

Ames Laboratory	Procedure	10200.014
Office Environment, Safety, Health and Assurance	Revision	6
Title Program/Department Walk-Through	Effective Date	01/01/08
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Program/Department Walk-Through

This procedure provides a description of the Program/Department Walk-Through process of the Ames Laboratory, as required by the Ames Laboratory Environment, Safety, Health and Assurance Manual, Section 10.

Comments and questions regarding this procedure should be directed to the contact person listed below:

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Sign-off Record:

Approved by: _____ **Date:** _____
 Manager: Environment, Safety, Health and Assurance

Approved by: _____ **Date:** _____
 Chief Operations Officer

Approved by: _____ **Date:** _____
 Assistant Director, Sponsor Research Administration

Approved by: _____ **Date:** _____
 Science & Technology Division Director

Approved by: _____ **Date:** _____
 Deputy Director

Approved by: _____ **Date:** _____
 Director

Note: This document's Sign-off Record is maintained in the ESH&A Documents & Records Office, 151 TASF.

1.0 Revision/Review Log

This document will be reviewed once every three (3) years as a minimum.

<u>Revision Number</u>	<u>Effective Date</u>	<u>Contact Person</u>	<u>Pages Affected</u>	<u>Description of Revision</u>
0	4/01/95	T. Wessels	All	Original Document
1	5/01/99	S. Nelson	All	Review and Revision
2	8/01/99	S. Nelson	All	Revision
3	8/1/02	S. Nelson	None	Reviewed / No Changes Necessary
4	6/1/04	S. Nelson	All	Added QA Definitions, Formatting, etc.
5	6/1/07	S. Nelson	None	Reviewed / No Changes Necessary
6	1-1-08	S. Nelson	All	G:\DOC&RECS\DCP\Revision Descriptions\Procedure 102_014 rev6 Program Department Walk-Through.doc

2.0 Purpose and Scope

The Laboratory's policy for the Program/Department Walk-Through is documented in Section 10 of the Ames Laboratory Environment, Safety, Health and Assurance Program Manual as a type of audit/inspection. The Program/Department Walk-Through requirement is a part of the Laboratory's feedback and improvement efforts. Feedback and improvement mechanisms are a fundamental part of the Ames Laboratory Integrated Safety Management System. The purpose of the Program/Department Walk-Through is to look at specific attributes of the organization's spaces and activities, and to identify, describe, and eliminate environment, safety, health and assurance concerns in a timely and cost effective manner.

The Program Directors/Department Managers and the Safety Coordinator shall conduct a walk-through at a minimum frequency of once per year. The procedure is not intended to produce an administrative burden or place unrealistic expectations on Program Directors, Department Managers or Safety Coordinators. However, the deficiencies identified during this walk-through need to be recorded, analyzed, and resolved.

3.0 Prerequisite Actions and Requirements

3.1 Training

Safety Coordinators are required to complete the Hazard Identification Training Module (AL-130). They should have an understanding of the Program/Department Walk-Through procedure and the principles of conducting observations. The individuals conducting the walk-through also need to have a basic understanding of the requirements and policies applicable to the organization's activities and facilities.

3.2 Checklists

The Safety Survey Checklist (Form 10200.041) can be used as a guide for review of issues addressed by the requirements documented in the ESH&A Program Manual. The Program/Department is encouraged to prepare additional checklists to direct the review of specific Program/Department requirements.

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4.0 Performance

4.1 Walk-Through Etiquette

Individuals conducting a walk-through should utilize the following observation process guidelines:

- Managers, supervisors and employees are put at ease when the observer states that strengths and improvements will also be noted.
- Observers will establish rapport and trust when they ask employees and supervisors for assistance in identifying weaknesses and strengths.
- Observers will communicate to the organization's representatives what they have seen and let them review their notes.
- Observers must ask for assistance from a supervisor or activity user if they do not understand a condition of a process.
- Following the walk-through, the conditions noted during the walk-through should be reviewed and discussed with the Group/Section Leaders. The review should be utilized to discuss and plan appropriate corrective actions.

