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February 14, 2013

ATL-2013-024

Ms. S. C. Johnsons  
Office of River Protection  
U.S. Department of Energy  
Post Office Box 450  
Richland, Washington 99352-0450

Dear Ms. Johnson:

CONTRACT NUMBER DE-AC27-10RV15051 – ADVANCED TECHNOLOGIES AND LABORATORIES INTERNATIONAL, INC. SUBMITTAL OF THE CY 2012 VOLUNTARY PROTECTION PROGRAM ANNUAL REPORT

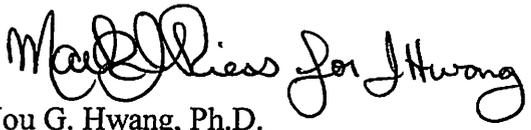
References: *U.S. Department of Energy Voluntary Protection Program Part II: Procedures Manual*, Office of Health, Safety and Security, revised May 2012.

This letter formally transmits ATL's Voluntary Protection Program (VPP) Annual Report for Calendar Year 2012 to ORP for ultimate submittal to Mr. B. K. Davy of DOE - Headquarters, Office of Health, Safety and Security. Transmittal of this report is provided in accordance with the reference above, Sections VI.B, "Annual Report." ATL has continued the practice of conducting an annual VPP Self-Assessment since receiving its DOE VPP Star Site designation in 2008. The annual VPP Self-Assessment is conducted as an employee led Worker Assessment. Results from this self-assessment (reference *CY2012 Voluntary Protection Program Annual Self-Assessment WA-MU-12-001*) are included throughout this VPP Annual Report.

As described in the VPP Annual Report, ATL success is a direct result of the effective implementation of a positive and active Safety Culture. Employees take an active role in assessing performance and identifying areas for continuous improvement. The VPP Self-Assessment combined with the Integrated Safety Management System (ISMS) assessment confirmed that both employees and management were actively involved in the safety of themselves and their co-workers. Additional program related elements such as worker assessments, surveillances, and effective communication between management and the employees demonstrate effective implementation of a strong Safety Culture where both employees and management work together to identify and correct safety issues to reduce the potential for occupational injuries and illnesses.

Should you have any questions regarding the results of this report, please contact Mr. W. J. Leonard at (509) 373-1820.

Sincerely,

Handwritten signature in black ink that reads "Matt Weiss for J. Hwang". The signature is written in a cursive, flowing style.

Jou G. Hwang, Ph.D.  
Laboratory Manager

Enclosure

cc: ORP Correspondence Control

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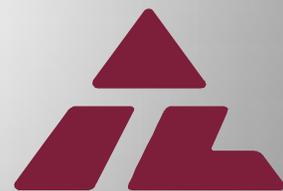
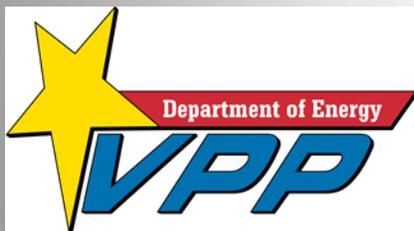
ATL-2013-024

Enclosure

Advanced Technologies and Laboratories International, Inc.  
Voluntary Protection Program Annual Report  
Calendar-Year 2012

Consisting of 33 pages, including coversheet

Advanced  
Technologies and  
Laboratories  
International, Inc.  
Voluntary Protection  
Program Annual  
Report – CY 2012



**Advanced Technologies and Laboratories International, Inc.**

**Voluntary Protection Program Annual Report**

**Calendar-Year 2012**

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## **Advanced Technologies and Laboratories International, Inc. Voluntary Protection Program Annual Report Calendar-Year 2012**

### **A. SUMMARY**

The Advanced Technologies and Laboratories International, Inc. (ATL) Voluntary Protection Program (VPP) continued to evolve this past year with a variety of initiatives to continuously improve safety performance, as well as improve our Integrated Safety Management System (ISMS) programs and processes. ATL continued to work on improving the Safety Culture through employee involvement in various aspects of our Safety and Health (S&H) programs with the ultimate goal of achieving zero injuries and illnesses, as well as identifying and eliminating or mitigating hazards in the workplace. While the ultimate goal of zero injuries and illnesses is the target, continuous improvement in ATL's Safety Culture continues to be the focus for the coming year.

ATL's ISMS integrates Worker Safety and Health Program (WSHP) and VPP components as part of a comprehensive safety program. ATL's WSHP implements applicable requirements of 10 CFR 851, *Worker Safety and Health Program*. ATL's WSHP establishes a worker protection program that eliminates or mitigates the potential for injuries, illnesses, and accidental losses by providing workers with a safe and healthful workplace.

The interface agreements between ATL and the Washington River Protection Solutions LLC (WRPS) require close coordination and communication to run an effective Integrated Safety Management System (ISMS). Generally speaking, ATL is responsible for analytical services and testing at the 222-S Laboratory, while WRPS is responsible for the facility maintenance and related infrastructure. There are exceptions to each work scope, so daily turnover meetings involving both companies are conducted to establish continuity and safe operations. Often, Laboratory Operations procedures and program aids are jointly-owned and committees such as ALARA are populated by employees from both companies. ATL has developed and will continue to develop specific safety documents or programs to the extent necessary to carry out its ISMS and VPP Programs.

ATL's managers and employees continuously assess their workplace through the performance of hazards analysis, monthly safety inspections, and periodic laboratory room inspections to proactively identify areas of concern and take prompt action to correct identified safety and health issues. Their commitment and ownership of their safety and the safety of their co-workers is demonstrated on a daily basis and at all levels of the organization. This was self-evident when ATL was declared a DOE VPP Star Site in 2008 and recertified as a DOE VPP Star Site in March 2011.

ATL has continued the practice of conducting an annual VPP Self-Assessment since receiving its DOE VPP Star Site designation in 2008. The annual VPP Self-Assessment is conducted as an employee led Worker Assessment. Results from this self-assessment (reference *CY2012 Voluntary Protection Program Annual Self-Assessment WA-MU-12-001*) are included throughout this VPP Annual Report. An excerpt from this report concluded the following:

“Since receipt of the DOE VPP Star Site status in 2008, ATL has continued the practice of conducting an annual VPP worker led self-assessment. The VPP Self-Assessment is defined by ATL’s Assessment Policy, ATL-MP-1020, *Assessment Program*, as a Worker Assessment. As such, the implementing procedure is ATL-312, Section 9.01, “Performance of Operational Awareness Assessments, Method Assessments, Worker Assessments and Surveillances.” In December 2011, ATL conducted the CY2011 VPP Self-Assessment (WA-ES-11-001). Each of the five tenets scored *Excellent* overall. The results from this year’s assessment were compared to last years to determine the overall health of ATL’s VPP/ISMS program. Once again, each of the five tenets resulted in an overall score of *Excellent*.

While ATL’s scores were *Excellent*, the scores for each of the tenets were slightly lower in CY2012, when compared to CY2011. ATL is a learning organization and will continue to strive to improve on the tenets of VPP. This will result in an improvement in the overall Safety Culture at ATL. The assessment team identified opportunities for improvement, which will be evaluated and included in the CY2013 Safety Improvement Plan.

#### **1. ATL CY2012 Accomplishments:**

- ATL had no recordable or lost workday cases reported in CY2012. The last recordable/lost workday injury was February 12, 2011. ATL has worked 258,843 hours (688 days) since the last recordable/lost workday case. This is the best performance by ATL since coming to the Hanford Site in May 2005. A celebration is planned in February 2013 to recognize this accomplishment.
- ATL developed new Safety Culture Metrics from data obtained from the Hanford General Employee Training (HGET) Safety Culture Survey data for ATL employees. This enables ATL to trend the overall Safety Culture closer to real time, versus waiting until the annual VPP self-assessment is conducted.
- Our VPP Co-Chairs, one of which was new to the position on CY2012, launched VPP Awareness Campaigns that encompass various VPP awareness activities for presentation, implementation, and feedback opportunities. This past year ATL initiated a “Safety in the Lab” campaign to emphasize that our staff are the experts when it comes to what is going on in the various lab areas; what to do if a spill occurs; responsibilities of the employees during a spill in the hood or in the room; response to odors in the lab, and the need to ensure that other employees are not affected. Another campaign was “I Make A Difference.” This campaign came out of the Region X VPP Conference. Employees were given stickers that read “I Make A Difference” to hand out to others who have had a positive influence on their lives. A Skin Cancer Awareness Campaign was also developed to educate employees about what it is, the year round risks associated with skin cancer, and the causes and actions that can be taken to prevent skin cancer. In another attempt to demonstrate Safety 24/7, ATL’s

VPP Champions Team initiated a Zombie Safety Campaign just before Halloween to demonstrate family members being safe when dressing up in Halloween costumes and demonstrating good safety practices. Lastly, with the onset of the Pertussis Epidemic last year, an Awareness Campaign was initiated with the development and dissemination of a Safety Bulletin on Pertussis (Whooping Cough), what it is (symptoms) and how to prevent it, including information about the vaccine.

- Improvements were made to the Laboratory Worksite Hazards Analysis process to better link the hazards to the specific controls to mitigate the hazards.
- Improved the ergonomics training and program requirements to fully implement all aspects of OSHA and ACGIH ergonomic requirements.
- Several ergonomic evaluations of employee office work stations, as well as analytical work stations, were conducted this past year. Many of the evaluations conducted resulted in actions taken to improve working conditions to prevent employee injuries.
- Improved the Injury/Illness investigating and reporting process, to better identify corrective actions and include requirements for sharing lessons learned.
- Reduced chemical/sample spill events from the previous year.
- Improved the Lessons Learned Program by including the new requirements from DOE O 210.2A.
- ATL employees participated in monthly safety inspections in support of the Washington River Protection Solutions 222-S Complex Monthly Health and Safety Inspection Program. Through these inspections, employees helped to identify and correct a variety of health and safety issues identified throughout CY2012.
- ATL hired a new Health and Safety Professional in CY2012. This individual used the results from the FY2012 chemical sampling strategy (that was developed from a comprehensive exposure assessment process) to develop a sound technical basis for the FY2013 chemical sampling strategy.
- Improvements were made in the process for ensuring employees are informed of the results of IH sampling activities. All IH sampling is tracked, including the employees involved, with checks that ensure the results are properly communicated.
- Conducted 11 Operational Drills to train and develop employee proficiency to properly respond to laboratory upset conditions and ensure protective actions can be taken.
- ATL's FY2012 ISMS/QA Declaration, ISMS Description, and FY2013 Performance Objectives, Measures, and Commitments (POMCs) were successfully approved by DOE-ORP.



ATL’s VPP Program’s success is a direct result of the effective implementation of a positive and active Safety Culture. Employees take an active role in assessing performance and identifying areas for continuous improvement. The VPP Self-Assessment combined with the Integrated Safety Management System (ISMS) assessment confirmed that both employees and management were actively involved in the safety of themselves and their co-workers. Additional program related elements such as worker assessments, surveillances, and effective communication between management and the employees demonstrate effective implementation of a strong Safety Culture where both employees and management work together to identify and correct safety issues to reduce the potential for occupational injuries and illnesses.

Employees are challenged on a daily basis to perform work safely and to stop work whenever an adverse condition is identified. Employees perform periodic workplace safety inspections and participate in safety committees such as the Safety Awareness Focus Team (SAF\*T) and the As Low As Reasonably Achievable (ALARA) committee, focusing on identified issues and developing corrective actions to improve safety for themselves and their co-workers. Through safety initiatives, committees, inspections, and communications, employees are actively involved and encourage fellow employees to perform activities that achieve safety objectives in order to modify their behaviors to improve the overall Safety Culture within ATL.

## **B. CONTINUOUS IMPROVEMENT**

### **1. Integrated Safety Management System (ISMS) Annual Declaration**

The scope of the annual ISMS/VPP/WSHP/QA review included all activities managed by ATL. The set of tailored criteria included performance objectives, measures, and commitments (POMCs), along with the Safety Improvement Plan action items. The results of this fiscal year 2012 ISMS review was documented and transmitted to DOE-ORP on January 15, 2013 (Reference letter ATL-2013-007, *Advanced Technologies and Laboratories International, Inc. Response to the US Department of Energy Request for Fiscal Year 2012 Integrated Safety Management System and Quality Assurance Effectiveness Review Declaration*). The ATL ISMS/QA Declaration was subsequently approved by DOE-ORP. The Executive Summary from the report is repeated here for information:

“As part of ATL’s ongoing assessment program, assessments were performed on various elements of ISMS, QA, Worker Safety and Health Program (WSHP), and Voluntary Protection Program (VPP), to ensure the existing programs adequately capture and flow down the requirements. In addition, ATL performed its annual Management Review, a comprehensive effectiveness-based assessment, of all management systems/ programs and components in October 2012 that included both ISMS and QA.”

Based on these and other internal assessments and surveillances, ORP external assessments, other applicable data sources, and continuous improvement initiatives, ATL has concluded that its ISMS and QA Programs continue to be effectively implemented.

During the course of Fiscal Year (FY) 2012, ATL has been credited with the following:

- FY2012 Total Recordable Case (TRC) rate Goal of <4.1 injury/illness cases per 200,000 man-hours worked, with a Stretch Goal of <3.69, was met with zero recordable cases.
- FY2012 Days Away, Restricted, or Transferred (DART) case rate Goal of <1.5 cases per 200,000 man-hours worked, with a Stretch Goal <1.35, was met with zero cases.
- Improvements were made in the laboratory worksite hazards analysis process.
- Changes were made to Operator Aids to comply with the new DOE O 422.1, *Conduct of Operations* requirements.
- Improvements are being made to the Training Program, including changes made to qualification cards and implementation of new requirements from DOE O 426.2, *Personnel Selection, Training, Qualification and Certification Requirements for DOE Nuclear Facilities*.
- Reduced the delinquency rate of corrective action plan development and completion of corrective actions from the previous year.
- Improved the ergonomics training and program requirements to fully implement all aspects of OSHA and ACGIH ergonomic requirements, as well as completed numerous office and laboratory ergonomic evaluations and corrective actions to improve employee working conditions.
- Made improvements to the Injury/Illness investigating and reporting process, including requirements for sharing lessons learned.
- Reduced chemical/sample spill events from the previous year.
- Improvements in the Operating Experience Program (Lessons Learned).

During the same period, ATL identified the following areas requiring improvement and is currently in the process of addressing them:

- Changes to the Training and Qualification Program are needed to focus on proficiency.
- The performance of the Laboratory Worksite Hazards Analysis process is not consistently accomplished using a team approach involving the technical authority, procedure user, and safety professional concurrently.
- Fume hood use practices were identified as needing improvement.”

## 2. Voluntary Protection Program (VPP) Annual Review

VPP Continuous Improvement is sought and implemented through four main avenues of implementation, as prescribed in ATL-MP-1021, *ATL VPP Champions Team Charter*:

- Formal Joint Commitment Goal: The VPP Champions Team is based on interactions with the workforce, the SAF\*Team, and with management. The combined SAF\*Team/VPP Champions Team monthly meetings have had some changes in its agenda, focusing more on identification and resolution of health and safety issues and identification of opportunities for improving the program through the development of VPP and Safety Awareness Campaigns. This meeting is also used to status the Safety Improvement Plan, assessing the actions in progress to determine their continued validity and determine if additional actions are needed. Injuries and



illnesses are also discussed along with actions taken (or to be taken) and feedback is provided by employees regarding any additional actions that might be needed. Additionally, this meeting discusses the progress made in implementing the IH chemical sampling strategy; as well as reviewing the status of safety issues and concerns documented on the Safety Issues Log for any new and completed items. A summary of these topics are documented in meeting minutes and disseminated to all ATL employees as well as occasionally presented to all employees at scheduled All Employee Meetings. Lastly, this meeting is used to identify/recognize employees who have actively participated in ATL's Health and Safety Program, earning STARZ points that enable them to earn STARZ Certificates and gift cards as a reward for their contribution to safety.

- **Self-Assessment:** ATL has a commitment to perform VPP self-assessments of the Health and Safety Program annually. Electronic surveys are conducted and employees are selected at random for interviews. Both are conducted with assured anonymity. The assessment also includes a review of past year's Room Owner walk-throughs, Monthly Health and Safety Inspections, and a review of other Health and Safety program related assessment results, including ISMS and the Worker Safety and Health Program (WSHP). The results from these assessments are considered when developing the annual VPP Self-Assessment Report. This report is provided to the SAF\*Team and VPP Champions Team for consideration in the development of the Safety Improvement Plan.



- **Safety Improvement Plan (SIP):** In conjunction with the SAF\*Team, the results of the VPP Self-Assessment are merged into a SIP and each improvement opportunity is tracked to completion through ATL's corrective action management system. Last year's VPP Self-Assessment, ISMS Assessment, and WSHP Assessment resulted in 21 SIP actions and grew into 69 actions when you count those that are monthly recurring actions. All but three were closed as of 12/31/12 and these actions will be candidates for the CY 2013 SIP. The CY 2012 SIP and status are included below in the section **CY2012 Safety Improvement Plan (SIP)**.



## C. GOALS AND OBJECTIVES

Goals and objectives were developed for FY2012 to continuously improve programs and foster new initiatives for both management and employees to achieve the desired goal of zero injuries and illnesses in an effort to continuously improve the Safety Culture. Goals and objectives were tracked and monitored. The following is a brief summary of each goal and the results obtained (status) in FY2012.

### 1. FY2012 POMCs

ATL LAS&T 2012 Performance Objectives, Measures, and Commitments (POMCs)						
Area	Safety					
Safety						
SC-1	ATL Performance Objective – Achieve Excellence in Safety Performance					
	ATL will manage, track & trend work related injuries & statistics to include achieving “0” accidents					
	ID No.	Performance Commitment	ID No	Performance Measure	Goal – FY 2012	New/ Retained
	SC-1.1	Maintain TRC to levels below similar industry averages (Ref. NAICS code 56291)	SC-1.1.1	Measures OSHA Recordable Injuries. Rate is equal to the number of cases per each 200,000 hour period, multiplied by number of hour’s worked <sup>1</sup> .	< 4.1 per 200,000 hours worked or a statistically significant improving trend with respect to type of injury cases. Stretch Goal = Reduce by 10% to 3.69	R
<b>STATUS: MET</b> - The 12 month rolling average TRC rate is zero through October 2012 and well below the stretch goal and the new 2010 industry average TRC rate of 3.6.						
	SC-1.2	Maintain DART to levels below similar industry averages (Ref. NAICS code 56291)	SC-1.2.1	Measures OSHA injury cases classified as Days Away, Restricted or Transferred (DART). Rate is equal to the number of cases per each 200,000 hour period, multiplied by number of hour’s worked <sup>1</sup> .	<1.5 per 200,000 hours worked or a statistically significant improving trend. Stretch Goal = Reduce by 10% to 1.35	R
<b>STATUS: MET</b> - The 12-month rolling average DART case rate is zero through October 2012 and well below the stretch goal and the new 2010 industry average DART case rate of 1.9.						
<sup>1</sup> ATL’s safety performance commitment has been extremely aggressive for a small company (with ~ 70 employees and ~ 100,000 hours worked per year) due to the severe impact a single injury has on its case rate. In order to ensure a balanced view of ATL’s safety performance, the actual number of injuries/illnesses for First Aid, TRC, and DART cases will be tracked. The FY2012 goal is actually a reduction from FY2011 by virtue of the fact that there are ~30% fewer employees which will result in fewer work hours, thus a single TRC or DART case results in a higher case rate than FY2011.						
It is important to normalize performance metrics for the small number of worked hours to a standardized 200,000 hours; otherwise it may not be representative of ATL’s Safety Culture. ATL will report injury statistics graphed as repetitive motion in nature versus all others. With dual measurement and reporting metrics, ATL increases focus for continuous improvement in the right areas and strives for an injury free workplace for our employees.						
SC-2	ATL Performance Objective – Continue to improve ATL’s Safety Culture and maintain a Safety Conscious Work Environment					
	SC-2.1	Complete ergonomic evaluation of analytical workstations in 222-S Laboratory.	SC-2.1.1	Conduct ergonomic analytical workstation evaluations to identify ergonomic issues requiring action to prevent injury.	Complete 2 evaluations and implement recommendations or corrective actions, as reported by evaluator.	R

**ATL LAS&T 2012 Performance Objectives, Measures, and Commitments (POMCs)**

**STATUS: MET**

- 10/26/11 - 222S-2B- Waste Disposal Activities – Ergonomics Evaluation recommendation to make anti-fatigue mats available during this activity has been implemented.
- 12/14/11 - 1GB-Hood 3 - Monthly Standards Lab Venting Activity – Ergonomics Evaluation validated the current work station design. No findings or recommendations
- 4/3/12 - Ergonomic evaluation of lab chairs and the placement/positioning of the alkalinity workstation in lab 1GA put in place.
- 5/21/12 - 222SA, Lab Office, Room 1 - Ergonomics evaluation resulted in adjustments to the chair seat and keyboard.
- 6/28/12 - 222S – 2B – Single Sample Carrier Tool Prototype Re-Design - Ergonomics evaluation validated that the new design resulted in a 49% reduction in carrier weight and improved tool grip stability at 45 degrees. The production of a video for training purposes is in progress.

	SC-2.2	Continue promotion of worker led safety teams to identify & mitigate workplace hazards & carry out program improvements	SC-2.2.1	Facilitate and oversee the execution of the Industrial Hygiene Sampling Strategy developed for FY2012.	Completion of the Sampling Strategy w/measurable report (based upon work scheduled to include sampling plan chemicals).	R
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**STATUS: MET** - On 6/26/2012 *Exposure Assessment Summary Report FY2012 – Final* was issued that provided the results from the sampling strategy that was executed during the fiscal year. This Exposure Assessment Report also provided the basis for the FY2013 sampling strategy that was submitted to WRPS (Reference Letter ATL-2012-137).

