
OCCUPATIONAL SAFETY AND INDUSTRIAL HYGIENE

1.0 SCOPE

This Performance Assessment Guide for Management, Oversight, and Administrative Control of Occupational Safety and Industrial Hygiene will be used to carry out the oversight responsibility of the U.S. Department of Energy (DOE) Brookhaven Group. This guide was prepared to assist in conducting performance-based assessments of both DOE prime contractors and subcontractors to ensure that their programs identify, disposition, and take corrective action on issues that affect satisfactory facility performance. The goals are to determine if a management, oversight, and administrative control of occupational safety and industrial hygiene program has been established at the laboratory level that maximizes the effectiveness of respective activities/processes and minimizes the risk of economic loss or worker/public injury/illness consistent with the risk of the activity or process.

Management, oversight, and administrative control of occupational safety and industrial hygiene assessments will be directed at all prime laboratory and subcontractors working at DOE sites. DOE line management must ensure that these contractors comply with DOE Orders and Federal and State regulations. Information developed from this assessment will determine the degree to which this is being done as well as the effectiveness of the contractor's program.

2.0 ATTRIBUTES AND LINES OF INQUIRY

This section provides lines of inquiry to help assess whether the laboratory has implemented a program that ensures that management, oversight, and administrative control of occupational safety and industrial hygiene requirements are incorporated into line activities. This section will be used to evaluate the laboratory's line organization.

2.1 The laboratory administers the management, oversight, and administrative control of occupational safety and industrial hygiene program.

- Is there a documented process to identify, screen for significance, and prioritize occupational safety and industrial hygiene issues?
- If the occupational safety and industrial hygiene issues and assessments are not prioritized, does the laboratory use an alternate method to ensure that they are effectively using their resources?

- Is line management either working to the prioritized occupational safety and industrial hygiene register or a register that has been reprioritized with adequate justification?
- Is there an effective process to develop occupational safety and industrial hygiene corrective action plans and to independently validate these corrective action plans?
- Is there an effective process to track and monitor occupational safety and industrial hygiene corrective actions to ensure adequate and timely resolution?
- Are occupational safety and industrial hygiene corrective action plans based on the root cause of the deficiency and are priorities based on the significance of risk associated with the deficiency?
- Is there an effective process to verify that occupational safety and industrial hygiene corrective action plans were implemented and that the corrective action resolved the issue?
- Is the implementation of occupational safety and industrial hygiene corrective actions independently verified for effectiveness?
- Does the process include long-term monitoring to ensure that any corrective action is effective?
- Does the process have measures that ensure that corrective actions taken remain in force and effective?
- Are the mission statement and scope of the occupational safety and health (OSH) objectives consistent with DOE EH directives and guidance?
- Do published objectives support the primacy of occupational safety and health over production?
- Are the interfaces between organizations having OSH responsibilities documented carefully and in detail?
- Are areas of shared responsibility described so that each organization can understand its role and when to communicate with the others?
- Does the organization issue annual (or periodic) goals oriented toward eliminating top OSH problems and improving OSH posture?
- Do short-range goals complement long-range objectives?

- Is progress toward the goals periodically evaluated, such as with milestones?
- Are goals modified to reflect changes in direction?
- Are Memoranda of Agreement (MOAs) in place to resolve institutional and interrelated OSH issues between DOE organizations that share activities at the site?
- Are tenant DOE organizations or other Federal organizations at the site made aware of the arrangements documented in the MOAs?
- Does the organization have a method for incorporating the documented results of inspections and assessments?

2.2 The laboratory has appropriate resources for its occupational safety and industrial hygiene program.

- Are there sufficient personnel to implement and administer the program at all levels, including necessary costs to cover such things as training, travel, and personal protective equipment?
- Are appropriate resources available for supporting:
 - Abatement of unsafe working conditions related to the laboratory's operations or facilities?
 - Occupational safety and industrial hygiene sampling, testing, and diagnostic and analytical tools and equipment, including laboratory analyses?
 - Any necessary contracts to identify, analyze, or evaluate unsafe working conditions or operations?
 - Program promotional costs, such as publications, posters, or films?
 - Technical information, documents, books, standards, codes, periodicals, and publications?
 - Medical surveillance programs for employees?

