

ETEC CLOSURE Desk Instruction

Activity ID SEHSE012	Date 2/1/2013	Revision R-6	ETEC DI 004
Document Title: ETEC CLOSURE ISMS Self-Assessment Plan (SAP)			

ETEC DI 004, ETEC CLOSURE ISMS SELF-ASSESSMENT PLAN (SAP), FEBRUARY 1, 2013, Robert R. Mako

PURPOSE

The purpose of this Desk Instruction is to provide a method for assuring that the requirements of EID-04694, "ETEC Closure Contract Integrated Safety Management System (ISMS) Description," are met and documented. The ISMS Self-Assessment Plan (SAP) Coordinator will become familiar with EID-04694 and complete quarterly audits necessary to comply with the procedure. This Desk Instruction contains the format for the audits, definitions of items, and sources of data.

ISMS SELF ASSESSMENT PLAN (SAP) AUDIT CHECKLIST

Item 1 Contractor's Documentation Review, Cat.1 (Fig. 2) and Cat.2 (Fig. 3)

Category 1 contracts exist where the contractor performs work under a Purchase Order released and controlled by Boeing Service Provider Manual for SSFL only.
 Category 2 contracts exist where the Contractor performs work under a Purchase Order released and controlled by Boeing Service Provider Manual for SSFL and ETEC Flysheet PB-02-009. The Category-2 checklist is Appendix 1 of ETEC Flysheet PB-02-009 and any special requirements called out in the Project Unique Statement of Work as described in PB-02-009.

Item 2 ISMS SAP Coordinator Quarterly Activity Report

The ISMS SAP Coordinator, or alternate, prepares a quarterly summary report for ETEC Closure management and staff which includes relevant information concerning Items 3-10 below.

Item 3 ISMS Site Audit (Figure 3)

The ISMS SAP Coordinator or alternate conducts a quarterly ISMS Safety Audit for one or more facilities selected from Table 1.

ORIGINATOR: _____ Robert R. Mako <i>RRMako</i>	DATE: <i>2/1/2013</i>
AUTHORIZED BY: _____ <i>[Signature]</i>	DATE: <i>2/1/2013</i>

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Item 4 **Incident Reports**

The ISMS SAP Coordinator reviews Santa Susana Field Laboratory (SSFL) Incident Reports to assess relevance to ETEC Closure operations. Relevant information is reported to ETEC Closure management and staff.

Item 5 **Occurrence Reporting and Processing System (ORPS)**

DOE Complex ORPS reports are reviewed quarterly to assess relevance to ETEC operations. Relevant information is reported to ETEC Closure management and staff. ORPS reports are distributed weekly to ETEC management and staff and are also available online at <http://www.hss.doe.gov/csa/analysis/orps/orps.html> .

Item 6 **Behavior-Based Safety (BBS) Observation Program**

The Santa Susana EHS Director and staff regularly conduct BBS audits in all areas of responsibility. BBS audit data are entered into the BBS Audit database and are reviewed monthly by the Santa Susana EHS Council.

Item 7 **DOE Operating Experience Summaries**

The ISMS SAP Coordinator reviews DOE Operating Experience Summary publications as released. Information relevant to ETEC Closure operations is distributed to ETEC management and staff. Operating Experience Summary reports are also available at <http://www.hss.energy.gov/CSA/analysis/oesummary/index.html>

Item 8 **Independent Audits**

A representative from the Santa Susana Environment, Health and Safety (EHS) organization performs quarterly safety audits of ETEC facilities and DD&D activities. The ISMS SAP Coordinator reviews the audits and follows up on any required corrective action recommendations.

Item 9 **ISMS/HASP/PHA Changes**

Changes resulting from annual or periodic reviews of the ISMS Description EID-04694, Health and Safety Plan (HASP) EPA-00060, Process Hazards Analysis, EID-06146, and SSFL EHS Procedures affecting ISMS subjects are provided.

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Item 10 Safety Meetings

Safety meetings are held periodically, as appropriate. Agenda subjects include ISMS feedback, Incident Report feedback, BBS inspection feedback, and safety metrics.

ISMS SELF ASSESSMENT FILES

EHS maintains the Self-Assessment Audit files. All associated audit information collected including, data, survey reports, contacts etc., become part of these files.

