group Leaders / Department Managers shall:
❑ Assure workers have training and competence commensurate with work responsibilities.
❑ Provide work instructions suitable for the work processes undertaken.
❑ Assist workers with mitigation of hazards.
❑ Report unresolved safety deficiencies to ESH&A.

Employees shall:
❑ Attend "General Employee Training," (AL-001).
❑ Assimilate work instructions into work practices.
❑ Identify and mitigate work hazards in work environments.
❑ Report unmitigated work hazards to supervisor, group leader, or department manager.
❑ Report unresolved work hazards to ESH&A via the Safety and Security Concerns Program.
❑ Utilize "Stop Work Authority," to protect workers, the public, and the environment. See Section 5.2 of this manual.

Environment, Safety, Health & Assurance (ESH&A) shall:
❑ Seek resolution of employee safety and security concerns.
❑ Conduct trend analysis of safety deficiencies.

10.2 MANAGER ASSESSMENTS

Applicability Statement: *This section applies to group / section leaders, safety coordinators / representatives, program directors and department managers.*
This section also applies to ESH&A for tracking and resolution of employee concerns and trending of deficiencies.

10.2.1 REFERENCES

DOE Policy 450.4, Safety Management System Policy
Form 10200.026, Walk-Through Report
Plan 10200.008, Employee Safety and Security Concerns Program
Procedure 10200.014, Program/Department Walk-Through

10.2.2 BACKGROUND

While each individual is responsible for the quality and safety of his / her work, supervisors and group / section leaders are accountable for oversight, direction, and guidance of work activities. Program directors / department managers assess the allocation of resources and the management of hazards associated with the activities of the groups / sections within their organizations. Group / section leaders and program directors / department managers, or their safety representatives / coordinators should periodically review the work being conducted within their organization and correct any identified deficiencies.

10.2.3 PROGRAM INFORMATION

Group / Section Leader Observations
Group / section leaders should periodically review the work being conducted within their organization and correct any identified deficiencies. Safety representatives should assist with this effort. Formal documentation of this effort is not required, but unresolved concerns shall be presented to the appropriate program director / department manager or ESH&A.

Program / Department Walk-Through
The program directors / department managers (with the safety coordinator) shall conduct a walk-through at a minimum frequency of once per year (Procedure 10200.014 Program/Department Walk-Throughs). Observations from walk-throughs, appraisals, and other internal assessments are classified as findings, strengths, or noteworthy practices.

Findings: A finding is a determination of deficiency pertaining to implementation of a requirement based on a recognized inadequacy or weakness. Findings are categorized as levels 1, 2 High Significance, 2 Moderate Significance, or 3. This categorization is necessary to identify the degree of management formality and rigor required for the correction, tracking to closure, and trending of findings. The following are findings descriptions:

    A Level 1 Finding is a deficiency of major significance that warrants a high level of attention on the part of line management. Typically these reflect a gap in addressing requirements or a systemic problem with implementing requirements. If left uncorrected, this level of finding could negatively impact the Laboratory's mission. Examples of a Level 1 Findings include deliberate violations, sabotage, and ignoring Radiation Work Permits.

    A Level 2 High Significance Finding is one that could cause a severe injury, a serious violation of a safety, health, or environmental requirement or programmatic impact. Examples of Level 2 High

Significance Findings include exposure to live electrical parts, using poisonous gas outside of a fume hood or designated cabinet, not using laser glasses when beam is exposed, and improper disposal of hazardous waste. Multiple deficiencies at this level, when of a similar nature, may be rolled up together into a Level 1 Finding.

A Level 2 Moderate Significance Finding is one that could cause moderate injury, a violation of safety, health, or environmental requirement or programmatic impact. Examples of Level 2 Moderate Significance Findings include improper use of extension cords, not labeling chemicals, late disposal of hazardous waste, or not maintaining log entries for X-ray machines. Multiple deficiencies at this level, when of a similar nature, may be rolled up together into a Level 2 High Significance Finding.

