

**U.S. DEPARTMENT OF ENERGY
THOMAS JEFFERSON SITE OFFICE**

Operational Awareness Program Plan

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OPERATIONAL AWARENESS PROGRAM PLAN

1.0 OBJECTIVE

The purpose of the U.S. Department of Energy (DOE) Thomas Jefferson Site Office (TJSO) Operational Awareness Program Plan (OAPP) is to ensure that the Jefferson Lab (JLab) is managed and operated safely, efficiently, and in accordance with DOE's expectations and contractual and regulatory requirements. This program plan establishes a tailored process to plan, perform, and document performance assessments at JLab (a low hazard non-nuclear accelerator facility) on the applicable regulatory requirements, and others provisions described in the Management and Operating (M&O) contract between the DOE and Jefferson Science Associates (JSA). This program plan likewise provides a means to ensure DOE Site Management is routinely informed of JLab's status which effects performance. This plan is intended to enhance the efficiency between JLab's standing inspection programs and maximize the effectiveness of the TJSO by relaying potential interests across functional disciplines. The guiding principles of Integrated Safety Management (ISM) are to be inherent in all operational awareness activities conducted by TJSO staff. Specific goals of TJSO oversight are as follows:

- Setting expectations for contractor performance (e.g., tailoring contractor annual performance measures (PEMP) based on assessment performance);
- Monitoring performance of ongoing activities to ensure protection of the environment, and safety of the public, Jefferson Lab workers, Users, and visitors;
- Maintaining awareness by monitoring performance of Jefferson Lab programs, projects, and operations (e.g., conducting assessments);
- Facilitating performance by working to resolve issues;
- Communicating results from operational awareness activities to TJSO management and DOE SC when appropriate; and
- Facilitating performance through open communications and providing feedback to the contractor regarding current, emerging, or potential issues affecting operations and performance (e.g., status updates provided in Lab/TJSO Monthly Safety Meetings).

2.0 SCOPE

The content of this document serves as the procedural basis for conducting operational awareness activities in accordance with DOE O 226.1, specifically covering contract oversight in the functional areas of Environmental Safety and Health (ES&H), Safeguards and Security (S&S), Cyber Security (CS), and Emergency Management. This document serves as a guide in the conduct of operational awareness activities performed in all other TJSO functional areas of oversight responsibility (i.e., Budget/Finance, Contract Management, Facility Operations, Facilities and Infrastructure

Management, Project Management, and Property Management). Assessments initiated and conducted by parties outside the TJSO (e.g., Office of Science, Oak Ridge Office, Peer Review Panels, JLab Internal Audits, etc.) are not subject to the conditions of this program plan in conduct or reporting; however, the information from such assessments can be used to augment the objectives of this program plan. The execution of this program plan must factor in the potential for business sensitive, security sensitive, or personnel sensitive information; therefore, TJSO staff must ensure that operational awareness information is either appropriately sanitized for general distribution (i.e., ORION entry), or maintained secure and separate. There is no classified information at TJNAF. DOE has the authority to conduct inspection activities, review documents, and have access to contractor employees in DOE facilities that are managed and operated by contractor organizations.

3.0 REFERENCES

Specific Departmental and Site Office requirements and guidance documents relevant to this plan include:

- Office of Science Management System procedure on the Integrated Assessment Schedules
- DOE Order 226.1A, Implementation of DOE Oversight Policy
- DOE Order 420.2B, SAFETY OF ACCELERATOR FACILITIES
- DOE Policy 450.4, Safety Management System Policy Integrated Safety Management (ISM)
- DOE M 231.1-2, Occurrence Reporting and Processing of Operations (ORPS) Information
- Contract, DE-AC05-06OR23177
- TJSO SOPP 2.1, Employee Concerns
- TJSO SOPP 4.4, Training Program and Employee Development
- TJSO SOPP 4.6, Quality Assurance Program
- TJSO SOPP 4.8, Federal Employee Safety and Health Program (FEOSH)
- TJSO SOPP 4.9, Integrated Safety Management System (ISMS) Program Description
- TJSO SOPP 4.10, Functions, Responsibilities and Authorizations Manual (FRAM)

4.0 RESPONSIBILITIES

4.1 TJSO Manager and/or Deputy Manager

- 4.1.1 Assigns functional areas of responsibility to TJSO staff (See SOPP 4.10, TJSO FRAM).
- 4.1.2 Communicates the expectations on how this program is to be applied to the oversight of ES&H, and non-ES&H activities through the Critical Elements section of individual Performance Plan and Appraisals.
- 4.1.3 Approves TJSO's annual update to SC's Integrated Assessment Schedule, as submitted by the TJSO staff. An example of the 3-year assessment schedule is provided for reference in Appendix B.
- 4.1.4 Directs additional inspections/assessments as deemed appropriate.
- 4.1.5 Participates with TJSO staff in planning and completing operational awareness activities, as appropriate.
- 4.1.6 Demonstrates visible operational awareness leadership.
- 4.1.7 Meets routinely with TJSO staff to review information documenting the results of operational awareness activities.
- 4.1.8 Meets as necessary with contractor management to discuss results from the operational awareness activities.
- 4.1.9 Works with external DOE oversight and regulators to ensure audit/inspection support and coordination is achieved.
- 4.1.10 Communicates results from operational awareness activities to DOE SC, as required.
- 4.1.11 Ensures TJSO staff is appropriately trained and qualified.
- 4.1.12 Issues approval letters to the Laboratory upon satisfactory submission of select program documents, and / or program performance.

