

CORRECTIVE ACTION/ISSUE MANAGEMENT

1.0 Objective

The objective of this surveillance is to verify that laboratory personnel are effectively managing environment, safety, and health issues. The activities included in this surveillance help the Facility Representative or Environmental, Safety, and Health Support Specialists determine whether safety issues identified through internal laboratory, and external DOE evaluation programs are resolved consistent with the level of safety importance.

2.0 References

- 2.1 DOE O 232.1A, *Occurrence Reporting and Processing of Operations Information*
- 2.2 DOE 5700.6C, *Quality Assurance*
- 2.3 DOE-STD-1045-93, *Quality Assurance Requirements for DOE Nuclear Facilities*
- 2.4 DOE-STD-1045-93, *Guide to Good Practices for Notifications and Investigations of Abnormal Events*

3.0 Surveillance Activities

The following activities are performed to evaluate the effectiveness of the laboratory's implementation of the issues management program:

- Activity 1 - Review an issue or condition package representing a real or potentially significant safety vulnerability.
- Activity 2 - Examine prioritization reviews for five issue packages.
- Activity 3 - Evaluate groupings of similar safety issues.
- Activity 4 - Review closure process for a safety issue.

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Surveillance No.: _____

Facility: _____

Date Completed: _____

		<u>YES</u>	<u>NO</u>	<u>N/A</u>
Activity 1 - Review of Issue Package				
1.	Has the issue been entered in the laboratory's tracking system?	_____	_____	_____
2.	Does the package include a formal determination of priority?	_____	_____	_____
3.	Does the package include a Root Cause Analysis?	_____	_____	_____
4.	Does the package specify personnel responsible for the issue (i.e., owner)?	_____	_____	_____
5.	Does the package include sufficiently detailed resolution or corrective action plans?	_____	_____	_____
6.	Do the plans address the following:			
	• Analyses or evaluations necessary to determine the extent or severity of the issue?	_____	_____	_____
	• Actions leading to the correction of the identified root cause and important contributing cause(s)?	_____	_____	_____
	• Actions to verify completion of the plan?	_____	_____	_____
	• Actions to verify the effectiveness of the plan?	_____	_____	_____
7.	Are the plans approved and funded? Have they been incorporated in the contractor's Work Breakdown Structure or Award Fee Criteria?	_____	_____	_____

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Activity 2 - Examine Prioritization of Issues

The Facility Representative or Environmental, Safety, and Health Support Specialist selects five safety issue packages. The chosen packages should have a lower safety ranking to provide a basis for evaluating whether the contractor is appropriately classifying issues with low safety significance.

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
8. Was the priority determination completed in accordance with laboratory procedures?	_____	_____	_____
9. Were correct assumptions made regarding the potential impact of the safety issue in terms of fatalities, injuries to employees, release of materials into the environment, and loss of government property?	_____	_____	_____

Activity 3 - Evaluate Grouping of Safety Issues

The Facility Representative or Environmental, Safety, and Health Support Specialist selects at least two safety issue packages in which related safety issues have been grouped together and resolved with a common set of corrective actions. The purpose of this evaluation is to ensure that planned corrective actions address the root causes for all of the issues, and that these actions mitigate or eliminate the adverse conditions associated with all of the issues.

10. Is the relationship logical and clear among the issues grouped together?	_____	_____	_____
11. Has sufficient analysis been performed to identify the cause of each issue in the grouping?	_____	_____	_____
12. Do the proposed corrective actions address the causes of all issues within the grouping?	_____	_____	_____

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YES NO N/A

Activity 4 - Review Closure Process

The Facility Representative or Environmental, Safety, and Health Support Specialist selects a safety issue package that has been closed, based on implementation of corrective actions.

- | | | | | |
|-----|--|-------|-------|-------|
| 13. | Did the laboratory perform a documented verification of corrective action implementation before closure? | _____ | _____ | _____ |
| 14. | Did the laboratory's verification activities include "in the field" verification? | _____ | _____ | _____ |
| 15. | Based on independent "in the field" observations, were the corrective actions implemented? | _____ | _____ | _____ |
| 16. | Has the laboratory made provisions to verify the effectiveness of the corrective actions (surveillance, assessment, trending)? | _____ | _____ | _____ |

OTHER:

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NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

ISSUE PACKAGES REVIEWED: _____

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**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS -
USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

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OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

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FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

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LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist