

memorandum

DATE: May 14, 2012

REPLY TO

ATTN OF: EM-95:Harness

SUBJECT: **ENVIRONMENTAL MANAGEMENT PROCEDURE EM 3.3, REVISION 8,
"INTEGRATED ASSESSMENT PROGRAM" - APPROVED**

TO: Environmental Management Staff, EM-90

Please read and familiarize yourself with the attached Integrated Assessment Program Procedure. It will be placed onto the Office of Environmental Management's Policies and Procedures Webpage.

If you have questions please contact Jerry Harness at 576-6008.



Susan M. Cange, Acting Manager
Oak Ridge Office of Environmental Management

Attachment

EM 3.3 Integrated Assessment Program

U.S. Department of Energy
Oak Ridge Office
Office of Environmental Management
Procedure

INTEGRATED ASSESSMENT PROGRAM

EM – 3.3
Revision 8

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Jerry Harness, Owner Date:

Approved: A. M. Cange 05/14/12
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Oak Ridge Office of Environmental Management



EM Environmental Management

safety ✦ performance ✦ cleanup ✦ closure

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LIST OF ACRONYMS

AL	Assessment Lead
APC	Assessment Program Committee
APM	Assessment Program Manager
CA	Corrective Action
CAP	Corrective Action Plan
COR	Contracting Officer's Representative
CRAD	Criteria Review and Approach Document
DD	Division Director
DOE	U. S. Department of Energy
EM	Environmental Management
FA	Formal Assessment
FR	Facility Representative
FY	Fiscal Year
IA	Informal Assessment
IAP	Integrated Assessment Plan
IAS	Integrated Assessment Schedule
IVR	Implementation Verification Review
LOI	Lines of Inquiry
MOEM	Manager, Oak Ridge Office of Environmental Management
OR	Oak Ridge
ORO	Oak Ridge Office
PAD	Performance Assurance Division
PFPD	Portfolio Federal Project Directors
PM	Program/Project Manager
QA	Quality Assurance
QAP	Quality Assurance Program
RM	Responsible Manager
SME	Subject Matter Expert
TL	Team Lead
WL	Walkthrough Lead

1.0 PURPOSE

This procedure describes the roles, responsibilities, and basic processes to be used for the management of the U.S. Department of Energy (DOE) Oak Ridge (OR) Office of Environmental Management (EM) Integrated Assessment Program (IAP).

2.0 SCOPE

This procedure applies to all EM divisions, programs, and projects. It includes the following assessment elements:

- Assessment Schedule Development
- Surveillances, Walkthroughs, and Oversight of Contractor Operations
- Independent Assessments
- Management (Self) Assessments
- Corrective Action (CA) Management
- Safety Basis Changes and Implementation Verification
- Adequacy of Contractor's Implementation Verification Review (IVR)
- Assessment of Active Safety Systems
- Trending and analysis of issues

This procedure replaces Revision 7 of EM-3.3. Specific direction for assessment of startup and restart of nuclear facilities/activities is covered by DOE O 425.1, *Verification of Readiness to Startup or Restart Nuclear Facilities* and EM procedures EM-2.1, *Startup and Restart of Oak Ridge Reservation Environmental Management Program Work*, and EM-3.6, *Assessment Program Committee*. Additional direction for conducting assessments of active safety systems is covered under DOE Order 420.1B, *Facility Safety* and EM-2.2, *EM Safety System Oversight*.

3.0 REFERENCES AND DEFINITIONS

3.1 References

- 3.1.1 DOE O 226.1B, *Implementation of DOE Oversight Policy*
- 3.1.2 DOE O 420.1B, *Facility Safety*
- 3.1.3 DOE O 414.1D, *Quality Assurance*
- 3.1.4 DOE O 425.1D, *Verification of Readiness to Startup or Restart Nuclear Facilities*
- 3.1.5 DOE O 225.1B, *Accident Investigations*
- 3.1.6 DOE O 227.1, *Independent Oversight Program*
- 3.1.7 EM Procedure EM-2.1, *Startup and Restart of Oak Ridge Reservation Environmental Management Program Work*
- 3.1.8 EM Procedure EM-2.2, *EM Safety System Oversight*
- 3.1.9 EM Procedure EM-2.7, *Nuclear Quality Assurance Auditor and Lead Auditor Qualification and Certification Program*
- 3.1.10 EM Procedure EM-3.2, *Facility Representative Program*
- 3.1.11 EM Procedure EM-3.6, *Assessment Program Committee and the EM Integrated Assessment Schedule*
- 3.1.12 Office of Science Management System <http://scms.oro.doe.gov/>

- 3.1.13 ORO Management System Description/Quality Assurance Program (QAP) - Part A
http://www-internal.oro.doe.gov/dmg/oro_keymanagementdoc.htm
- 3.1.14 ORO Management System Description/QAP - Part B
http://www-internal.oro.doe.gov/dmg/oro_keymanagementdoc.htm
- 3.1.15 Environmental Management Quality Implementation Plan
http://www-internal.oro.doe.gov/dmg/oro_keymanagementdoc.htm
- 3.1.16 EM Procedure EM-2.8, *Management Walkthrough Program*

3.2 Definitions

Definitions specific to this procedure are:

- 3.2.1 **Assessment:** A review, evaluation, inspection, test, check, surveillance, or audit to determine and document whether items, processes, systems, or services meet specified requirements and perform effectively.
- 3.2.2 **Audit:** A planned and documented activity performed to determine by investigation, examination, or evaluation of objective evidence the adequacy of and compliance with established procedures, instructions, drawings, and other applicable documents, and the effectiveness of implementation. An audit should not be confused with surveillance or inspection activities performed for the sole purpose of process control or product acceptance (per NQA-1 2008).
- 3.2.3 **Responsible Manager (RM):** The EM staff individual having primary responsibility for oversight of an EM facility, operation, activity, program, or functional area and developing an assessment schedule for that area of responsibility. For purposes of this procedure, RMs with their scope of responsibility will be identified by the Manager, Oak Ridge Office of Environmental Management (MOEM). Portfolio Federal Project Directors (PFPDs), Division Directors (DDs), and Project Managers (PM) should be the primary population of RMs.
- 3.2.4 **Surveillance:** A type of Informal Assessments (IA) that is often performed by one or two individuals. A surveillance is typically focused on a less broad area of consideration than a formal assessment and performed using a checklist rather than a full review plan. A report may largely consist of the completed checklist.
- 3.2.5 **Walkthrough:** The act of physically observing a contractor activity to verify that safe working conditions exist and applicable requirements are being followed during work implementation. Walkthroughs are typically performed by a DOE Facility Representative (FR), PM, or subject matter expert (SME). Walkthroughs are normally recorded in the OR assessment/issue management system, e-Pegasus, after completion.

4.0 ROLES AND RESPONSIBILITIES

4.1 Manager, Oak Ridge Office of Environmental Management (MOEM)

- 4.1.1 Appoint EM Assessment Program Manager (APM).

- 4.1.2 Direct EM staff in the performance of Assessment Program roles and responsibilities that are identified in this procedure.
- 4.1.3 Review and approve the initial annual Integrated Assessment Schedule (IAS).
- 4.1.4 Evaluate and approve additions, cancellations, changes to completion dates, or significant changes to review scope for Tier 1 assessments.

4.2 Contracting Officer's Representative (COR)

- 4.2.1 Approve and transmit direction to the contractor regarding assessments and/or walkthroughs, as appropriate.

4.3 Portfolio Federal Project Director and/or Division Director

- 4.3.1 Participate in the development and maintenance of the EM IAS as directed in EM procedure EM-3.6, *Assessment Program Committee and the EM Integrated Assessment Schedule*. This includes the establishment of the RM for every scheduled EM assessment whether formal or informal (guidance for assignment provided in EM-3.6).
- 4.3.2 DDs ensure supervised personnel comply with the requirements of this procedure.
- 4.3.3 Establish expectations for walkthrough activities for supervised staff (for DDs) or integrated project team (IPT) members (for PFPDs). PFPDs shall coordinate with DDs responsible for matrix support staff in establishing the expectations for IPT matrixed support.
- 4.3.4 Fulfill their personal requirements under EM Procedure EM-2.8, *Management Walkthrough Program*, and monitor the performance of supervised staff (DDs) through use of field hour tracking.
- 4.3.5 Ensure that assessments in their area of responsibility including DOE self assessments are conducted per requirements of DOE O 414.1, *Quality Assurance*, Criterion 9 – Management Assessment and Criterion 10, Independent Assessment and in accordance with this procedure.
- 4.3.6 Review the Issue and Trends Analysis Report and other oversight performance reports as needed to establish oversight priorities and aid in the development and modification as needed of the EM IAS.
- 4.3.7 Periodically review closed issues under their area of responsibility to determine the need for effectiveness reviews and schedule such reviews as necessary.
 - Effectiveness reviews are required for Level 1 issues and for those Level 2 issues determined to significantly impact safety or program compliance.
 - Effectiveness reviews are also required for assessments conducted by the Office of Health, Safety, and Security; assessments under DOE O 470.2B, Type A Accident Investigations; and other sources as directed by the DOE Secretary or Deputy Secretary including safety issues.
- 4.3.8 DDs direct or coordinate the SME/technical support necessary to develop and execute the EM IAP.
- 4.3.9 DDs shall reinforce EM expectations for supervised staff utilization of e-Pegasus for documenting walkthroughs, assessments, issues, and CAs in accordance with this

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procedure and guidance provided in EM training on use of the e-Pegasus system and e-Pegasus system on-line help functions.

4.3.10 When designated as the RM for an IAS assessment, the PFPD/DD shall:

- Arrange the assignment of an assessment team lead (AL) and assist the AL as necessary in assessment team member identification and planning the assessment,
- Serve as the Approval Manager in e-Pegasus and review and approve the assessment report in e-Pegasus,
- Coordinate with the AL in designating the Issue Owner, Issue Corrective Action Plan (CAP) Validator, Issue Assigned Verifier, Action RM, and Action Assigned To person during the e-Pegasus assessment record entry process,
- Ensure for assessments requiring a CAP that a CAP is requested, received, and entered into e-Pegasus per requirements of that system,
- Ensure changes to CAPs and/or corrective actions (CAs) are approved at the same level as the original, are tracked until closure, and that closure basis is documented.

4.4 EM Assessment Program Manager

The EM APM is appointed by the MOEM. The responsibilities identified are in addition to other responsibilities of their existing position including those under this procedure.

- 4.4.1 Coordinate the activities of the EM Assessment Program Committee (APC) to develop and maintain the EM IAS. See EM Procedure 3.6, *Assessment Program Committee and the EM Integrated Assessment Schedule* (EM 3.6) for information on the APC.
- 4.4.2 Coordinate training of EM personnel on the requirements of this procedure.
- 4.4.3 Monitor the status of the EM IAP.
- 4.4.4 Provide EM management periodic summary status reports of the IAS, overdue CAs, outstanding actions (e.g., late assessments, missing information, no actions for Level 1 or 2 issues, etc.).
- 4.4.5 Direct the efforts of supervised staff or coordinate the efforts of support staff to ensure that assessment results/issues are reviewed regularly for trends and provide to the APC and other DOE staff as appropriate the results of that analysis as an Issue and Trends Analysis Report.
- 4.4.6 Provide technical/administrative support, as necessary, to execute the IAS.

4.5 Program or Project Manager

- 4.5.1 Support development and review of the EM IAS through process described in EM 3.6, *Assessment Program Committee and the EM Integrated Assessment Schedule*.
- 4.5.2 Monitor the results of assessments and/or walkthroughs for their facilities/projects.
- 4.5.3 Review and recommend approval/rejection of contractor CAPs or CAs after considering other line management, SME, and other technical support input.
- 4.5.4 When designated as the RM for an IAS assessment, the PM shall:
 - Arrange the assignment of an AL and assist the AL as necessary in assessment team member identification and planning the assessment,

- Serve as the Approval Manager in e-Pegasus and after review and directed modifications, if needed, approve the assessment report in e-Pegasus,
- Coordinate with the AL in designating the Issue Owner, Issue CAP Validator, Issue Assigned Verifier, Action RM, and Action Assigned To person during the e-Pegasus assessment record entry process,
- Ensure for assessments requiring a CAP that a CAP is requested and approved upon submittal (including later requested changes) and entered into e-Pegasus per requirements of that system,
- Ensure CAs are tracked until closure and closure basis is documented.

4.5.5 Complete other tasks as may be assigned; e.g., Issue Owner responsible for closing issues upon CA(s) completion.

4.6 Assessment Lead/Walkthrough Lead (WL)

- 4.6.1 Assemble the assessment/walkthrough team and coordinate needed training and logistics.
- 4.6.2 Develop the assessment plan (can be a checklist for an IA) with assistance of team members and input from RM as needed. A WL can develop/use a checklist but one is not required.
- 4.6.3 Comply with requirements of this procedure and applicable references in managing assessments and walkthroughs.
- 4.6.4 With assistance of team members (if any), prepare walkthrough or assessment report. Have assessment report entered into e-Pegasus per EM requirements provided in e-Pegasus training and system help modules.
- 4.6.5 Upon approval of assessment report by Approval Manager, transmit the report to other appropriate EM staff; e.g., facility representative, APM, other managers.
- 4.6.6 Complete other tasks per agreement with the RM; e.g., e-Pegasus CAP entry, Issue Owner responsible for closing issues upon CA(s) completion, etc.

4.7 Assessment/Walkthrough Team Members

- 4.7.1 Assist, as needed, the AL in the development of the assessment plan lines of inquiry (LOI) in their assigned area.
- 4.7.2 Perform the assessment per the assessment plan in their assigned area. Accurately document their assessment activities/results. Assist the AL in resolving factual accuracy concerns.
- 4.7.3 Maintain effective communications with AL/WL and accessed organization staff.
- 4.7.3 Complete other post field work tasks as may be assigned; e.g., Issue Owner responsible for closing issue upon CA(s) completion, Issue Assigned Verifier, etc.

5.0 PROCEDURE

The following sections provide direction to all personnel who participate in the EM IAP.

5.1 EM Integrated Assessment Schedule

The EM IAS is composed of all environment, safety, health, Quality Assurance (QA), emergency

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management, and project management assessments that are scheduled to be performed on EM programs/projects/activities. These assessments are documented in the e-Pegasus assessment/issue information management system per requirements of this procedure and procedure EM-3.6.

Note: Security assessments and emergency management program assessments performed by the ORO Assistant Manager for Security and Emergency Management organization are scheduled, performed, and documented separately outside the scope of this procedure.

The EM IAS is developed and maintained by the EM APC via the process described by EM procedure EM-3.6, *Assessment Program Committee and the EM Integrated Assessment Schedule* (reference 3.11). Some key elements of the IAS are:

- The EM IAS is a rolling three fiscal year (FY) schedule which is updated annually at the beginning of the FY by the APC.
- The IAS is composed of Formal Assessments (FAs) and IA; e.g., surveillances, but not walkthroughs. Although walkthroughs are classified as a type of assessment in e-Pegasus, the requirements for conducting walkthroughs differs in this procedure as compared to other assessment types.
- Assessments are planned based on a number of different factors including: regulatory/directive/other drivers; hazards/risks inherent to work activity; operational awareness; issue trend analysis; performance history; previous assessment results; and external direction.
- Each assessment has a RM who is responsible for ensuring the completion of the assessment as planned using the processes described in this procedure or completing appropriate actions described in EM-3.6 for cancellation/modification of the planned assessment.

5.2 EM Formal Assessments (see Attachment A for flowsheet)

- 5.2.1 A schedule of FAs will be made available to EM Management as a part of the annual IAS.
- 5.2.2 FAs shall be scheduled, planned, conducted, and documented in accordance with references 3.1.1, 3.1.11-12, and 3.1.16, and this procedure with the exception of readiness reviews which are conducted in accordance with DOE O 425.1D and EM-2.1, *Startup and Restart of Oak Ridge Reservation Environmental Management Work*. Further direction on assessments of safety systems is provided in EM-2.2, *EM Safety System Oversight*.
- 5.2.3 FAs require more structured planning than informal assessments. The planning will encompass scheduling, guidelines for conducting the assessment, team formulation with assignment of responsibilities and report writing. Formal assessments may be performed on DOE processes or activities, termed a self assessment, or of a contractor activity, program, or process. FAs of contractors include, but are not limited, to the following:
 - Operational Readiness Reviews
 - Readiness Assessments
 - Integrated Safety Management System Assessments
 - Safety Systems Oversight Assessments
 - Nuclear QA Assessments
 - Effectiveness reviews of HSS and/or EM Headquarters CAP closures
 - Type B Accident Investigations
- 5.2.4 The AL, as designated by the appropriate RM, shall coordinate and schedule the SME and

technical support required to make-up the assessment team and conducts the assessment. For safety basis changes and IVRs, the responsible Facility Representative and the PM should be included on the review team.