4.2 Operational Awareness Program Coordinator (OAPC)

- 4.2.1 Serves as the TJSO point of contact for issues related to the implementation, revision, and maintenance of this document.
- 4.2.2 Serves as the interface between the ORION system administrators and the TJSO staff to resolve questions on the use ORION.
- 4.2.3 Provides the Site Office Manager/Deputy Manager with quarterly status updates on assessment activities.

- 4.2.4 Accumulates annual updates to the Surveillance schedule from the TJSO staff so that advanced coordination and planning can be arranged with the Lab, and ultimately approved by Site Office Management for inclusion in the SC Integrated Assessment Schedule.

4.3 TJSO Staff

Cognizant TJSO staff evaluates Jefferson Lab's compliance and performance with respect to requirements and other terms and deliverable identified in the contract. Responsibilities include conducting periodic contract compliance assessments, identifying strengths and vulnerabilities, and maintaining general familiarity with Jefferson Lab performance and conditions within their assigned functional area. Specific responsibilities include:

- 4.3.1 Plans, conducts, and documents (i.e., ORION, see Appendix C for details) assessments performed within their area of assigned responsibility.
- 4.3.2 Submits annual TJSO Surveillance Schedules to the OAPC, for master schedule development and Site Office Manager/Deputy review and approval. Annual Surveillance schedules must be developed in advance of the 31 August submission date to the ISC. In the event the Surveillance schedule is significantly delayed or cancelled, it is the cognizant TJSO staff member's responsibility to inform the TJSO Manager/Deputy Manager, and to update the Orion database.
- 4.3.3 Assists in identifying conditions that may be of interest to other TJSO staff members, both within and outside their assigned area of responsibility. It is incumbent that such information is shared in a timely manner, and technical assistance is provided when requested by another TJSO staff member, the TJSO Manager/Deputy Manager.
- 4.3.4 Maintains frequent communication with their JLab counterparts regarding changes in the status of the facility, or programs including tracking deficiencies identified during DOE assessments.
- 4.3.5 Ensures the Laboratory enters DOE identified Findings into the JLab Corrective Action Tracking System (CATS), and verifies closure, taking into consideration priority, risk and other factors.
- 4.3.6 Recommends corrective actions or program improvements as appropriate pertaining to TJSO oversight functions and the OAPP.
- 4.3.7 Exercises "Stop Work" responsibility in situations that present an imminent safety, health or environmental hazard, and provides immediate notification to the Site Office Manager, Deputy Manager, or Contracting Officer's Representative (COR).

- 4.3.8 Initiates requests and coordinates support from external resources, when deemed necessary, to evaluate technical performance matters within their assigned area of responsibility.
- 4.3.9 Monitors the outcome of Lab initiated reviews within their area of assigned responsibility, as to be aware of identified vulnerabilities and corresponding Corrective Actions.
- 4.3.10 Monitors external sources of information (i.e., HQ bulletins, IG reports, ORPS Summaries) for consideration in tailoring local assessment plans or frequency. Works with TJSO Operating Experience Coordinator to determine if recurring programmatic non-compliances exist that would prompt external reporting (i.e., ORPS, NTS), or if notable programmatic strengths should be submitted externally as Lessons Learned.
- 4.3.11 Prepares documentation from assessment activities (Walkthrough and Surveillance), transmitting the results to stakeholders, and ORION.
- 4.3.12 Enters issues, corrective actions, and closure verification evidence following the process described in Section 5.2.
- 4.3.13 Facilitates the review and approval of select programs/program documents as submitted and managed by the Contractor (see Appendix D).
- 4.3.14 Interfaces as necessary with regulators.

5.0 PROCEDURE

5.1 Assessments

5.1.1 Pre-Planning

TJSO uses both formal and informal assessment approaches to execute oversight responsibilities. This approach affords TJSO flexibility in identifying and addressing a range of issues that may be identified at the site, while sustaining sufficient formality in issues management and coordination of activities within the TJSO, and the Lab. The planning process may necessitate periodic meetings among TJSO staff during which the results from operational awareness activities are reviewed to identify significant issues that warrant further evaluation and changes in operations at Jefferson Lab. TJSO staff is to consider safety risks and consequences in the planning stages of walkthrough assessments and surveillances. The TJSO/JLab Integrated Assessment Schedule serves as a living document to help coordinate assessment activities.

Coordination of operational awareness activities among the TJSO staff and contractor activities reduces the burden of oversight activities. This arrangement results in more effective use of TJSO and contractor resources. However, as the TJSO staff identifies concerns that are not

being fully addressed by ongoing contractor activities, TJSO staff will coordinate additional “for cause” reviews as appropriate to assure safe and effective programs, projects or operations are being conducted.