4.2 Walk-Through Report

The Safety Coordinator shall document the identification and the closeout of findings by utilizing the Manager Walk-Through Report Form (Form 10200.026) or other method, which documents:

- the observation as a Finding , Strength or Noteworthy Practice
- the rating of a finding
- the person or organization responsible for corrective action and the response
- the date of closeout
- the verification of closeout

The report shall include:

1. Identification of the individual(s) who conducted the walk-through.
2. A listing of areas reviewed.
3. A record of the environment, safety, health and assurance findings observed including their respective QA ratings. The report may consist of copies of the completed:
 - Manager Walk-Through Report (Form 10200.026)
 - Safety Survey Checklist (Form 10200.041)
4. Planned corrective actions.

It is the responsibility of the Program/Department to perform the actions necessary to close out the findings identified during the walk-through according to the requirements for the significance rating assigned. This includes writing Service Order Requests for Facilities Services Group, Engineering Services Group, ISU Facilities Planning and Management, etc. to perform maintenance/service. The following is the time schedule for closing out findings:

- Level 1 Finding – Close out according to a corrective action plan approved by the ESH&A Office.
- Level 2 Finding, High Significance – Close out by the end of the first full workday after the findings are identified, or according to corrective action plan approved by the ESH&A Office.

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- Level 2 Finding, Moderate Significance – Close out within 60 days of report date or develop a formal Ames Lab Action Plan for close out which must be approved by ESH&A
- Level 3 Finding – Close out as soon as possible, as resources are available.

The appropriate walk-through team member will verify closeout of all Level 1 and Level 2 High Findings.

Finding: A finding is a determination of deficiency pertaining to implementation of a requirement based on a recognized inadequacy or weakness. Findings are categorized as levels 1, 2, or 3. This categorization is necessary to identify the degree of management formality and rigor required for the correction, tracking to closure, and trending of findings.

Level 1 Finding: Determination of deficiency of major significance that warrants a high level of attention on the part of line management. Typically these reflect a gap in addressing requirements or a systemic problem with implementing requirements. If left uncorrected, this level of finding could negatively impact the Laboratory’s mission. Examples of a Level 1 Findings include deliberate violations, sabotage, and ignoring Radiation Work Permits.

Level 2 Finding: Determination of deficiency that represents a non-conformance and/or deviation with implementation of a requirement. Multiple determinations of deficiency at this level, when of a similar nature, may be rolled-up together into one or more Level 1 Findings. Level 2 findings can be further qualified by noting the significance of the issue as a *High or Moderate* condition.

A Level 2 Finding with High Significance is one that could cause a severe injury or significant environmental or programmatic impact. Examples of Level 2 Findings with High Significance include exposure to live electrical parts, using poisonous gas outside of a fume hood or designated cabinet, and improper disposal of hazardous waste. A Level 2 Finding with Moderate Significance is one that could cause minor injury or minor environmental or programmatic impact. Examples include improper use of extension cords, not labeling of chemicals, and late disposal of hazardous waste.

Level 3 Finding: Determination of deficiency where it is recognized that improvements can be gained in process, performance, or efficiency already established for meeting a requirement. This level of finding should also include minor deviations observed during oversight activities that can be promptly corrected and verified as completed. Examples of Level 1 Findings include idle / obsolete equipment being stored in laboratory spaces, not updating emergency door cards, not stocking safety glasses in visitor bins.

Documentation of findings should include the statement of the specific requirement (e.g. regulatory citation, Laboratory policy, etc.), the description of a programmatic breakdown (if applicable), and objective evidence demonstrating the deficiency.

Strength: A mature process or activity that has consistently demonstrated the ability to meet expectations, or a process or activity that efficiently and effectively facilitates and integrates processes, activities, and resources.

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Noteworthy Practice: A positive observation, based on objective assessment data, or a particular practice, procedure, process, or system considered so unique or innovative enough that other organizations within the Laboratory might find it beneficial. Mere compliance with mandatory requirements is not considered to be a noteworthy practice.