			SC-2.2.2	Complete annual VPP Self-Assessment.	Completion of VPP Self-Assessment.	R
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**STATUS: MET** - The Annual VPP Self-Assessment was completed and the internal assessment report was issued on 1/25/12 (Reference report WA-ES-11-01). The report to DOE-HQ was issued to ORP on 2/1/12 (Reference letter ATL-2012-023)

			SC-2.2.3	Participate in DOE-HQ’s VPP Program.	Complete 2 separate VPP Campaigns.	R
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**STATUS: MET** - On 12/16/11 a new VPP Awareness Campaign dealing with “Slips, Trips, and Falls – Preventing Winter Hazards.” was presented at an All Employee Meeting. In May 2012 a VPP Campaign dealing with “Safety in the Lab” was presented to all employees during the morning turnover meetings and also disseminated via email.

			SC-2.2.4	Develop CY 2012 Safety Improvement Plan (SIP), enter into CAMPATS.	Closure of all CY 2011 SIP items in CAMPATS and inclusion of any open issues into the CY 2012 SIP.	R
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**STATUS: MET** - The CY2012 SIP was developed and approved, and all actions entered into CAMPATS (Reference CAMPATS ATL-2012-0039) on 4/5/12. All CY2011 SIP actions were closed out in CAMPATS (Reference ATL-2011-0046) on 4/6/12. The majority of the actions listed on the CY2012 SIP have been completed with the exception of those scheduled for completion in the 4<sup>th</sup> quarter of CY2012. Any remaining open actions will be evaluated for inclusion into the CY2013 SIP following completion of the VPP Self-Assessment in CY 2013.

			SC-2.2.5	Develop and/or disseminate relevant Operating Experience/Lessons Learned to employees.	Evaluate internal event reports for LL and external LL for applicability to ATL and distribute LL to employees and submit to HILLS as appropriate.	N
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**STATUS: MET** - Six Lessons Learned Bulletins and two Just-in-Time Bulletins have been issued to ATL employees in the 2nd Quarter FY2012. Ten Lessons Learned Bulletins have been issued to ATL employees in the 3<sup>rd</sup> Quarter FY2012. Six Lessons Learned Bulletins and three Safety Information Bulletins relating to healthfulness in the local community have been issued to ATL employees in the 4<sup>th</sup> Quarter FY2012. External LL have been garnered from HILLS and appropriately disseminated to ATL employees throughout FY2012. No ATL specific Lessons Learned were developed and distributed to HILLS in FY2012.

ATL LAS&T 2012 Performance Objectives, Measures, and Commitments (POMCs)						
			SC-2.2.6	Assessment of the Operating Experience (LL) Program.	Completion of assessment against DOE requirements.	R
<p><b>STATUS: MET</b> - A Lessons Learned Program Assessment was completed and issued on 7/30/12 (Reference assessment report PA-WH-12-005). This assessment reviewed and cross-referenced the implementation of the requirements in DOE O 210.2A, <i>DOE Corporate Operating Experience Program</i> contractor requirements against ATL-312, Section 10.05, <i>Lessons Learned</i> program. It also looked at: DOE O 422.1, <i>Conduct of Operations</i> and associated sections of ATL-MP-1019, <i>Con Ops Matrix</i>; 10 CFR 851; <i>Worker Safety and Health Program</i> and associated sections of ATL-MP-1037, <i>WSHP</i>; DOE O 450.2 and DOE G 450.4-1C, <i>Integrated Safety Management</i> and associated requirements contained in ATL-MP-1009, <i>ISMS Description</i> and ATL-MP-1032, <i>ISMS Implementing Documents Matrix</i>; including all related requirements pertaining to the implementation of a Lessons Learned program. Included were employee interviews, program document reviews, a review of internal and external Lessons Learned and other Operating Experience type documents, as well as a review of the ATL Required Reading Program. Opportunities for improvement were identified and entered into CAMPATS. These actions will be included as part of the FY 2013 POMC submittal.</p>						
			SC-2.2.7	Work with WRPS 222-S Emergency Management Drill Coordinator Representative to conduct Operational Drills.	Development of 2 new scenarios and performance of one Operational Drill per quarter.	R
<p><b>STATUS: MET</b> - Two Operational Drills were run during the 1<sup>st</sup> quarter of FY2012. Refer to drills OP-222S-TT-2011-12-02 and OP-222S-TT-2011-12-03. Additionally, two EP drills were run during this quarter; refer to drills EP-222S-ICP-2011-10-01 and EP-222S-FD-2011-11-01. During the 2<sup>nd</sup> quarter 5 new scenarios were created and performed in support of glovebox operations in Room 1C. Refer to OPS-222s-TT-2012-02-02 post drill report. For the 3<sup>rd</sup> quarter, the following 2 Operational Drills were conducted: OP-222S-EV-2012-06-02, <i>Black Powder Spill</i> and OP-222S-LS-2012-06-08, <i>Shipping Container Contamination</i>. Additionally, ATL employees participated in 3 Emergency Preparedness Drills: EM-222S-EV-2012-04-01, <i>Outside Fire</i>, EM-222S-EM-2012-04-01, <i>Suspicious Package</i>, and EP-222S-ICP-2012-06-01, <i>Airplane Crash</i>. For the 4<sup>th</sup> quarter 2 Operational Drills were run. Refer to OP-222S-LS-2012-09-01, <i>Spill Inside the 222-S Building (no effect on employee)</i>, and OP-222S-LS-2012-09-02, <i>Spill Inside the 222-S Building (effect on employee with use of the safety shower)</i>. Drill reports and rosters showing participation can be obtained by contacting the 222-S EP Coordinator.</p>						
	SC-2.3	No employee exposures to chemical, biological, physical, or radiological hazards above established thresholds.	SC-2.3.1	Review event or occurrence reports for unplanned exposure events.	No unplanned exposure events.	R
<p><b>STATUS: MET</b> - For FY2012 there were no employee exposures exceeding established thresholds.</p>						
	SC-2.4	Maintain radiological exposure ALARA.	SC-2.4.1	Maintain Whole Body exposure ALARA in accordance with analytical workload.	Maintain WB to $\leq 1.0$ person-rem.	R
<p><b>STATUS: MET</b> - The ATL whole body radiation exposure limit goal for CY2012 is <math>\leq 1.0</math> person-rem. At the close of the CY2012 3<sup>rd</sup> quarter, ATL's collective whole body exposure was 0.65 person-rem. ATL is on track to make the whole body exposure limit goal for CY2012. This is commendable since WRPS process chemistry project plans have included a couple of projects with relatively high radioactivity and were not factored into the annual exposure goals.</p>						
			SC-2.4.2	Maintain Extremity exposure ALARA in accordance with analytical workload.	Maintain Extremity to $\leq 10.6$ person-rem.	R
<p><b>STATUS: Not Met</b> - The ATL extremity radiation exposure limit goal for CY2012 was <math>\leq 10.6</math> person-rem. At the close of the CY2012 3<sup>rd</sup> quarter, ATL's collective extremity exposure was 14.97 person-rem, exceeding the goal. This goal was raised to <math>\leq 20</math> person-rem given that Tank Farms sampling/analysis and WRPS process chemistry project plans for the remainder of the calendar year included several projects that had relatively high radioactivity and these were not fully factored into the annual exposure goals. The reasons for exceeding the original ALARA goal for the period and year are as follows: 1) A few of the projects worked were not part of the Service Level Agreement which is the collection of sample plans used to forecast annual occupational radiation exposure goals, and, 2) A couple of projects presented elevated radiation exposure hazards.</p>						
Area	<b>Quality Assurance</b>					
QA						
QA-1						