- 5.2.5 FAs shall be of sufficient scope, duration, and frequency to support the accomplishment of EM and contractor operations in a safe manner and within cost, schedule, and scope.
- 5.2.6 The organization to be assessed should be notified by the the RM AL at least two weeks in advance of a FA unless a contract requirement identifies a longer notification period.
- 5.2.7 FAs shall be performed according to a review plan that is prepared or approved by the AL, with approval by the RM, in advance of the assessment.
- 5.2.8 The assessment plan should contain the following:
- Objective: a brief statement of what the assessment is to accomplish.
 - Scope: a brief summary of the topical areas that will be covered during the assessment, and the depth to which each will be covered.
 - Assessment Methods and Schedule: a listing of the planned date(s) of the assessment, team members, areas of review for each team member, general assessment techniques, and methods for issues communication during the conduct of the assessment.
 - Listing of Performance Criteria References: applicable requirements, regulations, DOE Orders, procedures, and/or industry standards. For safety basis changes and IVRs, the contractor's Implementation Plan shall serve as the basis for the validation criteria. DOE may include additional requirements if not adequately addressed by the contractor's Implementation Plan.
 - Listing of Criteria Review and Approach Documents (CRADs) or LOIs: as required for the review.
 - Reporting Methods and Schedule: a brief summary discussing the format of the assessment report and when draft and final reports will be released.
- 5.2.9 The AL shall identify and make available required reading for the assessment team and ensure that team members have completed required reading before start of assessment.
- 5.2.10 The AL shall conduct an in-brief covering the scope of the assessment with the organization being assessed and assessment team.
- 5.2.11 The assessment team shall conduct the assessment per the assessment plan. Potential deviations to the plan should be brought to the attention of the AL for discussion and resolution with the DOE RM and contractor representatives if required.
- 5.2.12 Assessment team members must document their portion of the assessment in sufficient detail to reconstruct its scope and support their reported results and conclusions; e.g., documents reviewed, interviews conducted, activities observed, etc. The documentation should allow a reasonably knowledgeable reader to understand the logic behind the assessment approach and the conclusions developed. Team members should document failure to complete assessments activities for any CRAD or LOI assigned.
- 5.2.13 Assessment personnel must notify the cognizant line manager, the AL, and the facility representative verbally as soon as possible so appropriate actions may be taken when appraisal activities indicate any of the following conditions:
- a) the existence of an imminent danger to workers, the public, or environmental protection
 - b) the existence of an unsafe situation to human health and/or the environment.

- c) a major vulnerability (e.g., unacceptable risk of special nuclear material theft or diversion, radiological or industrial sabotage, espionage, or significant compromise of classified information).

The AL shall make other notifications as appropriate.

5.2.14 Findings of deficiencies in the assessed activities should be classified as follows, unless otherwise directed by management:

- Level 1 FINDING (L1) – Findings of major significance. Such findings include imminent threats to worker protection, public safety, or environmental quality or the presence of a major risk or vulnerability to the same, a systematic breakdown in or a failure to implement a major work control element necessary for safety, quality or the environment or a significant noncompliance with requirements. Level 1 findings require a root cause determination and extent of condition evaluation and CA.
- Level 2 FINDING (L2) – Findings that represent non-conformances, deviations, and/or deficiencies in the implementation of requirements, procedures, standards, and/or regulatory requirements. Level 2 findings should have an assignment of causal code and require a CA unless closed during the assessment.
- Level 3 FINDING (L3) – Observations that the assessor deems to be an isolated, minor, quick fix or a nonadherence to best practices/internal procedures/accepted standards. In e-Pegasus, Level 3 findings can be entered as auto close (requiring no CA) or open and requiring a CA.

Evaluation of activities may also lead to identification of a Strength or Noteworthy Practice in the assessed organization's activities or processes that are indicative of a higher level of performance. They are defined as:

- **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, of a particular practice, procedure, process, or system considered so unique or innovative enough that the entire Department might find it beneficial. Mere compliance with mandatory requirements is not considered to be a noteworthy practice.

- 5.2.15 For multi-day assessments, the opportunity for scheduled feedback meetings should be offered to the assessed organization by the AL. At these meetings, the AL should provide a status on the conduct of the assessment as well as any potential findings, observations, and proficiencies that have been identified.
- 5.2.16 Upon completion of the assessment field work, a closeout meeting shall be held with the assessed organization. As a minimum, a summary of the assessment results shall be presented along with a time frame for delivery of the assessment report. Appropriate DOE and contractor personnel and other interested parties shall be invited to the closeout meeting (e.g., Defense Nuclear Facilities Safety Board representative, PFPD, PM, FR, contractor Facility Manager, etc.).
- 5.2.17 Prior to issuance of the final report, the findings from the assessment shall be provided to the assessed organization in the form of a draft report or finding forms to allow the assessed organization to review for factual accuracy. The assessed organization's comments/questions should be provided to the assessment team for their consideration. Typically, no more 5 working days is allowed for factual accuracy review. If a factual disagreement persists between the assessed organization and assessor reporting the finding,

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the AL will make the final decision on whether the finding shall be included in the final report. If a finding is removed from the final report, the individual assessor may provide an exception statement to be included in the final report.