Operational awareness activities provide heightened awareness for operations, especially those determined to pose the highest risk to workers, the public, or the environment, and those functions critical to fulfilling the Jefferson Lab mission. With respect to projects and operations, risk is typically determined based on the probability of an event occurring and the possible consequences of the event. Additionally, the operational history of a facility is an important factor in determining operational awareness assignments.

5.1.2 Assessment Scheduling

In advance of each Fiscal Year, a draft Assessment Schedule will be proposed by each TJSO staff member for their respective area of responsibility, and are to identify facilities or programmatic elements to be assessed over a 3-year look ahead. Refer to Appendix B for an example, and consult the corresponding ISC Management System document for specific details. Only TJSO Surveillances are candidates for inclusion in SC Integrated Assessment Schedule, as maintained in ORION.

The frequency and depth of assessments performed on any given facility or programmatic element are to be graded by TJSO staff based on a risk and probability perspective. TJSO considers risk, resource, and programmatic factors such as those listed below to assist in determining how and where oversight resources should be expended:

- History of contractor performance
- Complexity of the facility and facility operations
- Degree of exposure to hazardous work environments
- Age, maintenance condition, and level of uncertainty of the facility
- Potential for on-site or off-site environmental impacts
- Evidence of other (e.g., DOE, Contractor) oversight activities (e.g., TJSO Operational Awareness activities, TJNAF CAS effectiveness)
- Facility configuration changes
- Facility operations involving multiple shifts
- Potential for DOE or public interest
- Risks to successful mission accomplishment
- Operational status and financial risks
- ORPS, IG and GAO reports

TJSO utilizes the information above as well as a key-indicator table located on the shared drive in assessing risk. TJSO utilizes a systems-based oversight methodology that aims to provide risk-based efficient, effective, and thorough oversight of contractor operations. The table assists in

identifying and prioritizing functional area assessments. Factors that determine priority include time since last contractor or DOE assessment, past performance, whether the functional area involves credited systems or potential impact to the public, among other factors. Required assessments are automatically given a high priority. The table is used as a “desk guide”, as it cannot account for changing circumstances, unplanned events, and mandates that continually refocus oversight attention.

Inspection schedules should take into consideration recurring peer review schedules. The TJSO Annual Assessment Schedule will be shared with the JLab management in advance, to allow an opportunity for modification and streamline efficiencies before the August 31 submission to SC.

Collaborative assessments are highly encouraged between the TJSO and JLab to maximize the use of resources; however, the frequency of these collaborative efforts should be balanced with DOE stand-alone assessments to ensure objectivity is maintained. TJSO staff should vary their presence in facilities to show a degree of unpredictability and spontaneity based on the TJSO staff member’s judgment regarding what is appropriate to observe and assess. While there can be beneficial oversight achieved by walking through assigned facilities with contractor facility managers, certain benefits are lost when TJSO staff presence is 100% predictable and always with facility managers/other contractors.

5.1.3 Assessment Preparation

Walkthrough assessments are inherently less formal and entail a lesser degree of advanced planning and coordination. Walkthrough inspections may be performed alone and unannounced, when deemed prudent, compliant with all personnel access requirements, and providing doing so will not compromise the safety of the inspector, or jeopardize critical operations.

Local escorts may be necessary to provide specific guidance and/or PPE to ensure the safety of DOE assessment personnel; therefore, it is essential that some degree of advanced understanding of hazards is established in advance of visits to non-administrative areas, and TJSO staff members plan accordingly. TJSO staff or their guests are not to enter an area in which they are uncomfortable with perceived hazards, or if they are unable to comply with local hazard postings/requirements.

When appropriate, considerations should be given to assessing contractor performance as it applies to individual training and qualifications for assigned responsibilities, work planning, rigor of self-assessments, timely reporting, issues management, and feedback/continuous improvement.

It is important to reference contract clauses, standards, and provisions that are applicable to the scope of the assessment, and assessors are familiar with the relevant facility organization, responsibilities, and procedures.

For review teams, individual assignments (i.e., CRAD assignments) should be established in advance to avoid overlap of responsibilities.

Checklists may be considered for the conduct of walkthrough inspections to help stimulate the evaluation process and serve as a convenient record.

Previous records of inspections, occurrence reports, etc. should be reviewed for applicability and relevance. The key elements to be assessed should also take into consideration previously prepared goals and commitments.

The availability of needed resource support should be confirmed (i.e., contractor, consultant, site office, matrix organizations, Headquarters, etc.).

Before beginning Surveillance, the purpose and scope of the assessment needs to be communicated to JLab management. This effort is intended to facilitate the assignment of a JLab representative(s) to assist/accompany TJSO staff. These representatives should be capable of addressing current facility conditions, problems, improvement initiatives, etc., to facilitate the information collection process.