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FIGURE 1

ISMS Self-Assessment Plan (SAP) Audit Summary				
<p style="margin: 0;">_____</p> <p style="margin: 0;">Month/Year</p>				
<p style="margin: 0;">This Audit Summary is to be completed quarterly to ensure that the requirements of EID-04694 have been fulfilled. Copies of audit items listed are to be maintained to provide objective evidence of audit completion.</p>				
No	Audit Item	Auditor Signature	Date	Comments
1	Contractor's documentation reviewed (Category I or 2)			
2	ISMS quarterly activity report completed			
3	ISMS Site Audit completed			
4	Incident Reports reviewed			
5	ORPS reports reviewed			
6	Behavior-Based Safety observations reviewed			
7	DOE Operating Experience Summaries reviewed			
8	EHS audits conducted and reviewed			
9	ISMS/HASP/PHA changes reviewed			
10	Safety meeting held			

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FIGURE 2

ISMS Contractor Checklist			
<p>This checklist is to be completed when a subcontractor first comes to Area IV to work at any DOE facility. This checklist is based on the Boeing Service Provider Manual for SSFL and will be utilized to verify that each subcontractor has the proper documentation for work and is practicing the environmental, health, and safety requirements as stated in the Service Provider Manual. NOTE: If any of the Audit Items are not applicable to the work being performed, write N/A in the comments.</p>			
Contractor	Project		Auditor _____
		Date	
Audit Item	Completed	Auditor Signature	Comments
1. Did the contractor receive Santa Susana safety requirements prior to starting work?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Does the contractor have a copy of the Boeing Service Provider Manual for SSFL on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. Has the contractor informed its employees of applicable SSFL safety requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
4. Is there a designated contractor representative for the project and safety coordination at the job site?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
5. Does the contractor and its subcontractors understand the responsibilities as stated in the Contractor Responsibilities section of the Boeing Service Provider Manual for SSFL?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
6. Does the designated contractor representative know his Contract Coordinator (PIC) and how to make contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
7. Does the contractor have a Statement of Work on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
8. Does the contractor have its Project Specific Health and Safety Plan on site?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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ISMS Contractor Checklist			
Audit Item	Completed	Auditor Signature	Comments
9. Does the job require potentially hazardous work such as confined space entry or work at height?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
10. Does the contractor have training records for employees and do they correspond to the work to be performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
12. Does the contractor have a hazardous materials inventory list and the corresponding MSDSs?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
13. Has the contractor obtained the proper permits for the job?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
14. Have any possible hazards that could be part of the job, such as trenches and open gratings, been explained?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
15. Have hazardous materials that the contractor may come into contact with such as lead paint, asbestos, and/or environmental contaminants been explained?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
16. Have any other safety issues or concerns been explained to the contractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
17. Has the Contract Coordinator advised the contractor and its employees where the routes for evacuation and the assembly areas are?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
18. Has the contractor inspected their tools and equipment to ensure fluids are not leaking?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
19. Has the contractor stored hazardous materials in appropriate containers to prevent leakage?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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20. Has the contractor submitted a Waste Management Plan for projects which generate waste?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. Has the contractor properly segregated, containerized and labeled hazardous materials and hazardous waste generated by the contractor?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
22. Will the contractor's activities produce any regulated emissions, e.g., fugitive dust, VOCs, etc.?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
23. Will the contractor disturb or move soil, concrete, or asphalt?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
24. Will the contractor capture or prevent surface water run-off?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
25. Off-normal observations?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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FIGURE 3