5.2.18 A final report should be prepared for all FAs. The final report is prepared under the direction of the AL with input from the team members.

Content of the report should include:

- Objective of the assessment
- Scope covered during the assessment
- Documents reviewed, staff interviewed, work observed
- Methods of performance
- Summary of results, including proficiencies, findings, and observations and a statement on the effectiveness of the elements audited
- For safety basis changes and IVRs, the report shall include a conclusion on the adequacy of the contractor's IVR and the recommendation to approve operation under the revised safety basis document or list of prerequisites and closure criteria.

5.2.19 Upon completion of the final report, the AL shall input the final report with findings into e-Pegasus. A goal of no more than 15 days from the completion of the assessment is established for accomplishment of this activity. Issues closed during the assessment and listed in the assessment report should also be entered into e-Pegasus. Upon release/submittal of the assessment report in e-Pegasus by the AL, the assessment report is forwarded by e-Pegasus to the RM, who should be designated as Approval Manager in e-Pegasus, for approval.

5.2.20 For DOE self-assessments, the RM has the responsibility for approval of the assessment report, ensuring development of a CAP if issues are noted in the assessment report, and input of CAs into e-Pegasus.

5.2.21 For contractor assessments, the RM should transmit the approved final report to the contractor by a COR letter. If there are open issues, the letter should include direction to provide a CAP, typically within 30 days, which should contain the following:

For Level 1 and 2 findings

- A determination of the extent of the deficiency
- A CA schedule with specific activities as appropriate and the individual responsible for the action
- Compensatory CAs if needed
- Direct and contributing causes
- Root causes if the issue is considered systemic.

For Level 3 findings

- A request to provide information on actions, if any, to address Level 3 findings.

Note: All e-Pegasus entries shall be in accordance with OR EM provided instructional materials and training.

5.3 Informal Assessments (see Attachment B for flowsheet)

The purpose for conducting an IA will be based on an order or some other need or driver. They

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typically have a more narrow scope than a FA and are performed using a checklist or limited review plan rather than a full review plan. An IA is also commonly identified as a surveillance and are often performed by one or two individuals.

- 5.3.1 Informal assessments should be included in the IAS, typically as Tier 3 assessments. See Reference 3.1.11 for development of the IAS and definition of Tier 3 assessments.
- 5.3.2 Informal assessments identified following the annual development of the IAS should be added to the IAS per requirements of Reference 3.1.11.
- 5.3.3 The RM shall designate the AL. The assigned AL should coordinate and schedule additional SME and technical support as needed to perform the IA.
- 5.3.4 The AL with team member(s) assistance as appropriate shall prepare an assessment plan/checklist which shall be graded to the relevance of the assessment and concurred on by the RM.

Note: Surveillance checklists are available on the ORO Safety First website (<http://www-internal.oro.doe.gov/esq/safetyfirst/Links.htm>).

- 5.3.5 The assessment team shall conduct the IA in accordance with DOE O 226.1 and this procedure.
- 5.3.6 Following completion of the field portion of the assesment, the AL shall communicate assessment results to appropriate management staff of the assessed organization and resolve any factual accuracy issues that may be raised by the assessed organization.
- 5.3.7 The AL shall prepare or direct the preparation of the final report and enter it into e-Pegasus no later than 15 days (a goal of 7 days) following completion of the assessment field work. If the assessment was conducted using a checklist, the completed checklist may be used as the final report by supplementing with the following information if not already included in the checklist:
 - Date of the assessment
 - Findings with Level designation
 - Other assessment information as necessary.

Alternatively, the format for a formal assessment final report may be used.

- 5.3.8 Following completion of an IA with Level 2 findings for contractor assessments, the RM may disposition the finding(s) by one of several means. The findings author (assessor) should be consulted on the method selected.
 - 5.3.8.1 For Level 2 (CAP required) findings/issues, treat in a similar fashion as a FA and transmit the report to the assessed organization with a request for a formal CAP following the process used for a formal assessment and the subsequent attendant actions. See Section 5.2.21.
 - or
 - 5.3.8.2 For Level 2 follow-up required findings/issues, in cases where an assessed organization initiates CAs on its own, task the finding's assessor or other support staff; e.g., FR, with tracking and closure verification of the CA. A CA should be entered into e-Pegasus for DOE verification of closure of issue (finding) to ensure CA is accomplished. Feedback from the contractor; i.e., their CA due date, should be used to establish a reasonable due date for the verification CA.

or

5.3.8.3 The findings from multiple IAs/walkthroughs completed over a timeframe determined by the RM can be collected and transmitted to the assessed organization with a request for a CAP and then followed by subsequent attendant actions.

Level 1 findings shall always require a CAP.

5.3.9 When a CAP is to be requested in response to findings in multiple IAs/Walkthroughs, each of the individual assessment/walkthrough reports should be transmitted to the contractor under a COR letter prepared by the RM. The CAP should include the same information as the CAP for a formal assessment (Section 5.2.21). However, a shorter response time (but not less than 15 days) by the contractor can be directed at the discretion of the RM.

5.4 Walkthroughs of Contractor Operations

5.4.1 The WL and other walkthrough participants shall conduct walkthroughs in accordance with references 3.1.10 and 3.1.16 of this procedure.

5.4.2 Walkthroughs are conducted on an as-needed basis.

5.4.3 Walkthroughs do not require advance scheduling, a predetermined basis, or checklist for performance, although such may be utilized. They are a means to walk through appointed/assigned spaces in an unannounced and unencumbered fashion to monitor contractor activities. However, all facility entrance requirements must be met by walkthrough participants and the walkthrough should not hinder or impede the observed work.