5.2 Conduct of Assessments and Issues Management

5.2.1 Surveillances

Any issues (Findings) identified during a Surveillance should be communicated to the JLab representative at the time of observation in a manner commensurate with the hazard or consequences of the concern. Upon conclusion of the Surveillance, the JLab representatives will be provided a rundown of the Findings and Proficiencies during an exit briefing or meeting. This is to afford the Lab's representative to discuss the results of the Surveillance and allow an opportunity for questions. JLab management should be invited to exit meetings or whenever deemed appropriate to ensure a clear understanding of the identified concerns are reached by both parties. At the earliest convenience, draft Surveillance reports will be provided to the designated JLab representative for factual accuracy review. The Site Office Manager/Deputy Manager has unilateral decision-making responsibility for unresolved factual accuracy comments. The cognizant TJSO staff member or Team Lead will submit the vetted Surveillance report to the TJSO Manager/Deputy Manager for approval before being formally transmitted to the Lab (ideally within 2 weeks of exit briefing). All Surveillances are to be entered into ORION. Some

assessments may warrant the Site Office to direct an “extent of condition” review by the Lab (i.e., multiple Findings of a similar nature suggesting the breakdown of a programmatic element).

5.2.2 Walkthroughs

Walkthrough activities may be loosely defined, or focused due to a “for cause” event (i.e., injury, near miss, etc). When prudent, local points of contact should be known for the area or operation being reviewed. Walkthrough activities shall be entered into ORION. If issues are identified during an assessment, the issue should be communicated to the JLab representative at the time of the observation. Documented walkthrough issues are to be provided to the Lab, including positive program feedback.

5.2.3 Corrective Action System

The TJSO corrective action system is fed by the development of Findings from several sources. These include internal TJSO self assessments, and Walkthroughs, and Surveillances performed on Laboratory activities and work spaces. The issues (Findings) identified by TJSO, whether directed at TJSO or the Laboratory, are entered into ORION as P1, P2, or P3 issues. The Findings entered into ORION are assigned to a responsible TJSO staff member for management and closure of the corrective action(s) (required for P1 and P2 only). The assigned TJSO staff member takes the lead in developing the corrective actions for TJSO specific Findings. For Laboratory directed Findings, the assigned TJSO staff member is responsible for ensuring that the Laboratory submits an adequate Corrective Action Plan. The Laboratory will generally be given 30 days to provide TJSO with a Corrective Action Plan, that minimally includes a description of the Finding, and the Laboratory’s corresponding CATS identification number with the proposed course of action (CATS entry allows drill-down to projected closure dates and responsible parties).

The cognizant TJSO staff member will review the adequacy of corrective actions before entry into ORION. If corrective actions are deemed unacceptable, they will be returned to the Laboratory with comments for re-evaluation and resubmission. The Laboratory will report closure dates of corrective actions as they occur, and the cognizant TJSO staff member will verify closure of those Findings on a risk-based basis (only required for P1 and P2 Findings). After verification of closure, the issue is closed out in the ORION system. All Laboratory issues, whether self identified or identified by others, are to be tracked in the Laboratory’s Corrective Action Tracking System. Findings identified through other means involving high risk of particular interest may be included in ORION as deemed appropriate by TJSO. The TJSO will evaluate and plan for effectiveness reviews as part of the Site Office Annual Assessment planning process. A flow diagram of the TJSO’s issues management process is provided in Appendix E.

5.2.4 Reporting

Higher significance issues or recurrence of lower significance issues having environmental, safety or health consequence, warrant categorization to determine if external reporting is necessary in the DOE Non-Compliance Tracking System (NTS), and/or Occurrence Reporting and Processing System (ORPS). Refer to DOE M231.1-2 for instructions on ORPS reporting, and 10 CFR 851 for NTS reporting of non-radiological conditions. The TJSO Price Anderson Amendment Act (PAAA) Coordinator is to be consulted for radiological program deficiencies and 10 CFR 835 related non-compliances for NTS reporting consideration.

5.2.5 Tracking and Trending of Findings

All Findings identified by DOE that are categorized as P1 or P2 are to be entered, tracked, and trended in ORION. These Findings are trended by severity, functional area, causes, and ISM function. In addition, tracking and trending will also be conducted on OPRS events and CAIRS data, including TRC and DART rates (i.e., Quarterly SC Safety Reports, PEMP reviews, etc.). Assessment status updates and trending data are reviewed by TJSO management on a quarterly basis. These trend results will aid in the formulation of future assessments.

5.3 Feedback and Continuous Improvement

5.3.1 TJSO Oversight Program

To support continuous improvement of the OAPP, the effectiveness of this program plan should be periodically assessed, with a target of at least every other year. The purpose of the periodic self-assessment is to identify strengths that should be preserved, as well as improvement opportunities that should be factored into the program. When deemed appropriate, the results from the self-assessment may be shared across the DOE/SC complex as Lessons Learned.

5.3.2 Contractor Oversight Program

The Contractor Assurance System (CAS) must be periodically assessed against the Contract Requirements Document within DOE O 226.1. Such assessments may take a multi-faceted approach and include the simultaneous evaluation of the Lab's Integrated Safety Management System (ISMS), Quality Assurance Program, or others. Program vulnerabilities identified through such assessments are to be used to refine/improve the Laboratory's CAS program. It is the responsibility of the respective TJSO staff member to consider issues identified through the course of previous assessment activities during the planning phase of subsequent assessments. Such information may target vulnerabilities, or modify the frequency of the program area(s) being assessed.

Another source of Operational Awareness information is through the review of Contractor Independent Assessments and Line Self Assessments [[Jefferson Lab MSA's and IA's](#)], within the respective areas of responsibilities. This provides an opportunity for more in depth conduct of operations reviewed by the Site Office without being redundant or overly burdensome on Site Office and contractor resources. Independent assessments and line self assessments will be distributed by the TJSO Deputy Manager for evaluation by TJSO staff member(s) having cognizance over specific functional area (refer to the TJSO FRAM, SOPP 4.10). Action items identified in these assessments are to be tracked by the Laboratory using JLab's CATS; however, the TJSO staff member may supplement such tracking using ORION.

Following the conduct of complex Surveillances, or assessments involving a large team, feedback should be solicited to determine if improvements could be made from the perspective of an assessment team members and the host being assessed.

5.3.3 Performance Feedback

When programmatic strengths or weaknesses are identified through the course of operational awareness activities, they provide a basis for defensible input to the Performance Evaluation Report generated annual for the contract's Performance Evaluation Management Plan (PEMP). The development of subsequent PEMP measures should also take such information into account to set new expectations.

5.4 Accelerator Safety

- 5.4.1 The "credited controls" listed in the Final Safety Assessment Document (FSAD) and the limits/controls listed in the Accelerator Safety Envelope (ASE) shall each be assessed (via surveillance or walkthrough) every 2 years to verify that the credited safety function of the controls/limits is functioning as intended. This includes administrative and engineered controls.
- 5.4.2 Those controls listed in the FSAD as "defense-in depth" shall each be assessed (via surveillance or walkthrough), at a minimum, every 3 years to verify that the credited safety function of the controls are functioning as intended.
- 5.4.3 Provide oversight of the FSAD and ASE as necessary to ensure they are accurate and reflective of current facility configuration and operations. If not, determine if the gaps are significant or numerous enough to warrant a FSAD/ASE revision and recommend such to TJSO management.
- 5.4.4 The Laboratory's Unreviewed Safety Issue (USI) program shall be reviewed every 2 years.

- 5.4.4.1 Verify the USI process includes written DOE approval for discovered conditions and proposed changes, modifications and experiments that:
 - 5.4.4.1.1 significantly increase the probability of occurrence or the consequences of an accident or malfunction of equipment important to safety from that evaluated previously in the FSAD, or
 - 5.4.4.1.2 significantly increase the probability of occurrence or the consequences of a malfunction of equipment important to safety from that evaluated previously in the FSAD, or
 - 5.4.4.1.3 introduce an accident or malfunction of a different type than any evaluated previously in the FSAD that is of significant consequence.
- 5.4.4.2 Negative and positive USI's should be reviewed to verify proper categorization and reporting. This should be performed on an ongoing basis vice every 2 years.
- 5.4.4.3 The process for authorizing/releasing work should be reviewed to ensure relevant work is screened by competent personnel for potential USI's.
- 5.4.5 The following Laboratory procedures shall be reviewed every 2 years, or during major procedure modifications, to verify they have been maintained, are clear, current, and consistent with management systems and the configuration of the facility and equipment; and that they were approved by a senior line manager who is actively involved in the day-to-day operation of the facility [reference (DOE O 420.2B attachment 2, section 4 (f))].
 - 5.4.5.1 Operation Startup
 - 5.4.5.2 Normal Operation
 - 5.4.5.3 Emergency Conditions
 - 5.4.5.4 Conduct of Maintenance/Work Control
 - 5.4.5.5 Approval and Conduct of Experiments
 - 5.4.5.6 Review and Approval of Facility Modifications
 - 5.4.5.7 Management of Safety related changes
 - 5.4.5.8 Control of Facility Access

5.4.6 Training and Qualification Program. Every 3 years, review the Laboratory's training program to verify that training and qualification requirements are established and maintained for individuals at the accelerator facilities, including accelerator support facilities, whose activities could affect safety and health conditions of accelerator facility personnel or whose safety and health could be affected by accelerator activities. (DOE O 420.2B section 4.e(1))

5.5 Qualifications and Training

Specific qualification requirements for TJSO staff assigned areas of responsibility are identified in the TJSO Training Program and Employee Development. On-the-job training (OJT) is a means to indoctrinate new, or less experienced TJSO staff members with those more experienced. Each TJSO staff member is to stay abreast of their qualifications and developmental opportunities, and stay current with any applicable site specific training or access required training to fulfill their assessment objectives.

Visiting technical support staff and other TJSO guests are to be escorted until they have completed site-specific training commensurate with their site access needs. These details will be the responsibility of the TJSO staff member coordinating the support function or tour.

5.6 Records

The records generated in conjunction with Surveillance and Walkthrough activities (e.g., review plan, attendance rosters, interview notes, factual accuracy comments, etc.) are to be maintained by the cognizant TJSO staff member. Excluding business sensitive information, the final report and any Findings are to be entered into ORION. NOTE: There is no Classified Information maintained at JLab.