4.3 Walk-Through Categorizations

The findings shall be categorized by the 24 listings below:

1. Administrative Controls include program specific rules/guidelines such as visitors being escorted.
2. Compressed Gases include compressed air, gases in cylinders and cryogenic liquid cylinders.
3. Confined Spaces include aspects such as inventory, labeling, training, entry procedures, etc.
4. Electrical Safety includes all issues of voltages greater than 50 volts, enclosures, grounding, etc.
5. Emergency Planning includes issues such as signage for eyewashes/showers, first aid kits, emergency phone cards posted on doors, etc.
6. Environmental includes issues such as waste minimization, hazardous waste, air emissions, etc.
7. Fire Safety includes direct fire hazards, fire safety equipment, etc.
8. General Safety includes issues such as housekeeping, broken chairs, tripping hazards, etc.
9. Hoisting and Rigging includes issues associated with hoists and rigging equipment, training, etc.
10. Hazard Communication includes chemical labeling, Material Safety Data Sheets, etc.
11. Industrial Hygiene includes laboratory practices, labeling, chemical storage, etc.
12. Infrastructure includes broken handrails, loose brick, chipped stair nosings, etc.
13. Ladder Safety includes delinquent annual inspections, broken ladders, improper use, etc.
14. Laser Safety includes proper eye protection, proper use of interlocks, training, etc.
15. Lockout/Tagout includes standardization of equipment, training, procedures, etc.
16. Life Safety Code includes aisle width requirements, emergency lighting, exit signs, egress patterns, etc.
17. Machine Guarding includes wood working equipment and all equipment which has an exposure to belts and pulleys, gears and sprockets, shafts, pinch points, etc.
18. Personal Protective Equipment includes eye, hand, foot, head protection that cannot be engineered out or administratively controlled.
19. Plumbing includes leaks in water lines, filter, etc.
20. Procedural includes specific procedures, policies, etc.
21. Property Management includes issues of excess, unused or under utilized equipment or materials.
22. Radiation Protection includes all ionizing or non-ionizing radiation issues.
23. Respiratory Protection includes issues relating to storage, training, fit testing of respiratory protection including disposable dust masks.
24. Training includes any issues related to environment, health and safety training issues.

4.4 Walk-Through Report Distribution

4.4.1 Safety Coordinators

It is the responsibility of the Safety Coordinator to distribute the completed Program/Department Report to all affected individuals and to provide trending information to ESH&A. In addition, at fiscal

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year-end (September 30st), a report shall be sent to ESH&A, which categorizes the Program/Department Walk-Through findings by percentage for each category.

4.4.2 Program Directors/Department Managers and Group/Section Leaders

Program Directors/Department Managers and Group/Section Leaders shall receive a complete copy of the Program/Department Walk-Through Report.

4.4.3 Environment, Safety, Health & Assurance (ESH&A) Office

The ESH&A Office shall **immediately** be sent a list of Program/Department Walk-Through findings, which has Level 1 or Level 2 High Significance. It is the responsibility of ESH&A to verify the closeout of these findings.

5.0 Post Performance Activity

5.1 Closeout of Walk-Through Findings

It is the responsibility of the Program Director or Department Manager to perform the actions necessary to close out the findings identified during the Program/Department Walk-Through according to the requirements of the significance rating assigned. Conditions observed during the Program/Department Walk Through which require attention such as facilities deficiencies (e.g., electrical wiring, lights, fume hoods, plumbing, etc.), should be communicated to the Facilities Services Group or Engineering Services Group appropriately. The Group/Section or Program/Department responsible for the corrective actions taken to close out the findings shall document the response on the Manager Walk-Through Report (Form 10200.026) or other form. Verification of the closeout shall be performed by the appropriate Safety Coordinator and documented.

5.2 Disposition of Records

Walk-through records, once verified by the Safety Coordinator shall be kept by the Program/Department responsible for the walk-through in accordance with the requirements of the General Records Schedule or DOE Schedule.

6.0 Additional Information

- Manager Walk-Through Report (Form 10200.026)
- Safety Survey Checklist (Form 10200.041)