

MSA ASSESSMENT PLAN

DIVISION	ESH&Q	DEPARTMENT/GROUP	ESH&Q
ASSESSMENT TITLE	ISMS Implementation/Oversight Using HS 64-20 CRAD/LOI		
ASSESSMENT NO.	MSA-08-010	DATE	4/04/08

I. Purpose & Scope:

The purpose of this Management Self Assessment is to evaluate JLab implementation of the ISMS as required by DOE O 226.1A based on the HS 64-20 CRAD/LOIs, in preparation for the DOE HSS assessment of the same subject. The scope of this assessment is TJNAF ESH&Q oversight of ISMS implementation.

II. Definitions:

When evaluating whether lines of inquiry are satisfied, the following categorization will be used:

- **Met** – The specified line of inquiry (LOI) was substantially satisfied based on the information developed in the assessment. Any minor issues, observations or opportunities for improvement identified will be discussed in the “Comments/Corrective Action” field associated with the LOI. Although not a hard or fast rule, typically for this category to be assigned, there would be no findings identified.
- **Partly Met** – The LOI was met in most of the time, but there were times when it was not met. Even a single significant failure could result in this categorization.
- **Not Met** – Self-explanatory.

The determination of whether LOI are met is a subjective evaluation based on the information developed during the assessment. The Lead Assessor is responsible for the determination.

III. Requirements:

The assessment will be based on the attached Criteria Review and Approach Document (CRAD) spreadsheet which was developed from the HS 64-20 CRAD/LOI document. The CRAD document consists of six criteria sheets, each with several LOI. A comments field associated with each LOI will be used to expand on the met, partially met, not met categorization of the LOI. In addition, there is a field to be used to document corrective actions. Each LOI categorized as not met must have a corrective action. Any corrective actions shall be entered in CATS and the corrective action number noted on the appropriate column.

IV. Team Members:

M. Dallas, B. May, B. Lenzer, B. Ullman, M. J. Bailey, B. Doane, C. Ficklen, R. Dion, T. Johnson

V. Specific Areas Being Assessed:

TJNAF ESH&Q oversight of ISMS implementation .

VI. Final Report:

The final report will be written by the lead assessor, reviewed as required within the Division and signed off by the Division AD. If corrective actions (CA) are identified, the final report will include all CAs on the CRAD/LOI sheet. All CAs will be entered in CATS and managed to closure in that system.

Prepared by:

W. M. King for
Richard Dion

Lead Assessor

Date:

5/30/08

MSA REPORT

DIVISION ESH&Q	DEPARTMENT/GROUP ESH&Q
ASSESSMENT TITLE ISMS Implementation/Oversight Using HS 64-20 CRAD/LOI	
ASSESSMENT NO. MSA-08-010	DATE 4/04/08

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II. Summary of Assessment:

The assessment was performed by Lab and ESH&Q management and contracted experts over several days. The Assessment Team reviewed documentation and records to determine effectiveness and identified areas needing improvement. A plan was developed with responsibilities assigned and dates proposed for all identified improvements.

III. Results:

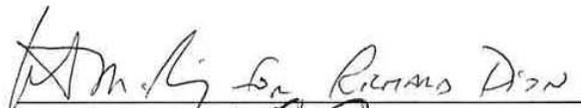
A total of 32 corrective actions (CA) were identified applying to the 112 items in the criteria and lines of inquiry. Each CA is noted on the attached spreadsheet titled "CRAD/LOI Document HS 64-20 MSA with CAP". The responsible action owner, the due date, the completion date if available and the CATS action number are also annotated. This attachment serves as the Corrective Action Report and the Corrective Action Plan (CAP) for this assessment. For further details of the results, please refer to the attachment.

IV. Effectiveness of Evaluation:

The assessment was effective in providing JLab and ESH&Q management information about strengths and areas for improvement in the ISMS oversight process at the Lab. Details of strengths and areas needing improvement are provided in the attachment as noted in results. Please refer to this attachment for details. It is noted that 26 of 32 CATS action from this review have been closed. The six which remain open have not reached their due dates.

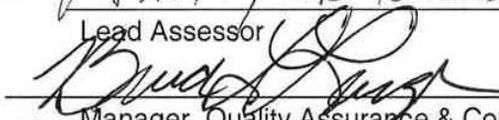
Approval:

Performed:


Lead Assessor

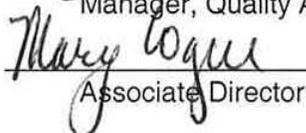
Date 5/30/08

Reviewed:


Manager, Quality Assurance & Continuous Improvement

5/30/08

Reviewed:


Associate Director

Date 5/30/08