A Level 3 Finding is an inadequacy where it is recognized that improvements can be gained in safety, process, performance, or efficiency already established for meeting a requirement. This level of finding should also include minor deviations observed during oversight activities that can be promptly corrected and verified as completed. Examples of Level 3 Findings include idle / obsolete equipment being stored in laboratory spaces, not updating chemical inventories, emergency information on door cards not up to date, and not stocking safety glasses in visitor bins.

Documentation of findings should include the statement of the specific requirement (e.g. regulatory citation, Laboratory policy, etc.), the description of a programmatic breakdown (if applicable), and objective evidence demonstrating the deficiency.

Strength: A mature process or activity that has consistently demonstrated the ability to meet expectations, or a process or activity that efficiently and effectively facilitates and integrates processes, activities, and resources.

Noteworthy Practice: A positive observation, based on objective assessment data, or a particular practice, procedure, process, or system considered unique or innovative enough that other organizations within the Laboratory might find it beneficial. Mere compliance with mandatory requirements is not considered to be a noteworthy practice.

The safety coordinator shall document the identification and close-out of findings by utilizing the Walk-Through Report Form (Form 10200.026) or other forms which:

1. document the observation as a finding, strength, or noteworthy practice;
2. delineate the close-out time period for the findings:
    - Level 1 Finding – Close out according to a corrective action plan approved by the ESH&A Office.
    - Level 2 Finding, High Significance – Close out by the end of the first full workday after the findings are identified, or according to corrective action plan approved by the ESH&A Office.
    - Level 2 Finding, Moderate Significance – Close out within 60 days of report date or develop a formal Ames Lab Action Plan for close out which must be approved by ESH&A
    - Level 3 Finding – Close out as soon as possible, as resources are available;
3. notes the person or organization responsible for corrective action and the response;
4. lists the date of close-out;
5. indicates verification of close out.

It is the responsibility of the program director, group / section leader or department manager to perform the actions necessary to close out the findings identified by the Program/Department Walk-Through according to the requirements for the finding level. Conditions observed during the Program/Department Walk-Through which require attention such as facilities deficiencies (e.g., electrical wiring, lights, fume

hoods, plumbing, etc.), should be communicated to Facilities Services or Engineering Services appropriately. Verification of the close-out shall be performed by the appropriate safety coordinator and documented. Walk-through records, once verified by the safety coordinator shall be kept by the program / department.

10.2.4 TRAINING

HAZARD IDENTIFICATION	AL-130
Intended Audience:	*Mandatory for safety coordinators and representatives.* *Suggested for group leaders.*
Course Format:	*Computer-based training. Estimated completion time: 1.0 hours.*
Associated Retrain Period & Format:	*No retrain.*

SAFETY COORDINATOR/REPRESENTATIVE DEVELOPMENT TRAINING AL-031	
Intended Audience:	*Mandatory for safety coordinators.*
Course Format:	*Computer-based training. Estimated completion time: 1.0 hour.*
Associated Retrain Period & Format:	*No retrain.*

10.2.5   PERFORMANCE CHECKLIST

Group / Section Leaders shall:
- ❑ Periodically review the work being performed within their organization.
- ❑ Correct identified safety deficiencies.
- ❑ Report unresolved safety deficiencies to ESH&A.

Safety Representatives shall:
- ❑ Assist group / section leaders with review of work performed within their organization.
- ❑ Report unresolved safety deficiencies to ESH&A.

Safety Coordinators shall:
- ❑ Complete required training.
- ❑ Assist with the performance of Program/Department Walk-Throughs.
- ❑ Document the identification and the close-out of findings identified through the Program/Department Walk-Through.
- ❑ Forward the walk-through findings (by percentage) to ESH&A at the end of the fiscal year (September 30) for Laboratory-wide trend analysis. The findings should be categorized according to the 24 listings in Procedure 10200.014, Program Department Walk-Throughs.
- ❑ Report unresolved safety deficiencies to ESH&A.