5.4.4 Walkthrough participants should keep appropriate staff of the assessed organization cognizant of the results of the walkthrough especially as regards findings/issues identified. Factual accuracy review is more informal than with FAs or IAs but efforts should be made to address any potential concerns.

5.4.5 Following completion of the walkthrough, the WL should complete the e-Pegasus walkthrough/assessment report and release/submit it the RM/approval authority within 15 days of the walkthrough.

5.4.6 The resolution of findings/issues and the CAs process is by the same methodology as for informal assessments.

5.5 The receipt and disposition of Corrective Action Plans (Attachment C)

5.5.1 The RM for an assessment or walkthrough shall coordinate the review of and shall approve a submitted CAP. When received a CAP should be evaluated by the RM, the AL or WL, and other assessment/walkthrough team members or DOE staff as required, based upon the CAs in the CAP.

5.5.1.1 The CAP should be reviewed for the adequacy of the proposed CAs; e.g., technical content and timeliness of the proposed due date. All reviewers should provide comments to the RM for their consideration and consolidation as needed.

5.5.1.2 The RM with assistance of the AL/WL if required should attempt to resolve any issues on the adequacy of the CAP with contractor personnel.

5.5.1.3 Following the issue resolution process, the RM shall prepare correspondence to the contractor through the COR to approve or reject the CAP.

- 5.5.2 Following approval of a CAP, the RM shall ensure the CAs are entered into e-Pegasus.
- 5.5.3 The RM shall ensure the CAPs are tracked to closure and closed out in e-Pegasus in a timely fashion. This can be accomplished by ensuring that the appropriate staff are identified in e-Pegasus as issue owners, CA RM (can be different than assessment RM), and CA assigned to person. Closure documentation should be attached to the e-Pegasus record.
- 5.5.4 Revisions to an approved CAP, other than editorial, require submission of the changes to the original approval authority. Such changes would include any substantive changes to the CA itself or due date extensions.
- 5.5.5 The proposed changes are evaluated using any DOE resource; e.g., AL/WL/team members or SMEs, as needed by the approval authority.
- 5.5.6 The requested CAP changes are either approved or disapproved by the approval authority and response provided to the requesting organization.
- 5.5.7 E-Pegasus shall be updated to reflect any approved changes

5.6 Training, Qualification, and Experience Requirements

- 5.6.1 OR EM personnel conducting or having responsibilities for walkthroughs and assessments shall have training on the requirements of this procedure or have equivalent training which would prepare them to successfully perform assessment/walkthrough activities; e.g., facility representative qualification program.
- 5.6.2 For quality management system assessments, Lead Auditors/Auditors shall be qualified/certified under EM procedure EM-2-7, *Nuclear Quality Assurance Auditor and Lead Auditor Qualification and Certification Program*.
- 5.6.3 When non-OR EM personnel participate in OR EM assessments or walkthroughs, the AL or WL will provide an orientation to basic requirements and monitor their performance to the requirements of this procedure.

5.7 Issue Trending and Analysis

EM management shall identify a staff person who will ensure that an evaluation of the results/findings from the EM assessment/walkthrough program is performed at a periodicity directed by the MOEM. The purpose of the evaluation shall be to determine if there are performance trends needing EM senior management attention. The structure of the evaluation and the format and content of the ensuring report will be the responsibility of the APM using input from the APC. The results of the evaluation should be presented in an Issue and Trends Analysis Report. The report will be provided to members of the APC and other DOE staff as needed.

6.0 RECORDS

6.1 Program Records

- 6.1.1 Records generated as a result of implementation of this procedure include, but are not limited to:
 - 1. Assessment Plans
 - 2. Completed Lines-of-Inquiry or Checklists (as applicable)
 - 3. Attendance Sheets
 - 4. Assessment Reports
 - 5. Letters requesting CAP submittal
 - 6. Corrective Action Plans

7. CAP approval letters
 8. Correspondence on changes to CAPs, including extensions and rejections
 9. Evidence files for CA closure
 10. Any other assessment correspondence
 11. Issues and Trending Reports
- 6.1.2 Records shall be maintained in accordance with the established ORO EM Records Management System and this procedure.

