Independent Walk-Through Procedure

This procedure provides a description of the Independent Walk-Through program of the Ames Laboratory, as required by the Ames Laboratory Environment, Safety, Health & Assurance Program Manual, Section 10, Assessments.

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

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Reviewed by: _____ Date:_____
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Approved by: _____ Date:_____
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1.0 Revision/Review Log

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

Revision Number	Effective Date	Contact Person	Pages Affected	Description of Revision
0	2/15/95	T. Wessels	All	Original Document
1	5/01/99	S. Nelson	All	Review and Revision
2	11/01/01	S. Nelson	All	G:\DOC&RECS\DCP\Revision Descriptions\Plan 102_021 rev2 Independent Walk-Through.doc
3	6-1-04	S. Nelson	1,3,4,5	G:\DOC&RECS\DCP\Revision Descriptions\Procedure 102_021 rev3 Independent Walk-Through.doc
4	12-1-05	S. Nelson	3	G:\DOC&RECS\DCP\Revision Descriptions\Procedure 102_021 rev4 Independent Walk-Through.doc
5	11-30-06	S. Nelson	2 & 4	G:\DOC&RECS\DCP\Revision Descriptions\Procedure 102_021 rev5 Independent Walk-Through.doc
6	1-1-08	S. Nelson	All	G:\DOC&RECS\DCP\Revision Descriptions\Procedure 102_021 rev6 Independent Walk-Through.doc
7	4-1-10	S. Nelson	3	G:\DOC&RECS\DCP\Revision Descriptions\Procedure 102_021 rev7 Independent Walk-Through.doc

2.0 Purpose and Scope

The Laboratory's policy for Independent Walk-Throughs is documented in Section 10 of the Ames Laboratory Environment, Safety, Health and Assurance Program Manual. The walk-through program is an integral parts of Integrated Safety Management (ISM) in which Department/Programs are evaluated. A walk-through is a planned tour of a Department/Program or area on a routine, scheduled basis, with a specific focus applicable to that Department/Program. The Laboratory's Independent Walk-Through program is designed to provide a mechanism for personal observation and evaluation of the Laboratory's facilities by management and specialists. It is a look at specific attributes of a facility against requirements promulgated by the Laboratory, DOE, and other governmental organizations. Environmental protection, safety, health, quality and implementation of policy are issues explored. The walk-through process is not intended to produce administrative burden or place unrealistic expectations on managers. However, findings will be noted will be recorded, analyzed, tracked, and resolved.

3.0 Prerequisite Actions and Requirements

The members of the walk-through team have an understanding of the special requirements and policies they will be assessing against. Also, the walk-through team will have an understanding of this Independent Walk-Through procedure and receive orientation to effectively conduct their assigned walk-through functions.

4.0 Performance

4.1 Prior Notification

The Industrial Safety Specialist shall schedule the Independent Walk-Throughs. The Program Director/Department Manager shall be notified in writing two weeks prior to the performance of the walk-through. Notification shall include a general definition of the scope of the walk-through and a brief description of the walk-through process. Once the schedule has been confirmed, Group Leaders and Principal Investigators will be notified by the Industrial Safety Specialist.

4.2 Walk-Through Team Members and Specialties

The Independent Walk-Through Team will consist of (dependent on type of activities reviewed within program):

- Executive Council Member (upper management representative)
- Fire Safety Specialist
- Industrial Safety Specialist (the team coordinator)
- Electrical Safety Inspector (ESG)
- Industrial Hygienist
- Environmental Specialist
- Health Physicist
- A member of the Purchasing and Property Services Office as a property management specialist (bi-annually).
- ISU EH&S Representative

The Independent Walk-Through Program (Procedure 10200.021) is utilized to facilitate the observation of activities and facilities by the ESH&A office. The participation of ESH&A Office members in this program is detailed in the following table.