- Implementation plans for the OSH program to describe the approach, resources, and time frame planned for implementing the occupational safety and industrial hygiene program?
- Have the OSH program implementation plans been approved by the Cognizant Secretarial Office (CSO) prior to implementation?
- A 5-year ES&H program plan that projects the occupational safety and industrial hygiene needs of the laboratory and lays out a path for satisfying those needs?
- A 5-year plan in keeping with the CSO's long-term strategy for OSH? (Has the CSO approved the OSH program plans?)
- A plan that follows the published EH guidance of the DOE.
- Management strategies, program plans, directives, and guidance, used by the DOE RL to delineate DOE Headquarters policy, that serve to achieve the long-range objectives;
- Requested budgets that conform to the established and planned occupational safety and industrial hygiene priorities?
- A contingency plan for operation with an inadequate level of necessary resources? (Does the contingency plan reflect the established occupational safety and industrial hygiene priorities?)

2.3 Laboratory organization responsibilities are met.

- Is each employee furnished work and a workplace free from recognized hazards that cause or are likely to cause death or serious physical harm?
- Does the head of each laboratory organization comply with the Occupational Safety and Health Administration (OSHA) standards and regulations applicable to that organization?
- Does the head of each laboratory organization acquire, maintain, and require the use of approved personal protective equipment, approved safety equipment, and other devices necessary to protect employees, based on realistic hazard assessments of the employees' work environments?

- Does the laboratory carry out a formal, routine, and comprehensive OSH self-assessment program?
- Does the self-assessment process gauge the level of the laboratory's diligence and attentiveness toward OSH issues?
- Does self-assessment include periodic review and update of the laboratory's OSH procedures?
- Does the laboratory incorporate the results of the assessments to improve operations?
- Is upper management committed to employee OSH? Are the actions of upper management consistent with their stated level of commitment? Is this commitment communicated through all levels of the organization?

2.4 In the administration of the occupational safety and industrial hygiene program, employees have specific responsibilities and rights.

- Does each employee comply with the standards, rules, regulations, and orders issued by his/her organization in accordance with the requirements of the Occupational Safety and Health Act of 1970 that are applicable to his/her own actions and conduct?
- Do employees use safety equipment, personal protective equipment, and other devices and procedures provided or directed by the laboratory and necessary for their protection?
- Do employees have the right to report unsafe or unhealthful working conditions to appropriate officials?
- Are employees authorized official time to participate in workplace inspections as required in Section 2.9?
- Do the laboratory's oversight strategies promote line accountability and responsibility for OSH?
- Is there a clearly stated stop-work policy?
- Have the line organizations communicated their prioritized occupational safety and industrial hygiene needs to the planning and budgeting organization?

2.5 Each laboratory organization head ensures that any performance evaluation of any employee measures that employee's performance in meeting requirements of the organization's OSH program.

- Does the laboratory identify their employees' compliance with the OSH program as an integral part of their employee performance appraisal system?
- Does the laboratory recognize that superior performance in discharging OSH responsibilities by an individual or a group is encouraged and noted?
- Does the laboratory apply an appropriate system of incentives (positive or negative) to help achieve desired performance?
- Is individual performance held accountable at both the management and functional levels?

2.6 The laboratory is meeting the requirement for dissemination of OSH program information.

- Are copies of the Occupational Safety and Health Act, current copies of 29 CFR 1904, 1910, and 1926, details of the laboratory's OSH program, and applicable OSH standards made available on request for employees or employee representatives to review?
- Is a copy of the laboratory's written OSH program applicable to the site made available to each supervisor, each OSH committee member, and to employee representatives?
- Does the laboratory post conspicuously in work areas within the site posters informing employees of the provisions of the Occupational Safety and Health Act of 1970, including their rights and responsibilities?
- Does the poster contain details of the laboratory's procedures for responding to reports by employees of unsafe working conditions, and to allegations of discrimination or reprisal due to participation in OSH activities?
- Does the poster indicate the location where employees may obtain information about the laboratory's OSH program, including the full text of organization OSH standards?
- Does the poster contain relevant information about any laboratory OSH committees?
- Do laboratory organization heads promote employee awareness of OSH matters through ordinary information channels, such as newsletters, bulletins, toolbox safety and health information kits, quality/safety improvement goals, and handbooks?

- Is OSH lessons learned information disseminated to all potentially affected employees?
- Does the process used for dissemination of OSH lessons learned prevent overloading of information to employees that do not need it?
- Does the laboratory's occurrence reporting procedure include cumulative events and near misses?
- Has the laboratory's management communicated the OSH priorities to the line groups?

2.7 There is an OSH committee organized and maintained to monitor and assist the laboratory's OSH program initiatives.

- Does the committee assist the organization in maintaining an open channel of communication between employees and management concerning OSH matters at the site?
- Does the committee provide a method by which employees can use their knowledge of workplace operations to assist laboratory management to improve policies, conditions, and practices?
- Does the laboratory make available to the committee all organization information relevant and necessary to their duties, including—
 - The laboratory's OSH policies and program?
 - Human and financial resources available to implement the program; accident, injury, and illness data?
 - Epidemiological data; employee exposure monitoring data?
 - Material Safety Data Sheets?
 - Inspection reports?
 - Reprisal investigation reports?
 - Abatement plans, NIOSH hazard evaluation reports?
 - Internal and external evaluation reports?

2.8 The OSH committee is an integral part of the safety program and it helps ensure effective sitewide implementation of the program.

- Does the committee monitor and assist the OSH program at the site and make recommendations to the officials in charge on the operation of the program?
- Is there monitoring of findings and reports of workplace inspections to confirm that appropriate corrective measures are implemented?
- When requested by the laboratory's safety official, or when the committee deems it necessary for effective monitoring of the laboratory's OSH inspection procedures, do committee members participate in inspections?
- Are internal and external evaluation reports reviewed and recommendations made concerning the OSH program?
- Does the committee review and recommend appropriate changes to procedures for handling OSH suggestions and recommendations from employees?
- When requested by the designated organization official, or when the committee deems it necessary, does the committee comment on alternative methods (e.g., variances) or supplements to compliance with specific OSHA-required standards or regulations?
- Does the committee monitor and recommend changes, as required, in the level of resources allocated and spent on the establishment of the OSH program?
- Are laboratory responses to reports of hazardous conditions, OSH program deficiencies, and allegations of reprisal reviewed?
- If half of the committee determines there are deficiencies in the site's OSH program or they are not satisfied with the laboratory's reports of reprisal investigations, is their dissatisfaction reported to the Secretary?
- Does the committee request the Secretary to conduct an evaluation or inspection if half the members of record are not satisfied with an organization's response to a report of hazardous working conditions?

2.9 Heads of laboratory organizations must establish and maintain comprehensive employee OSH programs that meet the requirements of the Occupational Safety and Health Act of 1970 and amplifying DOE directives.

- In discharging these responsibilities, have they—

- Designated an official with sufficient authority and responsibility to plan for and ensure funds for necessary occupational safety and industrial hygiene staff, equipment, materials, and training required to manage and administer the occupational safety and industrial hygiene program?
 - Implemented the occupational safety and industrial hygiene regulations, standards, and programs promulgated under the Occupational Safety and Industrial Hygiene and Health Act of 1970, DOE O 440.1A?
 - Ensured prompt abatement of all unsafe and unhealthful working conditions?
 - Where appropriate, established OSH committees to assist in the execution of the contractor's occupational safety and industrial hygiene program?
 - Provided occupational safety and industrial hygiene training.
 - Ensured that employees are authorized official time to participate in the OSH inspection program?
 - Ensured that funds sufficient to conduct the program are identified in the budget process?
 - Conducted management evaluations of the occupational safety and industrial hygiene programs at least annually?
 - Conducted functional evaluations of the laboratory's occupational safety and industrial hygiene activities with sufficient scope and frequency to ensure effectiveness?
- Do qualified OSH inspectors conduct formal inspections at least annually in all areas and operations of the workplace? Are more frequent inspections made where there is an increased risk of accident, injury, or illness due to the nature of the work performed?
 - Are periodic unannounced inspections and followup inspections conducted?
 - Are employee representatives authorized to accompany OSH inspectors during formal inspections? Is the employee representative selected by the employees?
 - Are unsafe working conditions promptly abated?

- When applicable under DOE 4330.4B, are reviews of maintenance and repair listings performed by OSH inspectors to determine the existence and extent of hazardous conditions?
- Is information from the facility representative program received and reviewed to identify issues observed during the daily walkthroughs concerning employee OSH at the site?

2.10 Within 15 days after completion of an inspection, a written notice is conspicuously posted at or near each place a hazardous working condition exists until the condition has been abated or for 3 working days, whichever is longer.

- Does each notice—
 - Describe with particularity the nature and extent of the unsafe working condition or conditions?
 - Reference any OSH standard violated?
 - Establish a reasonable time for abatement of the hazardous condition or conditions?
- Is each notice provided to the appropriate levels of management and the employee representatives who participated in the closing conference?

2.11 An abatement plan has been developed for the correction of unsafe working conditions that cannot be corrected within 30 calendar days.

- Does the plan—
 - Explain the circumstances of the delay?
 - Establish a proposed timetable for abatement?
 - Explain the steps being taken to protect the employees in the interim?
- Is the plan provided to the employee representatives who participated in the inspection?

2.12 A system is in place that permits both Federal and laboratory employees who believe that unsafe working conditions exist to request an inspection by giving notice of the alleged conditions to DOE designated personnel.