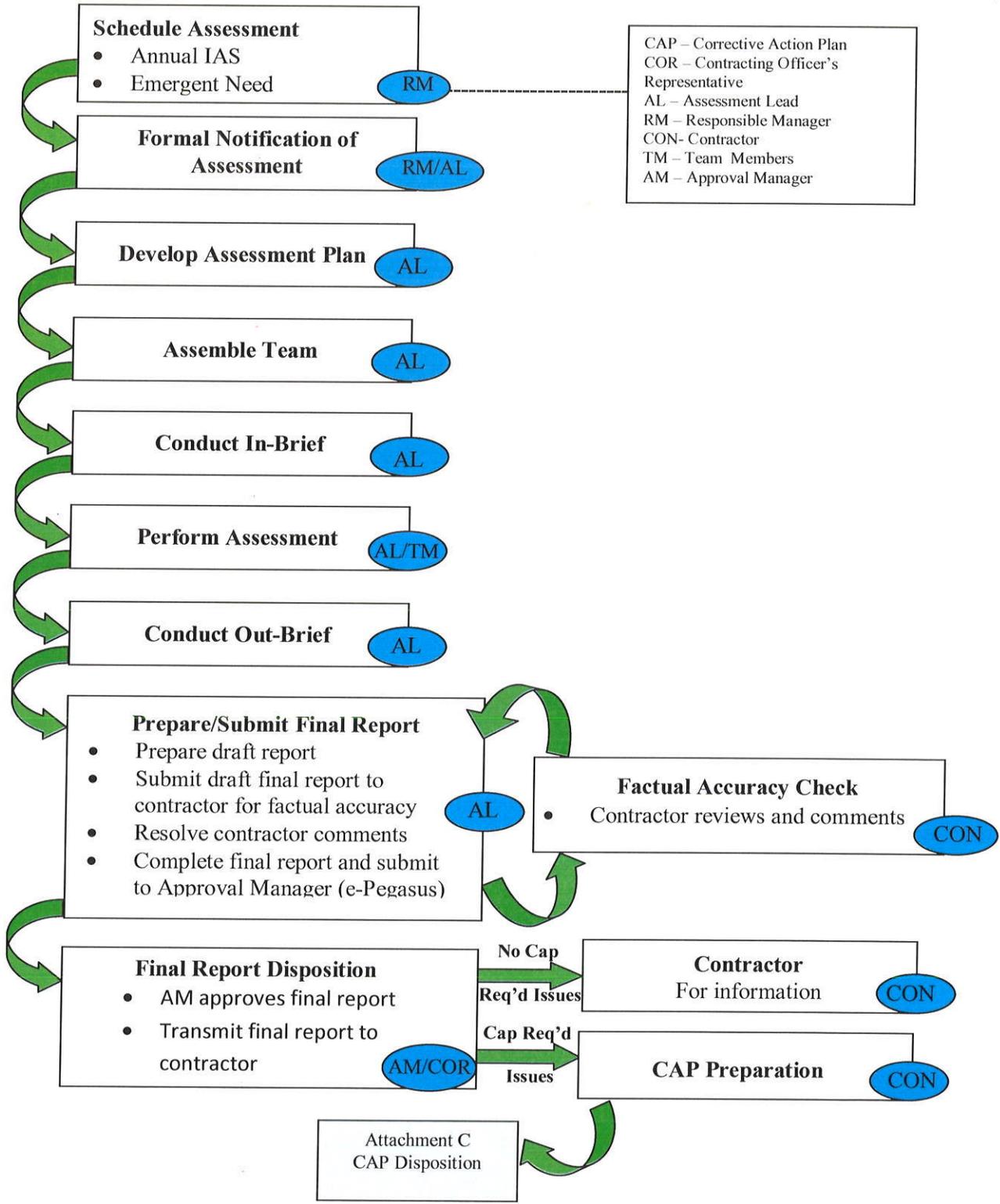
7.0 ATTACHMENTS

- ATTACHMENT A, Formal Assessment Flow of Work and Responsibilities, Preparation and Conduct
- ATTACHMENT B, Informal Assessment Flow of Work and Responsibilities, Preparation and Conduct
- ATTACHMENT C, Assessment Flow of Work and Responsibilities, CAP Disposition