APPENDIX A – DEFINITIONS

- **Assessment** – Assessments are categorized into two general types: Surveillances, and less formal Walkthroughs.
 - **Surveillance** – Assessments that customarily include advanced notification, defined scope and duration, and are generally geared to evaluate performance related to specific contractor procedures, laws, regulations, and contractual requirements and consensus standards. Surveillances may also consist of participating in, or utilizing the products of externally initiated assessments.
 - **Walkthrough** – Assessments that typically involve less pre-planning, and may be broader in scope, or “for cause,” and are conducted to understand the operational status of work activities and facilities.
- **Facility** – Any building, structure, system, process, project, or activity that fulfills a specific purpose. Examples include, but are not limited to: accelerator operating systems; assembly areas; fabrication shops; service buildings; test facilities; experimental halls; research laboratories; and storage areas. To the extent possible, facility designation will be compatible with existing responsibility assignments by the contractor.
- **Finding** – There are three levels of negative performance observations, based on the respective Priority (P).
 - **P-3 (least severe)** – Points out suggested program improvements. This is synonymous with “Observation” used previously. P-3 Findings can also be deviations from best management practices or minor deviations from procedural requirements that are isolated and considered to be a “quick fix.”
 - **P-2 Finding** – A condition of noncompliance of a facility, operation, work practice, or contractual requirements, which requires corrective action. This is synonymous with deficiencies categorized as concerns requiring documentation, tracking, and corrective action.
 - **P-1 Finding** – Represents a significant and imminent threat to workers, the public, or the environment. Such instances are typically synonymous with a STOP WORK direction, and require immediate corrective action. Consult TJSO Employee Concerns and Federal Employee Occupational Safety and Health (FEOSH) Procedures for more detailed information on STOP WORK.
- **Facilitating Performance** – Ongoing DOE Federal employee activities which convey expectations and/or enhance the efficiency of contractor performance.
- **Integrated Assessment Schedule** – An annual process of documenting planned oversight activities, as loaded into the system through the ORION database. Only Surveillance assessments are to be identified for the SC Integrated Assessment Schedule.

- **Monitoring Performance** – Monitoring contractor operations, work activities and deliverables to ensure that contract expectations and requirements are being met.
- **Operational Awareness** – The aggregate of day-to-day oversight by TJSO staff in setting expectations, and assessing operations and performance of Jefferson Lab program, project, and facility activities.
- **Proficiency** – An exemplary work practice or administrative practice. This expression is synonymous with Best Management Practice or Noteworthy Practice.
- **Program** – An aspect of the contractor’s business or management process that are identified in the contract, or conducted to fulfill contractual obligations. Examples include Financial Management, Training, Property Management, Medical Surveillance, etc., and subsets of such programs.
- **Providing Feedback** – Developing and communicating performance results from monitoring processes to the contractor so as to improve future performance.
- **Verification** - The act of reviewing, inspecting, testing, checking, auditing, or otherwise determining and documenting whether items, processes, services, or documents conform to specified requirements or commitments.

APPENDIX B – EXAMPLE OF TJSO ASSESSMENTS, WITHIN THE OFFICE OF SCIENCE INTEGRATED ASSESSMENT SCHEDULE (2008, 2009, 2010)

Review #	Subject	Planned Start	POC
REV-N3B-8/31/2006-95834	Energy Management Performance	10/1/2007	Korynta, Rick
REV-QZP-8/25/2006-74788	JSA - Biennial Review of Prices Charged for Materials and Services	10/1/2007	McKeehan, Jerry
REV-N3B-8/31/2006-63973	Material Handling & Rigging	10/1/2007	Neilson, Steve
REV-N3B-8/31/2006-7793	Facilities Management Maintenance	1/3/2008	Korynta, Rick
REV-4TP-8/29/2006-93890	Vulnerability Scanning Management	1/12/2008	Bethea, Andre
REV-QZP-8/25/2006-7031	JSA – Review of Related Party Transactions	2/1/2008	McKeehan, Jerry
REV-N3B-8/31/2006-87333	Fire Protection and Life Safety	2/4/2008	Neilson, Steve
REV-4TP-8/29/2006-73346	Accelerator Controls Enclave	3/1/2008	Bethea, Andre
REV-N3B-8/31/2006-51538	Facilities Information Management System (FIMS) Validation	4/1/2008	Korynta, Rick
REV-QZP-8/25/2006-33542	JSA - Review of Contractor Audit Resolution and Follow-Up System	4/1/2008	Reed, Tom
REV-N3B-8/30/2006-19664	Financial Statement Audit	4/2/2008	Brittin, Dennis
REV-N3B-8/31/2006-3468	Laser Safety Program	4/15/2008	Neilson, Steve
REV-N3B-8/31/2006-24838	Accelerator Safety	5/1/2008	Neilson, Steve
REV-QZP-8/25/2006-5442	JSA – Annual Financial Management Systems Review	6/1/2008	McKeehan, Jerry
REV-N3B-8/31/2006-69811	Hazardous Waste Management / Environmental Permits	6/2/2008	Neilson, Steve
REV-YVT-8/29/2006-57080	TJNAF Employee Concerns Program	6/10/2008	Smith, Rufus
REV-N3B-8/31/2006-50844	Security Program/Security Survey	6/23/2008	Korynta, Rick
REV-4TP-8/29/2006-85074	IT Benchmark Review	7/1/2008	Bethea, Andre
REV-N3B-8/31/2006-25210	Property Management Annual Walkthrough	7/1/2008	Hudgens, Jim
REV-N3B-8/31/2006-87656	Operational review - Accelerator and Hall C.	7/1/2008	Mallette, Scott
REV-QLO-8/30/2006-5975	JSA - A-123 Validation Review	7/1/2008	Reed, Tom
REV-N3B-8/30/2006-45957	ISMS Effectiveness Review (Lab and Site Office)	8/18/2008	Neilson, Steve
REV-4TP-8/29/2006-2837	Mgt-Operational Technical Visit	9/1/2008	Bethea, Andre
REV-N3B-8/31/2006-17410	Energy Management Performance	10/1/2008	Korynta, Rick
REV-N3B-8/31/2006-80366	Accelerator Operations	10/1/2008	Mallette, Scott
REV-MJ8-1/30/2007-68697	Fall Protection Program	10/1/2008	Neilson, Steve
REV-SVF-8/20/2007-66066	EMS External Audit / Program Declaration Review	12/1/2008	Neilson, Steve
REV-N3B-8/31/2006-93495	Facilities Management Maintenance	1/2/2009	Korynta, Rick
REV-4TP-8/29/2006-57319	Vulnerability Scanning Management	1/12/2009	Bethea, Andre
REV-N3B-8/31/2006-92360	Hall A Operations	1/12/2009	Mallette, Scott
REV-N3B-8/31/2006-29244	Material Handling and Rigging (including manlifts)	2/1/2009	Neilson, Steve

