

OPERATIONS TURNOVER

1.0 Objective

The objective of this surveillance is to evaluate the laboratory's practices for operations shift turnover. This surveillance provides a basis for evaluating the effectiveness of the laboratory's operations turnover program and for establishing compliance with DOE requirements.

2.0 References

- 2.1 DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities*
- 2.2 DOE-STD-1038-93, *Guide to Good Practices for Operations Turnover*
- 2.3 INPO 85-017 Rev 2, *Guidelines for the Conduct of Operations at Nuclear Power Stations*

3.0 Surveillance Activities

The Facility Representative or Environmental, Safety, and Health Support Specialist observes the operations turnover from one operations shift to another. Primary emphasis for the surveillance is on turnover for the operator and shift supervisor positions although turnover of other positions may be observed as time permits. The Facility Representative or Environmental, Safety, and Health Support Specialist may wish to conduct this surveillance for each operations shift so that turnover practices from each shift can be evaluated and compared.

**Surveillance Guideline
 OPERATIONS TURNOVER**

Surveillance No.: _____

Facility: _____

Date Completed: _____

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
1. Does each shift station use a check sheet or similar method to guide the turnover process?	_____	_____	_____
2. If a turnover checklist is used, is the checklist controlled and is the most current version being used?	_____	_____	_____
3. Does the shift turnover checklist include the following information:			
Work station name?	_____	_____	_____
Approval designation (Revision Number, etc.)?	_____	_____	_____
Date and time?	_____	_____	_____
On-going and off-going watch signature?	_____	_____	_____
Facility status?	_____	_____	_____
Technical safety requirements in effect, including time limits?	_____	_____	_____
Status of important operating parameters?	_____	_____	_____
Status of safety equipment and other equipment as appropriate (e.g., operating, standby, out-of-service)?	_____	_____	_____
Required chemistry or process sample times?	_____	_____	_____
Equipment problems?	_____	_____	_____
Time specific planned actions are required?	_____	_____	_____
Changes in radiological or hazardous materials areas and conditions?	_____	_____	_____
Temporary procedure changes in effect?	_____	_____	_____
Facility support group activities (e.g., construction, radiation protection)?	_____	_____	_____
Maintenance, testing, and evolution status?	_____	_____	_____
Status of controlled keys?	_____	_____	_____
Abnormal lineup or conditions?	_____	_____	_____
Alarms, temporary procedures, safety documentation changes since last time on shift?	_____	_____	_____

**Surveillance Guideline
 OPERATIONS TURNOVER (cont.)**

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
Status of temporary modifications, jumpers, lifted leads, bypasses, etc.?	___	___	___
Temporary set-point changes?	___	___	___
Disabled alarms or equipment?	___	___	___
4. Do turnovers include walkdowns of appropriate control panels?	___	___	___
5. Do supervisor turnovers include a review of plant status and also include administrative records necessary to ensure an adequate transfer of equipment status information?	___	___	___
6. Does the oncoming shift review and understand the logs before accepting responsibility for their position?	___	___	___
7. Is the overlap between incoming and outgoing operators and supervisors adequate to permit the orderly transfer of necessary information?	___	___	___
8. For those facilities on the site that conduct operations for only one shift per day, is an effective means in place to ensure that equipment is placed in a safe condition, and that backshift security, custodial, or maintenance personnel can properly respond to abnormal conditions?	___	___	___
9. When the oncoming crew is fully cognizant of the plant conditions, do oncoming operators and supervisors state that they are assuming responsibility for the shift position? Is an entry to this effect made in the applicable log?	___	___	___
10. Is a shift briefing conducted by the operations supervisor after he/she has accepted responsibility for the shift to review plant status, problems, and major shift evolutions both current and planned, support group activities, and shift objectives?	___	___	___
11. Do oncoming operators and supervisors review documents specified on their checklists and ask pertinent questions prior to assuming responsibility for their shift position?	___	___	___

**Surveillance Guideline
 OPERATIONS TURNOVER (cont.)**

	<u>YES</u>	<u>NO</u>	<u>N/A</u>
12. Do offgoing supervisors or operators explain all items noted on the	t	u	r

nover checklist to oncoming operators?

13. Do the offgoing and oncoming shift personnel discuss facility status prior to transferring work station responsibility?

14. Do reliefs occurring during the shift (e.g., exchange of control supervisory function) have a turnover to ensure that the oncoming person is at least as knowledgeable of the conditions as he would have been had a complete shift turnover process been conducted?

15. Has the operator or shift supervisor received guidance on what information should be exchanged and what activities should be conducted for shift turnover?

OTHER:

Surveillance Guideline
OPERATIONS TURNOVER (cont.)

NOTES/COMMENTS:

PERSONNEL CONTACTED: _____

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

FINDINGS:

Finding No.: _____

Description: _____

Surveillance Guideline
OPERATIONS TURNOVER (cont.)

Finding No. : _____

Description: _____

Finding No. : _____

Description: _____

OBSERVATIONS:

Observation No. : _____

Description: _____

Surveillance Guideline
OPERATIONS TURNOVER (cont.)

Observation No. : _____

Description: _____

Observation No. : _____

Description: _____

FOLLOWUP ITEMS:

Followup Item No. : _____

Description: _____

Surveillance Guideline
OPERATIONS TURNOVER (cont.)

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or

Environmental, Safety, and Health Support Specialist

BHG Operational Awareness Program
Surveillance Guideline OPS 9.12

Operations Turnover

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Revision 0

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**Surveillance Guideline
OPERATIONS TURNOVER (cont.)**

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ITEMS - USE ADDITIONAL SHEETS**

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Description: _____

Surveillance Guideline
OPERATIONS TURNOVER (cont.)

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Description: _____

Finding No.: _____

Description: _____

OBSERVATIONS:

Observation No.: _____

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Surveillance Guideline
OPERATIONS TURNOVER (cont.)

Observation No.: _____

Description: _____

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OPERATIONS TURNOVER (cont.)

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Signature: _____ Date: _____

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