ATL LAS&T 2012 Performance Objectives, Measures, and Commitments (POMCs)						
	QA-1.1	Assessment of responsiveness of functions to identify adverse conditions.	QA-1.1.1	Complete Quarterly QA Performance Metric Framework Assessment.	Complete quarterly QA Performance Metrics Framework Assessment.	R
<b>STATUS: MET</b> - The Quarterly QA Performance Metrics for the four quarters were completed and sent to ORP.						
	QA-1.2	Improve report reissue metrics.	QA-1.2.1	Revise the data review process so that each type of data review is clearly defined and the QA review occurs before the data is submitted to the PM.	Issuance and implementation of a new procedure describing the process.	R
<b>STATUS: MET</b> - The subject procedure, ATL-312, 8.07, "Data Review," was released for use on October 11, 2012.						
	QA-1.3	Ensure the continuing suitability & effectiveness of laboratory goals, policies, practices, staff, operations, & processes.	QA-1.3.1	As required by ISO 17025 conduct a comprehensive Management Review of Programs.	Completion of Management Review.	R
<b>STATUS: MET</b> - The Management Review of FY2011 performance was completed and the report was finalized and issued in November 2011. The Management Review for FY 2012 performance was conducted in FY 2013 with the final report issued in December 2012.						
	QA-1.4	Improve efficiency & effectiveness of the training program.	QA-1.4.1	Re-evaluate & revise Training Qualification Cards: Eliminate redundancies, unnecessary requirements, & unnecessary qual cards.	Complete revision of all remaining qualification cards not cancelled or revised in FY2011.	R
<b>STATUS: Partially Met</b> - Training program improvements/changes will continue through the first quarter of CY2013, which includes revising all program documents and qualification cards. Program changes are being made with input from managers and a small focus group that includes staff from all technical roles. During this past year DOE Order 426.2, <i>Personnel Selection, Training, Qualification, and Certification Requirements for DOE Nuclear Facilities</i> was added to ATL's contract. This resulted in a revision to ATL-MP-1025, <i>ATL Training Implementation Matrix</i> . DOE-ORP approved the revision to our TIM and it is now released for use, allowing ATL the flexibility to develop a customized training program that maximizes relevance to our mission.						
	QA-1.5	Continuously improve the Corrective Action Management System (CAMPATS).	QA-1.5.1	Revise the CAM procedure (ATL-312, 9.04) and CAMPATS to improve efficiencies and understanding of the CA process as a result of the CAM Assessment conducted in FY 2011.	Revision of ATL-312, 9.04 released for use and enhancement changes to CAMPATS database.	R
<b>STATUS: MET</b> - ATL-312, 9.04 released for use 12/14/2011 and implemented new screening criteria which has already demonstrated efficiencies for action planners, actionees, CAM Program Lead and CAMPATS Core Management reviews.						
Area	<b>Operations</b>					
OP						
OP-1	ATL Performance Objective - Improve Conduct of Operations Program to enhance excellence in safety and human performance					
	OP-1.1	Enhance method for updating Conduct of Operations Operator Aids (OA) to ensure configuration control with respect to the referenced procedures.	OP-1.1.1	Complete corrective actions resulting from the FY 2011 assessment of the OA program.	Revision of the OA procedure and assessment of the OA program.	N
<b>STATUS: MET</b> - ATL-312-11.17, <i>Operator Aid Postings</i> was revised along with an assessment of active operator aids. Both the procedure and operator aids were revised to comply with the requirements in DOE O 422.1, <i>Conduct of Operations</i> .						

ATL LAS&T 2012 Performance Objectives, Measures, and Commitments (POMCs)						
	OP-1.2	Enhance performance in analytical operations through Human Performance Improvement Initiatives (HPI).	OP-1.2.1	Continue presenting or disseminating HPI information to reinforce HPI techniques as part of continuing training for analytical operations.	Development & delivery of 4 - Blips, LL, training, or other information emphasizing HPI principals.	N
<p><b>STATUS: MET</b> - On 12/5/11 a tailgate presentation was disseminated to all ATL employees that included the December Safety Meeting topic on "Complacency" (which is caused by the absence of recognized consequences) and included defense mechanisms to protect against complacency. On 12/16/11 HPI techniques (critical steps, error precursors, consequences, and defenses) were included in the VPP Awareness Campaign dealing with "Slips, Trips, and Falls – Preventing Winter Hazards." presented at an All Employee Meeting. On 7/30/12 a revision was issued for the Laboratory Worksite Hazards Analysis form and instructions. The instructions were specifically modified to prompt procedure technical authorities and the safety professional to consider including HPI error prevention defenses into the procedure when necessary to provide an administrative control to address hazards not otherwise controlled. Controls for "critical steps" include Self-Checking, Peer Checking, Concurrent Verification, Independent Verification, Peer Review, Pre-Job Review, Management/Supervisor Involvement, etc. Formal HPI training was also provided to 16 ATL employees in November 2012.</p>						
	OP-1.3	Improve chemical/sample handling operations.	OP-1.3.1	Reduce the number of spill events.	Reduction in chemical/sample spills outside engineered controls to less than 2 events.	N
<p><b>STATUS: Not Met</b> - There were no chemical or sample spill events outside engineered controls in the 1<sup>st</sup> quarter FY2012. During the 2<sup>nd</sup> quarter there were two minor spills that occurred outside engineered controls. On 1/30/12 when a glass vial containing 2mls of a Proficiency Analytical Testing sample was accidentally dropped by a Chem Tech on the counter in Room 4H. The vial contained 2mls of 97% methanol spiked with sixty semi-volatile organic compounds in a concentration of &lt;200 ppm each. The Chem Tech immediately evacuated the room. There was no skin contact, no odors, and no symptoms as a result of this minor spill. On 3/21/12 a Chemist was removing a 250 mL brown glass bottle from a flammable storage cabinet in Room 4L. The bottle contained &lt;250mls mixture of 90% xylenes mix &amp; 10% tri-iso-octylamine (reference MSDS# 029809 and 044735 respectively). After placing the bottle into a bag and horsetailing the top of the bag, the Chemist held the horsetail and was proceeding to place the bottle into a second bag when the bottom seam from the first bag failed resulting in the bottle falling to the floor, breaking, and spilling its contents. The Chemist immediately evacuated the room. There was no skin contact, no odors, and no symptoms as a result of this minor spill. There were no spill events outside engineered controls in the 3<sup>rd</sup> and 4<sup>th</sup> quarters of FY2012.</p>						
			OP-1.3.2	Monitor/mentor Chem Techs on proper chemical/sample handling techniques.	Perform a minimum of 12 observations of chemical/sample handling activities.	N