Department Managers and Program Directors shall:
- ❑ Participate in the Program/Department Walk-Throughs with the safety coordinator.
- ❑ Assure that identified safety deficiencies are corrected.
- ❑ Report unresolved safety deficiencies to ESH&A.

Environment, Safety, Health & Assurance (ESH&A) shall:
- ❑ Seek resolution of employee concerns.
- ❑ Conduct trend analysis of safety deficiencies.

10.3   INDEPENDENT ASSESSMENTS

Applicability Statement: *This section applies to all organizational units, group / section leaders, safety coordinators / representatives, program directors and department managers.*
This section also applies to ESH&A.

10.3.1 REFERENCES

DOE Policy 450.4, Safety Management System Policy
Procedure 10200.021, Independent Walk-Throughs
Plan 10200.022, Topical Appraisals

10.3.2 BACKGROUND

In addition to the observations by workers, group / section leaders, and programs / departments, the Laboratory has regulatory and contractual requirements to conduct independent topical reviews. These reviews are designed to provide objective assessments of conditions in the work place and the status of implementation of regulatory requirements.

10.3.3 PROGRAM INFORMATION

Independent Walk-Throughs
Independent walk-throughs shall be conducted under the direction of ESH&A according to Procedure 10200.021, Independent Walk-Throughs. A walk-through shall be performed of each program and department on an annual basis. The Independent Walk-Through Team consists of representatives from upper management, ESH&A, Ames site office, ISU EH&S, and an electrical safety inspector. ESH&A will coordinate these walk-throughs and track corrective actions. Observations from walk-throughs, appraisals, and other internal assessments are classified as findings, strengths, or noteworthy practices.

Findings: For finding categorization and closeout information, please refer to Section 10.2.3 Manager Assessments Program Information.

Topical Appraisals
Ames Laboratory safety, safeguards and security, cyber security, and emergency management specialists perform topical appraisals as detailed in Plan 10200.022, *Topical Appraisals*. These appraisals are performed in support of the Ames Laboratory *Oversight and Assurance Program* (Plan 10200.034) as internal independent assessments. Topical appraisals are designed to provide validation of compliance with DOE safety, safeguards and security, cyber security, and emergency management program requirements. Ames Laboratory, in agreement with the Ames site office, utilizes a graded qualitative risk approach to determine applicability and frequency of specific topics of appraisals.

Observations from topical appraisals are classified as findings, strengths, or noteworthy practices, as defined for independent walk-throughs, as noted above. Close-out requirements are defined by corrective action plans approved by the ESH&A manager, or the chief operations officer.

10.3.4 TRAINING

HAZARD IDENTIFICATION	AL-130
Intended Audience:	*Mandatory for safety coordinators and representatives.* *Suggested for all group leaders.*

Course Format:	*Computer-based Training. Estimated completion time: 1.5 hours.*
Associated Retrain Period & Format:	*No retrain.*

10.3.5 PERFORMANCE CHECKLIST

Group / Section Leaders shall:
- Correct identified safety deficiencies.
- Report unresolved safety deficiencies to ESH&A.

Safety Representatives shall:
- Assist group / section leaders with review of work being performed within their organization.
- Report unresolved safety deficiencies to ESH&A.

Safety Coordinators shall:
- Assist programs and departments with Independent Walk-Through preparation and close out of safety deficiencies.
- Report unresolved safety deficiencies to ESH&A.

Department Manager and Program Directors shall:
- Participate in Independent Walk-Throughs or provide a program / department representative.
- Assure that identified safety deficiencies are corrected.
- Report unresolved safety deficiencies to ESH&A.

Environment, Safety, Health & Assurance (ESH&A) shall:
- Conduct Independent Walk-Throughs.
- Conduct Topical Appraisals.
- Conduct trend analysis of safety deficiencies.