- Are personnel with sufficient authority and responsibility designated to receive reports of unsafe working conditions?
- Are the inspection and abatement procedures outlined in DOE O 440.1A used during the investigation of reports of unsafe working conditions?

2.13 The laboratory has a process for controlling variance requests and interim measures.

- Is there a process by which variance requests are routed through appropriate DOE channels?
- Do the variance requests address implementation of acceptable interim protective measures?

2.14 The laboratory has implemented OSH programs and procedures.

- Does the laboratory have a comprehensive and integrated set of published OSH procedures that are incumbent on the entire operation?
- Does the laboratory have a method for ensuring that the OSH procedures are conveyed downward through the organization?
- Does the laboratory have provisions for ensuring incorporation of the OSH procedures into the processes of design, construction, maintenance, and operation at the site?
- Does the laboratory have an effective means for enforcing the OSH program on subcontractors?
- Does the laboratory's oversight organization perform a detailed review of all subcontractor OSH programs and procedures?
- Does the laboratory's oversight organization employ contractual enforcement mechanisms to ensure that subcontractors working at the facility maintain progressive OSH programs?
- Does the DOE oversight organization incorporate laboratory performance requirements into its site award fee structure? If a laboratory is not under the award fee structure, does the DOE organization have a similar or alternative process for influencing the laboratory to meet DOE safe standards of performance?

- Does the award fee rating process provide traceability from measurable criteria through the monetary award?
- Do procedures include consideration of contract termination for willful violations of site OSH rules, procedures, regulations, and standards?
- Do the contracts for the laboratory include provisions for contract termination in the case of willful violations?
- Do procedures include provisions for evaluating subcontractors for willful violations of OSH requirements?

3.0 STANDARDS AND REQUIREMENTS

3.1 Specific DOE Orders and Standards.

- DOE O 200.1, "Information Management Program."
- DOE O 232.1A, "Occurrence Reporting and Processing of Operations Information."
- DOE O 440.1A, "Worker Protection Management for DOE Federal and Contractor Employees."
- DOE 2300.1B, "Audit Resolution and Followup."
- DOE 2321.1B, "Auditing of Programs and Operations."
- DOE 3771.1, "Grievance Policy and Procedures."
- DOE 4330.4B, "Maintenance Management Program."
- DOE 5480.4, "Environmental Protection, Safety, and Health Protection Standards."
- DOE 5484.1, "Environmental Protection, Safety and Industrial Hygiene, and Health Protection Information Reporting Requirements."
- DOE 5700.6C, "Quality Assurance."

3.2 Title 10 CFR Requirements.

- 10 CFR 830.120, "Quality Assurance Requirements for DOE Nuclear Facilities."

3.3 OSHA Title 29 CFR Requirements.

- 29 CFR 1904, "Recording and Reporting Occupational Injuries and Illnesses. Safety and Industrial Hygiene and Health Programs and Related Matters."
- 29 CFR 1910, "Occupational Safety and Health Standards."
- 29 CFR 1926, "Safety and Health Regulations for Construction."

3.4 Additional Standards, Requirements, and References.

- Public Law 91-596, Occupational Safety and Health Act of 1970.
- American Society of Mechanical Engineers (ASME) NQA-1, "Quality Assurance Program Requirements for Nuclear Facilities."

4.0 GUIDANCE TO ASSESSOR

This assessment guide is intended to assist in conducting a performance assessment of management, oversight, and administrative control of occupational safety and industrial hygiene. It is not to be considered as all-inclusive, inflexible, or limiting reasonable assessment concentration when lines of inquiry responses dictate that an area must be more thoroughly probed.

The intent of this assessment is to lay the foundation of understanding of how a given DOE contractor organization carries out its overall responsibilities for ensuring a sound OSH program.

This basis will be used to help outline subsequent assessments that are more specific in nature and reflect the knowledge gained from this assessment. This assessment will also help to provide a uniform base of information to compare the various DOE Offices and contractors on an annual cycle.

A strong management model will be manifest in the detail, comprehensiveness, and degree of integration found in the OSH policies and procedures. Strong management oversight will be manifest by how diligently those policies and procedures are implemented at the site being assessed, and by the process by which management assesses its own performance and attempts to strengthen its weak areas. One purpose of this assessment is to highlight unique methods used by the management organization to strengthen its OSH program.

The assessor shall be familiar with the requirements of the DOE Orders on environmental/occupational safety and health programs contained in Section 3.1 prior to starting the assessment. The assessor should pay particular attention to the dissemination of top-level DOE and CSO safety and industrial Hygiene guidance and policies, to the DOE Brookhaven Group office statement of mission and objectives, to the line and oversight roles and responsibilities, to a strategy with supporting goals that can be achieved through procedures for oversight and implementation.