**ATL LAS&T 2012 Performance Objectives, Measures, and Commitments (POMCs)**

**STATUS: MET** - On 1/12/12, slurp and pour activities were observed and documented on WT-MU-12-005. On 1/24/12, observed sample handling during monthly room owner checks with no poor sample handling techniques observed. On 2/8/12, a walkthrough was performed to observe proper sample handling during a slurp and pour activity (WT-IO-12-011). On 02/15/12, a walkthrough was performed to evaluate the practice of tilting a reagent container on its side to facilitate removal of the liquid heel. The walkthrough and resolution were documented on WT-IO-12-015. On 3/28/12, observed equipment removal and replacement in Room 4H, Hood 8/9 – very good techniques, teamwork, and communication between workers – documented on WT-OR-12-033. On 4/4/12, observed slurp and pour activities in Room 1B, Hoods 16 – good work techniques, no contamination spread, good ALARA practice – documented on WT-HC-12-036. On 3/23/12, performed room inspection of the radiochemistry labs, observed proper handling of chemicals and samples. On 4/12/12, observed the KOH fusion of samples for the Plutonium Particle Size project. It was noted that the technologists moved with great care and discretion. There were no inappropriate practices observed. On 4/12/12, observed the dilution and mounting of PFP beryllium wipes for gross alpha analysis. Good practices were noted for the movement of samples and reagents. On 4/17/12, activities in lab room 4J were evaluated. Work in progress included plutonium separation and waste handling. No problems noted. On 3/16/12, observed the filtering process of PFP Be wipe acid digests in 222-S room 1B and documented on WT-IO-12-026. Analysts worked well as a team to keep samples from potential contamination spread and sample ID substitution. Given the number of containers and filtering steps, this was a complex job. All containers were checked closely for leakage, marked properly and stored correctly. No problems were noted. On 3/20/12, observed the load-out of PFP BE wipe digest samples from the 11A glove box and documented observations on WT-HC-12-025. Analyst and HPT used great care to check for radioactive contamination and decontaminated as necessary. Containers were checked for leakage, sealed properly, marked properly for sample ID and hazards. Provided re-enforcement of good alpha survey requirements. On 7/18/12, observed the digest of PFP Sump oil samples. Good practices were noted for the movement of samples, as discussed during the alpha worksheet pre-job, and all reagents. This work continued for several days and no deficiencies were noted.

On 7/26/12, performed a Management Walk-Through of the radiochemistry rooms. Observed hood work practices, all activities were performed i.a.w. the fume hood use procedure. Proper surveys were conducted at the beginning of work, and when exiting the hood. Reagents and samples were transported with appropriate care.

(WT-OI-12-068) On 8/8/12, a laboratory walkthrough was conducted by line management to assess safe/unsafe liquid handling techniques. The main focus was on operations being conducted in room 4C hood 4 due to a recent contamination incident that involved over-pressurization of a vessel in the TIC-TOC instrument that resulted in expulsion of some of the liquid contents (on 7/12/12). At the time of this observation, the technician was troubleshooting the operation of the instrument to verify that repairs performed on the previous day had corrected the ongoing over-pressurization issue. The technician was focused and used very deliberate and safe liquid handling techniques, correctly identified when the system had pressurized, and properly depressurized the apparatus prior to disassembling the system.

On 8/9/12, a laboratory walkthrough was conducted by line management to assess safe/unsafe liquid handling techniques. The main focus was on operations being conducted in room 1K because this room was the location of a new instrument and process. The two technicians were focused and alert and reviewing data from the analytical run. On the bench behind them was a 1L bottle of 2% nitric acid. This bottle was staged with the cap off and was not contained in any secondary containment. The manager immediately brought the open bottle to their attention and they capped it properly.

(WT-MU-12-080) On 10/09/12, performed a management walkthrough observing chemist and chem tech fume hood use practices using the checklist provided by WRPS RadCon. Most work practices were viewed as satisfactory. A couple of interventions were made, as follows: 1) instructed a shorter chem tech to perform a contamination check of forearms due to observation that the PPE arm sleeves touched a water squeeze bottle when reaching over the top. 2) Reminded one chem tech of need to perform post-use fume hood contamination smear check. This hood (insta-gel pump station) is a multi-use, short duration job, so it was considered a minor oversight.

			OP-1.3.3	Produce a video re-enacting past spill events and demonstrating proper chemical/sample handling techniques.	Completion of the video and dissemination to Chemists and Chem Techs.	N
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**STATUS: Partially Met** – Original video footage of spill event reenactments was completed and presented to chemists and chem techs in 2011. Additional video footage has been filmed and checked for technical accuracy to be used in producing a training video to be formally including in the Training Program. ATL is pursuing resources to help in the production of the Training video.

Area	<b>Work Planning</b>					
WP						
WP-1	ATL Performance Objective – Improve the method used for identifying hazards and controls					
	WP-1.1	Improve the Laboratory Worksite Hazards Analysis to enhance the identification of hazards and associated controls in support of the laboratory procedures process.	WP-1.1.1	Evaluate revision to Laboratory Worksite Hazards Analysis (LWHA) Form based on relevant updates to the Chemical Hygiene Plan.	Revision and release of the LWHA.	N

**ATL LAS&T 2012 Performance Objectives, Measures, and Commitments (POMCs)**

**STATUS: MET** - The LWHA was evaluated in comparison to the Chemical Hygiene Plan update and impacts were not identified. However, several meetings were held with the procedure Technical Authorities, management, and workers to further evaluate the effectiveness of the LWHA. The result of these meetings was a revision to the LWHA which was issued on 7/30/12. The revision provides for better identification of hazards and associated controls.

**2. CY2012 Safety Improvement Plan (SIP)**

ATL concentrated efforts on health and safety issues that affected all employees. The SIP included related POMC improvement items from the annual ISMS Declaration as well as actions that were derived from the VPP Self-Assessment conducted in CY2011. Discrete tasks were outlined for employees to assist in accomplishing the POMC goals and objectives for both program development and program execution in the field. The following shows the SIP and status of actions at the completion of CY2012:

**ATL Calendar Year (CY) 2012 Safety Improvement Plan (SIP)**  
(Distributed by ATL SAF\*T March 2012)

Management Leadership	Status
1. Establish, track, and trend First Aid Cases, Total Recordable Cases (TRC) and Days Away, Restricted, or on Job Transfer (DART) Cases. <ul style="list-style-type: none"> <li>• Goal: <b>ZERO Injuries Every Day</b></li> <li>• TRC PI: &lt; 3.69 per 200,000 hours</li> <li>• DART PI: &lt; 1.35 per 200,000 hours</li> </ul>	<b>COMPLETED</b> 12/31/12
2. Establish, track, and trend radiological exposure to ALARA: <ul style="list-style-type: none"> <li>• Whole Body Exposure ≤ 1.0 Person Rem</li> <li>• Extremity Exposure ≤ 10.6 Person Rem</li> </ul>	<b>COMPLETED</b> 12/31/12
3. Improve communication of key safety and health information (Injury/Illness statistics, Lessons Learned, Blips, Event Investigation Reports, Industrial Hygiene Monitoring, Safety Logbook, and Safety Issues Log, etc.)	<b>COMPLETED</b> 12/31/12
4. Establish a process to ensure that Industrial Hygiene Monitoring Results are communicated to employees in a timely manner following sampling.	<b>COMPLETED</b> 6/25/12
5. Evaluate the dissemination of information being communicated during the morning turnover meetings that is not applicable to ATL employees.	<b>COMPLETED</b> 10/11/12