Program/Department	Industrial Safety	Industrial Hygiene	Health Physics	Environmental Protection	Fire Protection
Administrative Services	X				X
Applied Mathematics & Computational Sciences	X				X
Chemical and Biological Sciences	X	X		X	X
DMSE (Spedding and Gilman)	X	X	X	X	X
DMSE (Wilhelm & Metals Dev)	X		X		X
DMSE (Zaffarano & leased space)	X		X		X
Engineering Services	X			X	X
ESH&A	X				X
Environmental & Protection Sciences	X	X		X	X
Facilities Services	X			X	X
Purchasing & Property Services	X			X	X

4.3 Walk-Through Observation Process

The walk-through observation process will be conducted according to the following guidelines.

4.3.1 Pre Walk-Through Process

- Managers, supervisors, safety coordinators are briefed by the Walk-Through Team of what will be evaluated and any potential emphasis that may be assessed according to new regulations (DOE, OSHA, EPA, etc.).
- Observers will attempt to establish rapport and trust when they ask employees and supervisors for assistance in identifying weaknesses and strengths.

4.3.2 Walk-Through Process

- When recording notes, observers will tell representatives what they have observed and are writing for report purposes.
- If observers do not understand the facility's condition they should ask a supervisor or employee for a briefing of the present condition of the facility.
- Observers should move steadily through the facility. If conditions warrant, they will announce that they need to return for a more in-depth appraisal of the facility.
- Of the scheduled time, observers will allow about fifty percent for looking at their intended target, about twenty five percent for wandering around and asking general questions about the facility, and about twenty five percent for a post observation walk-through conference.
- Observers will record conditions as findings, strengths or noteworthy practices, on the Walk-Through.

4.3.3 Post Walk-Through Process

- Findings, strengths and noteworthy practices will be submitted to the Industrial Safety Specialist for the final report generated by a computer tracking system (CA5 Tracking).

4.4 Post Walk-Through Conference

The conditions noted during the walk-through will be reviewed with the Program Director/Department Manager, Safety Coordinator, and other interested members of the Program/Department at the end of the walk-through or at a mutually agreed upon time. This conference will provide an opportunity to discuss appropriate corrective actions.

4.5 Walk-Through Report

4.5.1 The written walk-through report shall be prepared within two weeks and sent to:

- Principal Investigator (PI’s)
- Group/Section Leaders
- Safety Coordinator
- Division Director
- Facilities Services Manager
- ESH&A Manager
- Walk-through Team Members

- DOE-Chicago Facility Representative
- Safety Review Committee
- ISU EH&S Director

4.5.2 The report shall include:

- Identification of the individual(s) who conducted the walk-through
- A listing of areas reviewed
- A record of the environment, safety, health and assurance conditions observed including their respective ratings.
- Planned corrective actions.

4.5.3 Findings are categorized by the 24 listings as follow for Lab wide trend analysis.

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, skin, head protection that cannot be administratively controlled or engineered out.
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, PAAA Compliance.
23. Respiratory Protection includes issues relating to respiratory used such as storage, training, fit testing, and also applies to paper disposable dust masks.
24. Training includes any issues related to environment, health and safety training issues.

5.0 Post Performance Activity

5.1 Closeout of Walk-Through Findings

Findings are assigned a ratings primarily based upon consequence and risk potential.

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

- 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.
- 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 a 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.

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.

5.2 Lessons Learned

Lessons Learned Reports will be prepared for feedback and continuous improvement as a result of observations identified during the walk-through process. The Lessons Learned are distributed electronically by Environment, Safety, Health and Assurance (ESH&A) to all levels.

5.3 Event Screening

Findings are screened for potential reportability to ORPS (DOE Order 231.1A Environmental, Safety and Health Reporting), PAAA (10 CFR 820) and Incidents of Security Concerns (DOE Order 471.4 Incidents of Security Concerns) per the guidance provided in the Event Reporting Program (400000.001).

5.4 Annual Trend Analysis of ESH&A Findings

Statistics are generated annually by the Industrial Safety Specialist based on the Independent Walk-Through observations according to the procedure for Trend Analysis (10200.041). This information will be communicated to the Executive Council through an annual report.

5.5 Disposition of Records

Walk-Through records will be maintained by Environment, Safety, Health and Assurance (ESH&A) in accordance with the requirements of the General Records Schedule.

6.0 Additional Information

6.1 Ames Laboratory Environment, Safety, Health and Assurance Program Manual, see Section 10.