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REV-QZP-8/25/2006-25250	JSA - Review of Cost Transfers to Correct or Adjust Prior Cost Entries	2/2/2009	McKeehan, Jerry
REV-N3B-8/31/2006-57251	Machine Guarding	3/1/2009	Neilson, Steve
REV-N3B-8/31/2006-79172	Facilities Information Management System (FIMS) Validation	4/1/2009	Korynta, Rick
REV-N3B-8/31/2006-67809	Hall B Operations	4/1/2009	Mallette, Scott
REV-N3B-8/31/2006-57332	Medical Surveillance Program/Bloodborne Pathogens	4/1/2009	Neilson, Steve
REV-N3B-8/31/2006-74676	Emergency Management Peer Review	4/1/2009	Neilson, Steve
REV-4TP-9/1/2006-80006	Financial Statement Audit	4/2/2009	Brittin, Dennis
REV-N3B-8/30/2006-85754	Review of Funds Control Process at TNJAF	5/1/2009	Brittin, Dennis
REV-QZP-8/25/2006-47646	JSA - Annual Financial Management Systems Review	6/1/2009	McKeehan, Jerry
REV-N3B-8/31/2006-58863	Lock-out/Tag-out Program, NFPA 70E	6/1/2009	Neilson, Steve
REV-N3B-8/31/2006-7680	Property Management Annual Walkthrough	7/1/2009	Hudgens, Jim
REV-N3B-8/31/2006-20857	Hall C Operations	7/1/2009	Mallette, Scott
REV-N3B-8/31/2006-89908	Compressed Gas Safety	7/1/2009	Neilson, Steve
REV-QZP-8/25/2006-2267	JSA - A-123 Validation Review	7/1/2009	Reed, Tom
REV-N3B-8/31/2006-35499	Security Program	8/1/2009	Mallette, Scott
REV-4TP-9/1/2006-4861	Chemical Hygiene/PPE	8/1/2009	Neilson, Steve
REV-N3B-8/31/2006-60884	Integrated Safety Management (ISMS)	9/1/2009	Neilson, Steve
REV-RVD-9/7/2007-1723	Energy Management Review	10/1/2009	Korynta, Rick
REV-QLO-8/8/2007-2574	JSA - Biennial Review of Prices Charged for Materials and Services	10/1/2009	McKeehan, Jerry
REV-QLO-8/8/2007-62009	JSA - Review of Funds Control Process at TNJAF	10/1/2009	Stokes, Alan
REV-SVF-8/20/2007-68845	Industrial Hygiene Monitoring Program	11/1/2009	Neilson, Steve
REV-SVF-8/20/2007-69169	Annual EMS review	12/1/2009	Neilson, Steve
REV-RVD-9/7/2007-82394	Facilities Management Maintenance	1/3/2010	Korynta, Rick
REV-N3B-8/31/2006-4526	Fall Protection Program	2/1/2010	Neilson, Steve
REV-RVD-9/7/2007-35471	FIMS Validation	4/1/2010	Korynta, Rick
REV-SVF-8/20/2007-81778	Hazardous Waste / Rad Waste Program	4/1/2010	Neilson, Steve
REV-MJ8-1/30/2007-49789	Electrical Safety Program	5/1/2010	Neilson, Steve
REV-QLO-8/8/2007-10965	JSA - Annual Financial Management Systems Review	6/1/2010	McKeehan, Jerry
REV-RVD-9/7/2007-62179	Security Survey	6/15/2010	Korynta, Rick
REV-SVF-8/20/2007-80626	FEOSH Self Assessment	7/1/2010	Luke, Dave
REV-QLO-8/8/2007-33915	JSA - A-123 Validation Review	7/1/2010	Reed, Tom
REV-SVF-8/20/2007-12046	Fire Protection / Life Safety	8/1/2010	Luke, Dave
REV-SVF-8/20/2007-19688	ISMS Annual Effectiveness Review (emphasis Core Functions 1,2,&3)	9/1/2010	Luke, Dave

APPENDIX C – ORION DATABASE INSTRUCTIONS

Establish an account with the ORION 3 administrator in Oak Ridge:
Teresa Perry (PerryTC@oro.doe.gov; 865-576-0831)
John Murman (MurmannJ@oro.doe.gov; 865-576-1820)

Log into the ORION system with your assigned user ID and password.

If needed, use the on-line HELP and TRAINING pull-down menus from the upper right corner of the ORION home page.

Additional overview guidance can be obtained from the TJSO Powerpoint presentation on ORION. See the Site Office OAPC for a copy of this presentation.

Information is entered into pre-scheduled assessments by selecting the “VIEW / EDIT” pull-down menu, followed by the “ASSESSMENTS” pull-down option from the ORION main menu. Select the “View / Edit” button on the far left of the corresponding assessment to see the assessment entry in detail.

Within the open narrative section of walkthrough or surveillance forms, the following minimal details need to be included from a Surveillance or Walkthrough Assessment:

Date assessment was completed, if more than 1 day is required.

Record Findings and general work observations noted during the inspection. If a Finding is noted, provide detail commensurate with the risk or hazard potential. Observations should include acknowledged Proficiencies.

Any supplemental narratives should be added to the comment blocks, furthermore, supplemental records, correspondence (i.e. Corrective Action Plans, photographs, etc.) relevant to the assessment should be attached to facilitate future recovery and provide evidence of closure (when required).

Identify any Issues (Findings) by selecting the appropriate checkbox at the bottom. P-1 and P-2 Findings are to be individually listed and sorted by topical area and assigned causal code to allow trending and tracking. Review of the trending data is assigned to each of the respective TJSO staff member for which they are responsible. They are furthermore responsible for making sure these high priority Findings are “Closed” by the Lab's actions.

Click the SAVE option on the electronic form when new or modified assessment information is entered.

APPENDIX D – TJSO REVIEW AND APPROVAL OF CONTRACTOR PROGRAMS/ PROGRAM DOCUMENTS

There are Contract Requirement Documents and other regulatory drivers that assign responsibility to the DOE Field Element for the review and approval of contractor programs and program documents. All approvals are to be issued by the Site Office via formal letter as a response to the Lab's formal program submission. Some program documents may be embedded within others (i.e. Environmental Management System within the Integrated Safety Management System Program Description). In those circumstances where program documents are linked, it is incumbent upon the Lab, and ultimately the cognizant Site Office reviewer, to ensure these program documents are current and consistent with each other at the time of submission.

Minor editorial changes, or clarifications to existing program documents do not warrant separate DOE approval beyond that already required for periodic approval.

The TJSO FRAM (SOPP 4.10) identifies staff assignments including those responsible for ensuring that these reviews and approvals are conducted accordingly, in conjunction with Site Office Management.

Program/Program Document	Regulatory Driver	Review/Approval Frequency
Accelerator Safety: Final Safety Assessment Document, Accelerator Safety Envelope	DOE O 420.2B	See section 5.4 of this procedure.
Contractor Assurance System (CAS) Program Description	DOE O 226.1	Initial approval of CAS program document and CAS program implementation. Periodic approval of CAS program thereafter.
Program Cyber Security Plan (PCSP)	DOE O 205.1	Review/approve PCSP at least every 3 years.
Environmental Management System (EMS)	DOE O 450.1	Annual approval of EMS program, with a validation assessment at least once every 3 years.
Integrated Safety Management System (ISMS) Program Description	Contract Clause I.100, DOE M 450.4-1 (use Attach 4 of Manual as Guide)	Annual approval of both ISMS Program Description, and ISMS effectiveness. Determine if full ISMS verification review is needed.
Quality Assurance Program (QAP)	DOE O 414.1C	Annual QAP approval.
Emergency Management (EM)	DOE O 151.1C, Contract Clauses I.32 and I.37	Review/approve annual updates to site Emergency Plans, including Emergency Readiness Assurance Plan (ERAP). Assess EM program at least every 3 years with results to SC. Review Lab EM self-assessments annually.
Radiation Protection Program (RPP)	10 CFR 835	Initial RPP program approval and revisions.

Program/Program Document	Regulatory Driver	Review/Approval Frequency
Physical Security	DOE O 470.4 DOE M 470.4-1	Security Plan – Annually Security Training Plan – Annually Security Survey - Every 24 months Security Self Assessment – Every 24 months (alternating with Security Survey)
Corrective Action Plan	DOE O 470.4 DOE M 470.4-1	Subsequent to conduct of the Survey or Self Assessment
Worker Occupational Safety and Health Protection Plan	10 CFR 851	Annual approval of WSHPP document.

APPENDIX E

TJSO Issues Management Process