<b>Employee Involvement</b>	<b>Status</b>
1. Post SAF*T/VPP meeting minutes by the end of each month to applicable SAF*T/VPP ATL webpage	<b>COMPLETED</b> 12/31/12
2. Send out meeting reminder notices to SAF*Team and VPP Champions Team members to improve attendance at the monthly meetings.	<b>COMPLETED</b> 12/31/12
3. Support at least two ATL employees in attending a regional or higher VPPPA conference.	<b>COMPLETED</b> 8/23/12
4. Evaluate and status ATL SIP initiatives quarterly at the monthly SAF*Team/VPP Champions meetings.	<b>COMPLETED</b> 12/31/12
5. Recruit additional employees to become members of the SAF*Team/VPP Champions Team, including the addition of a new VPP Co-Chair.	<b>COMPLETED</b> 8/14/12
<b>Worksite Analysis</b>	<b>Status</b>
1. Complete IH sampling strategy for constituents of concern.	<b>COMPLETED</b> 8/14/12
2. ATL employees to participate in the monthly safety inspections facilitated by WRPS Safety.	<b>COMPLETED</b> 12/31/12
3. Evaluate revision to Laboratory Worksite Hazard Analysis (LWHA) Form based on relevant updates to the Chemical Hygiene Plan or as a result of other issues requiring improvements to the LWHA.	<b>COMPLETED</b> 7/24/12
4. Perform monthly safety inspections for the 1979 Snyder Richland office and communicate the results to the Richland office staff.	<b>COMPLETED</b> 12/31/12
<b>Hazard Prevention and Control</b>	<b>Status</b>
1. Modify the Room 2B storage cell latches to improve operability and reduce the potential for employee injury.	<b>INCOMPLETE</b> Add to CY2013 SIP
2. Modify the Single Sample Carrier tools to provide more positive control of samples to prevent spill events, and/or improve ergonomics (for comfort and usability).	<b>INCOMPLETE</b> Add to CY2013 SIP
3. Work with the FLMS to encourage Chem Techs to periodically perform Reference Use procedures as Continuous Use to identify any procedure content errors and/or prevent procedure non-compliances.	<b>COMPLETED</b> 2/5/13
4. Work with WRPS to address issue associated with PPE occasionally not being available (specifically, right size gloves, lab coats, etc.)	<b>COMPLETED</b> 5/30/12
<b>Safety and Health Training</b>	<b>Status</b>
1. Produce a video re-enacting past spill events and demonstrating proper chemical/sample handling techniques.	<b>INCOMPLETE</b> Add to CY2013 SIP
2. Conduct Operational Drills to improve employee proficiency in responding to abnormal events and conditions.	<b>COMPLETED</b> 12/31/12
3. Conduct a minimum of 2 VPP Campaigns.	<b>COMPLETED</b> 5/10/12

### 3. FY2013 ATL POMCs

The FY2013 POMCs were submitted as a part of the FY2012 ISMS/QA Annual Declaration and were approved by DOE-ORP. The POMCs for FY2013 are provided below:

ATL LAS&T FY2013 Performance Objectives, Measures, and Commitments (POMCs)						
Area	Safety					
SC-1	ATL Performance Objective – Achieve Excellence in Safety Performance					
	ATL will manage, track & trend work related injuries & statistics to include achieving “0” accidents					
	ID No.	Performance Commitment	ID No	Performance Measure	Goal – FY 2013	New /Retained
	SC-1.1	Maintain TRC to levels below similar industry averages (Ref. NAICS code 56291)	SC-1.1.1	Measures OSHA Recordable Injuries. Rate is equal to the number of cases per each 200,000 hour period, multiplied by number of hours worked <sup>1</sup> .	< 4.1 per 200,000 hours worked or a statistically significant improving trend with respect to type of injury cases. Stretch Goal = Reduce by 10% to 3.69	R
	SC-1.2	Maintain DART to levels below similar industry averages (Ref. NAICS code 56291)	SC-1.2.1	Measures OSHA injury cases classified as Days Away, Restricted or Transferred (DART). Rate is equal to the number of cases per each 200,000 hour period, multiplied by number of hour’s worked <sup>1</sup> .	<1.5 per 200,000 hours worked or a statistically significant improving trend. Stretch Goal = Reduce by 10% to 1.35	R
<p><sup>1</sup>ATL’s safety performance commitment has been extremely aggressive for a small company (with ~ 75 employees and ~ 100,000 man-hours worked per year) due to the severe impact a single injury has on its case rate. In order to ensure a balanced view of ATL’s safety performance, the actual number of injuries/illnesses for First Aid, TRC, and DART cases will be tracked. The NAICS latest incident rate numbers (published through 2011) are TRC = 4.1 and DART = 1.8. Although the DART rate has increased for the industry, ATL intends to maintain the goal established in FY 2012 for FY 2013, as well as its stretch goals.</p> <p>It is important to normalize performance metrics for the small number of worked hours to a standardized 200,000 man-hours worked; otherwise it may not be representative of ATL’s Safety Culture. ATL will report statistics graphed as repetitive motion in nature versus all others. With dual measurement and reporting metrics, ATL increases focus for continuous improvement in the right areas and strives for an injury free workplace for our employees.</p>						
SC-2	ATL Performance Objective – Continue to improve ATL’s Safety Culture and maintain a Safety Conscious Work Environment					
	SC-2.1	Complete ergonomic evaluation of analytical workstations in 222-S Laboratory.	SC-2.1.1	Conduct ergonomic analytical workstation evaluations to identify ergonomic issues requiring action to prevent injury.	Complete 2 evaluations and implement recommendations or corrective actions, as reported by evaluator.	R
	SC-2.2	Continue promotion of worker led safety teams to identify & mitigate workplace hazards & carry out program improvements	SC-2.2.1	Execute the Industrial Hygiene Sampling Strategy submitted to WRPS for FY13 sampling (Chemical ALARA).	Completion of the Sampling Strategy and associated reporting of results.	R
			SC-2.2.2	Complete annual VPP Self-Assessment.	Issuance of the VPP Self-Assessment Report.	R
			SC-2.2.3	Participate in DOE-HQ’s VPP Program.	Complete 2 VPP Campaigns.	R
			SC-2.2.4	Develop the CY 2013 Safety Improvement Plan (SIP) and enter actions into CAMPATS.	Closure of all CY 2012 SIP items in CAMPATS and inclusion of any open issues into the CY 2013 SIP.	R

**ATL LAS&T FY2013 Performance Objectives, Measures, and Commitments (POMCs)**

			SC-2.2.5	Develop and/or disseminate relevant Operating Experience/Lessons Learned to employees.	Evaluate internal event reports for LL and external LL for applicability to ATL and distribute LL to employees and submit to HILLS as appropriate.	R
			SC-2.2.6	Complete a Safety Conscious Work Environment Self-Assessment.	Issuance of the SCWE Self-Assessment Report.	N
			SC-2.2.7	Work with WRPS 222-S Emergency Management Drill Coordinator Representative to conduct Operational Drills.	Perform one Operational Drill per quarter.	R
	SC-2.3	No employee exposures to chemical, biological, physical, or radiological hazards above established thresholds.	SC-2.3.1	Review event or occurrence reports for unplanned exposure events.	No unplanned exposure events.	R
	SC-2.4	Maintain radiological exposure ALARA.	SC-2.4.1	Maintain Whole Body exposure ALARA in accordance with analytical workload.	Maintain WB to $\leq 1.3$ person rem.	R
			SC-2.4.2	Maintain Extremity exposure ALARA in accordance with analytical workload.	Maintain Extremity to $\leq 26$ person rem.	R
Area	<b>Quality Assurance</b>					
QA						
QA-1	ATL Performance Objective – Continue to make improvements in Quality Programs					
	QA-1.1	Assessment of responsiveness of functions to identify adverse conditions.	QA-1.1.1	Complete Quarterly QA Performance Metric Framework Assessment.	Complete quarterly QA Performance Metrics Framework Assessment.	R
	QA-1.2	Improve report reissue metrics.	QA-1.2.1	Improve program / system / function ownership by establishing a seminar series for technical staff that will give everyone a better idea of the ‘big picture’ and their importance and place in achieving lab mission and objectives.	Conduct at least 6 seminars for technical staff in CY2013.	N
	QA-1.3	Ensure the continuing suitability & effectiveness of laboratory goals, policies, practices, staff, operations, & processes.	QA-1.3.1	As required by ISO 17025 conduct a comprehensive Management Review of Programs.	Issuance of the Management Review assessment report.	R
	QA-1.4	Improve efficiency & effectiveness of the training program.	QA-1.4.1	Revise the Training and Qualification Program to focus on proficiency.	Complete revision of all documents, replace technical qual cards with demonstrations of proficiencies; eliminate redundancies and unnecessary requirements.	N