Integrated Safety Management System Site Audit		
Date	Facility	Auditor
Housekeeping	Inspection Results	Comments
1. Are all work areas, passageways, storerooms, and service areas clean, orderly, and free of hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
2. Does the storage or stacking of material prevent tripping, striking against, or hazards from falling materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
3. Is there any unauthorized storage of materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
4. Are cables and cords out of walkways?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
5. Are tripping hazards either eliminated or marked?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
6. Is there clear access to emergency equipment, such as fire extinguishers, emergency exits, emergency eyewash, or shower?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
7. Are emergency lights in working order?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
8. Are floor surfaces free of spills or slip hazards?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
9. Are there any leaking chemical containers or machinery oil spills?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
10. Do aisles around equipment provide at least 24-inches access?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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Integrated Safety Management System Site Audit		
Date	Facility	Auditor
Housekeeping	Inspection Results	Comments
11. Are covers and guardrails provided to protect employees from hazards such as falling into pits or tanks?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
12. Does any condition exist for groundwater intrusion into below grade areas?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
13. Are all utilities (natural gas, water, electricity) in working condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
14. Are there any hazardous conditions outside the building (such as weeds, loose siding, broken doors, windows or leaking roof)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
15. Does the building have a proper security lock?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Electrical	Inspection Results	Comments
16. Is a minimum 36 inches of clearance maintained in front of electrical panels and switches rated for less than 240 VAC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
17. Is a minimum of 42 inches of clearance maintained in front of electrical panels and switches rated for greater than 240 VAC?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
18. Are all electrical cords routed so they will not be a tripping hazard or be subjected to damage?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
19. Are all junction boxes, electrical panels, and switches of a smooth construction and free of openings?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
20. Are breaker and motor control panel doors closed, latched and adequately identified?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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Integrated Safety Management System Site Audit		
Date	Facility	Auditor
Electrical	Inspection Results	Comments
21. Are all electrical enclosures such as switches, receptacles, and junction boxes provided with appropriate covers and face plates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
22. Is there any exposed wiring, including telephone lines, that should be repaired?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Fire Safety	Inspection Results	Comments
23. Is fire fighting equipment conspicuously located and clearly identified?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
24. Are materials, equipment, and trash kept out of the way of fire extinguishers and emergency exits?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
25. Are flammable liquids stored in approved storage containers?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
26. Does all fire extinguishing equipment have inspection tags, and are they up to date?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
27. Is the fire alarm system active (fire sprinklers charged etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Hazardous Materials	Inspection Results	Comments
28. Is a current inventory maintained and Material Safety Data Sheets (MSDSs) available for all hazardous materials?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
29. In case of ongoing work, is the HASP Information Sheet completed and posted in the facility?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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Integrated Safety Management System Site Audit		
Date	Facility	Auditor
Hazardous Materials	Inspection Results	Comments
30. Are hazardous materials stored in proper containers/cabinets, which are clearly marked and kept closed when not in use?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
31. Are incompatible (reactive) materials stored separately?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
32. Are all containers (i.e., bottles, cans, drums, and squeeze bottles) labeled with the original vendor labels or secondary labels?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
33. Have control procedures been implemented to cover safe handling practices for any hazardous materials in the area?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Personal Protective Equipment (PPE)	Inspection Results	Comments
34. Are personnel wearing the proper PPE for the work being performed?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
35. Is PPE maintained in an easily accessible area and kept in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
36. Are visitors required to follow proper PPE guidelines when visiting the area?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
37. Are training records up to date for use of required PPE?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
38. Are there any unsafe conditions outside the electrical substation such as weeds, damaged fencing or gates?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

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Integrated Safety Management System Site Audit		
Date	Facility	Auditor
Electrical Substations*		
Inspection Results		
Comments		
39. Are the appropriate warning signs posted e.g. Danger High Voltage and NFPA 70E arc flash and shock hazard warnings?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
40. Is the gate locked?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
41. Off-normal observations?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
Environmental Protection		
Inspection Results		
Comments		
42. Are asbestos, lead, mercury, or PCB containing materials or equipment in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
43. Is any powered equipment, tool, or building system leaking fluids or water?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
44. Are required VCAPCD permits available for affected equipment (e.g., generators \geq 50 HP)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
45. Is required VOC emission tracking being performed and documented where required (e.g., painting, solvent cleaning)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
46. Does fugitive dust control appear to be adequate in compliance with VCAPCD Rule 55?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
47. Does hazardous waste appear to be properly managed (labeled, closed, no leaks, etc.)?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

* **Note:** Any unsafe condition or corrective action involving an electrical substation shall be reported to Site Services and performed only by a qualified electrician.

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Table 1
Existing ETEC Facilities

Building	Description
4038	Office
4057	Liquid Metal Development Lab #2
4462	Sodium Pump Test Facility (SPTF)
4463	Component Handling & Cleaning Facility (CHCF)
4019	SNAP Flight Test Facility
4024 ^{1, 3}	SNAP Environmental Test Facility
4029 ²	Hazardous Waste Management Facility
4133 ²	Hazardous Waste Management Facility
 RMHF Facilities³	
4021 ²	Decontamination Facility
4022 ²	Radioactive Material Storage
4034	Office
4044	Health Physics Lab
4075 ²	Waste Storage
4621 ²	Radioactive Waste Storage
4658	Guard Post
4665	Storage
4688	Storage
 Elec Substations	
4719	Located – B/4019
4725	Located - B/4024
4757	Located - B/4057
4763	
4780	Located - B/4463
4760	Located - B/4462

¹ Inspect at least 2 x per year

² Inspected weekly by PICs under RCRA Part B Hazardous Waste Management Facility requirements.

³ Inspect at least 2 x per year. For entrance into radiation controlled facilities, the inspector must obtain permission from the facility PIC, have radiation training, or be escorted if he/she holds a visitor badge.