ATTACHMENT A

Formal Contractor Assessment Flow of Work and Responsibilities

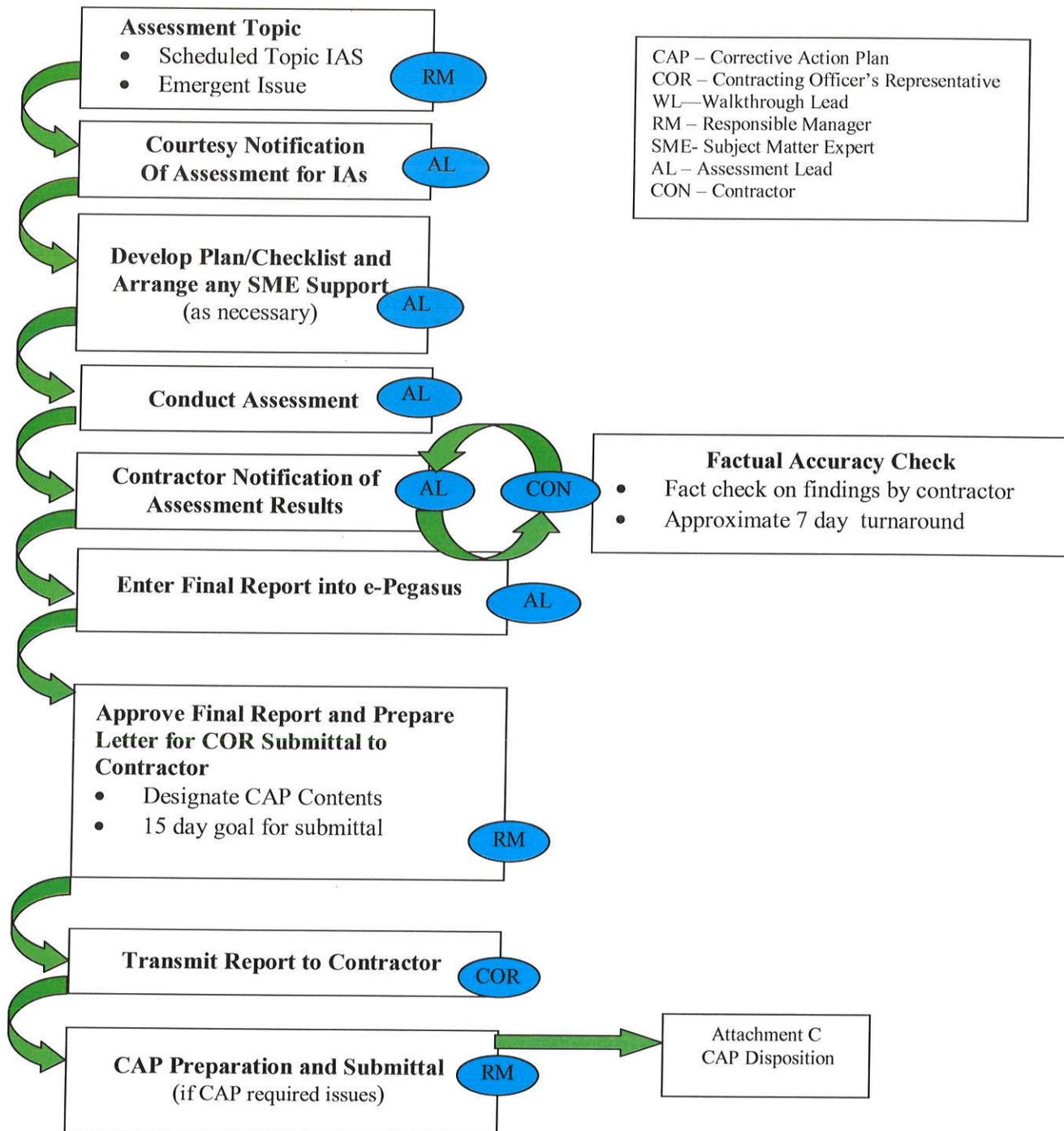
Preparation and Conduct



ATTACHMENT B

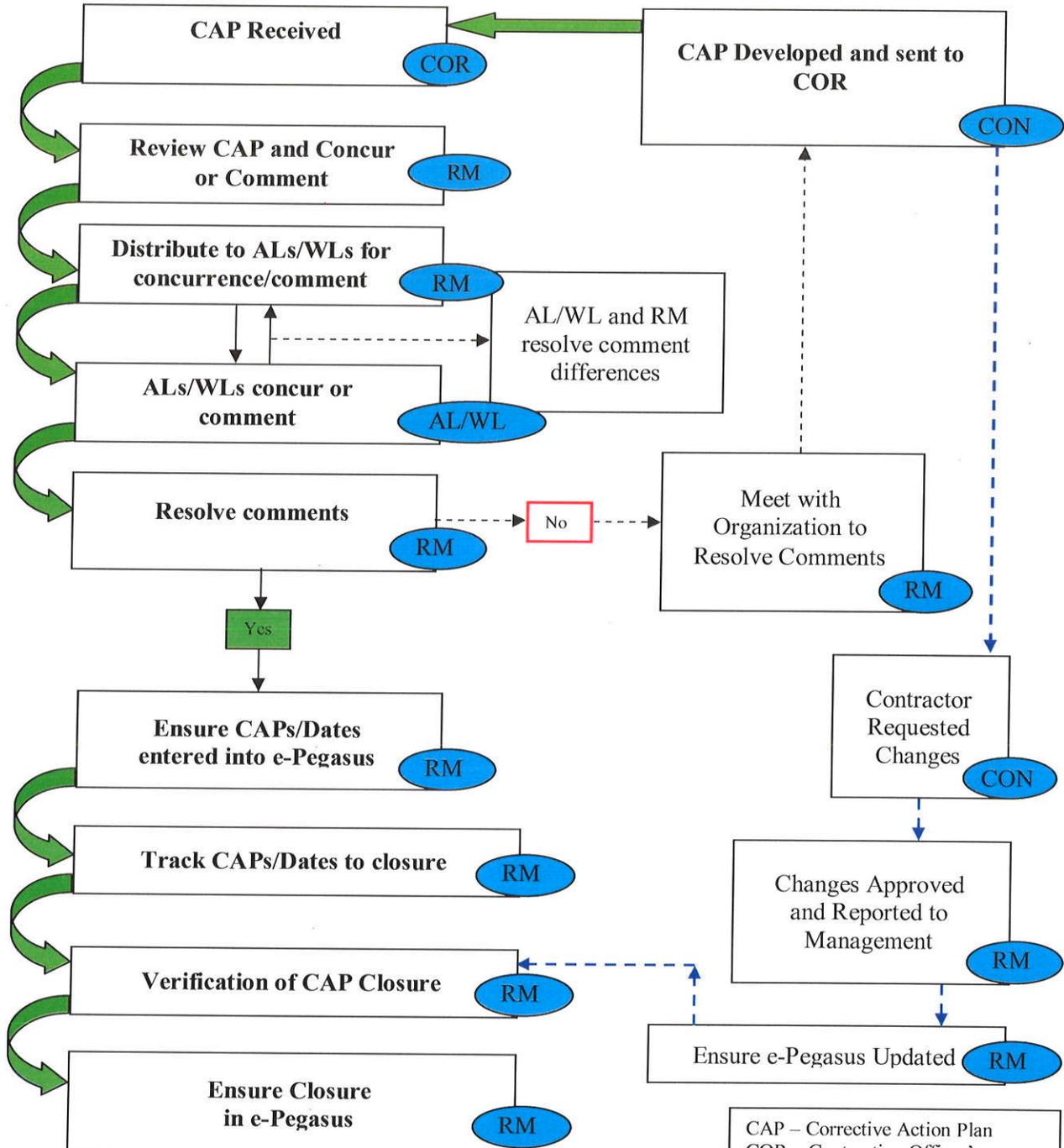
Informal Assessment Flow of Work and Responsibilities

Preparation and Conduct



ATTACHMENT C

**Assessment Flow of Work and Responsibilities
 For Contractor CAP Disposition**



CAP – Corrective Action Plan
 COR – Contracting Officer’s Representative
 AL – Assessment Lead
 WL– Walkthrough Lead
 CON – Contractor
 RM - Responsible Manager