**ATL LAS&T FY2013 Performance Objectives, Measures, and Commitments (POMCs)**

	QA-1.5	Continuously improve the Corrective Action Management System (CAMPATS).	QA-1.5.1	Improve Chemical Technologists knowledge on entering issues into CAMPATS.	Complete training, orientation, or briefings to Chemical Technologists and others as needed.	N
			QA-1.5.1	Reduce the number of overdue corrective actions.	Reduction in the overdue corrective action rate to ≤ 10%.	
Area	<b>Operations</b>					
OP						
OP-1	ATL Performance Objective - Improve Conduct of Operations Program to enhance excellence in safety and human performance					
	OP-1.1	Evaluate Conduct of Operations performance with respect to the referenced procedures and Con Ops Matrix.	OP-1.1.1	Conduct Con Ops Assessments.	Completion of at least 2 Conduct of Operations Assessments, one of which will include Technical Procedures.	N
	OP-1.2	Enhance performance in analytical operations through Human Performance Improvement Initiatives (HPI).	OP-1.2.1	Conduct HPI Training for ATL employees.	Complete at least 1 HPI Training class for identified ATL employees.	N
	OP-1.3	Improve chemical/sample handling operations.	OP-1.3.1	Reduce the number of spill events.	Reduction in chemical/sample spills outside engineered controls to ≤ 2 events.	R
			OP-1.3.2	Produce a video re-enacting past spill events and demonstrating proper chemical/sample handling techniques.	Completion of the video and incorporation into the Chemists and Chem Techs Training Program.	R
	OP-1.4	Improve Fume Hood Use Practices	OP-1.4.1	Conduct worker assessments of fume hood use practices using the new Fume Hood Use Checklist LOIs.	Complete at least 12 Fume Hood Use Checklists.	N
	OP-1.5	Improve compliance with procedures.	OP-1.5.1	Conduct Procedure Compliance Assessments	Completion of at least 12 Procedure Compliance Assessments.	

Work Planning						
Area						
WP						
WP-1	ATL Performance Objective – Improve the method used for identifying hazards and controls					
	WP-1.1	Improve the Laboratory Worksite Hazards Analysis to enhance the identification of hazards and associated controls in support of the laboratory procedures process.	WP-1.1.1	Evaluate revision to Laboratory Worksite Hazard Analysis (LWHA) Form based on relevant updates to the Chemical Hygiene Plan.	Revision and release of the LWHA.	R
			WP-1.1.2	Improve the performance of the Laboratory Worksite Hazard Analysis (LWHA) by mentoring Technical Authorities on the need to involve the Chem Techs and Safety Professional during the development of the LWHA.	Improve the use a Team approach to identify hazards and associated controls.	R

#### D. CONTRACTOR INCIDENCE RATES

There were no recordable or lost workday cases reported in CY2012. The last recordable injury was February 12, 2011. ATL’s calendar year-to-date (CYTD) hours worked were 133,320 man-hours with an employee count at ~75 at the end of the year. ATL has no sub-contractor hours. ATL has worked 258,843 hours (688 days) since the last recordable or lost workday case. This is the best performance by ATL since coming to the Hanford Site in May 2005. A celebration is planned in February 2013 to recognize this accomplishment. While it’s important to celebrate these important accomplishments, a concerted effort must be made to ensure employees report “all” work related injuries and illnesses so proper action can be taken at the lowest event level possible (first aid events) to prevent more serious events from occurring.

Figure 1 represents ATL’s CY2012 year-end injury/illness performance\* and performance to date\*\*. Results are shown both with repetitive motion cases (some ergonomically/MSD related) and without repetitive motion cases since many of ATL’s past recordable and lost workday cases were the result of repetitive motion type injuries. Active case management and emphasis on laboratory and office ergonomics has helped reduce repetitive motion type injuries over the past few years.

**Figure 1. ATL Injury/Illness CY 2012 Year End Statistics**

<b>ATL Injury/Illness CY 2012 Year End Statistics with Repetitive Motion Cases</b>			
	Goal	CYTD*	PTD**
Total Recordable Case Rate (TRC)	<3.6	0.0	2.45
Days Away, Restricted, or on Job Transfer (DART)	<1.35	0.0	1.22
<b>ATL Injury/Illness CY 2012 Year End Statistics without Repetitive Motion Cases</b>			
	Goal	CYTD*	PTD**
Total Recordable Case Rate (TRC)	<3.6	0.0	1.63
Days Away, Restricted, or on Job Transfer (DART)	<1.35	0.0	0.61
*Calendar year to date (January through December 2012)			
**Performance to date (May 2005 through December 2012)			

The number of occupational first aid cases was 20 in CY2010, 17 in CY2011, and 7 in CY2012. Historically the predominant number of cases dealt with potential exposure to odors in the laboratory (26 events since March 2010). ATL management placed a great deal of emphasis on reporting by employees and is extremely conservative in sending their employees to First Aid for minor events (with no adverse effects) as a precautionary measure. Many actions have been taken in the laboratory over the years, resulting in only 3 potential odor exposure first aid cases this past year.

### **1. Industry Average Comparison**

ATL's North American Industry Classification System (NAICS) code is 56291, "Remediation Services". Figure 2 represents the CY2010 and CY2011 incident rates for Remediation Services (CY2012 incident rates are not yet published). Figure 3 represents ATL's three-year injury/illness incident rates. The three-year combined total man-hours worked were 450,890. The three-year average TRC rate was 2.22 and the DART case rate was 0.89. ATL's three-year average TRC rate is 46% below the 2011 industry average (4.1) and the DART case rate is 51% below the 2011 industry average (1.8). ATL's CY2012 TRC and DART case rates are 100% below the industry averages. The low rates for the past three years clearly meet the expectations for participation in the DOE-VPP. Appendix A, *VPP Annual Report Supplemental Worksheet* is attached as part of the submittal of this annual report as required by the U.S. Department of Energy Voluntary Protection Program, Part II: *Procedures Manual*.

**Figure 2. NAICS 56291 Industry Average**

NAICS 56291 Industry Average						
	NAICS Code	Total Recordable Cases	Cases with Days Away, Transfer or Restriction			Other Recordable Cases
			Total	Days Away	Transfer or Restricted	
2010 Industry Average	56291	3.6	1.9	1.2	0.7	1.8
2011 Industry Average	56291	4.1	1.8	1.0	0.8	1.9

**Figure 3. OSHA Recordable Injury/Illness Case Rates**

OSHA Recordable Injury/Illness Case Rates			
	2010	2011	2012
TRC # of Cases	3	2	0
DART # of Cases	1	1	0
Number of Hours Worked	166,023	151,547	133,320
TRC Rate	3.61	2.64	0.00
DART Case Rate	1.20	1.32	0.00
Number of Employees	88	69	75

NOTE: Rate is Number of Cases Per 200,000 Hours Worked

## E. MENTORING AND OUTREACH

### 1. VPPPA Region X and National Conference

ATL employees attended the VPPPA Region X Conference and the 28<sup>th</sup> Annual VPPPA National Conference in CY2012. This afforded employees the opportunity to share ideas and obtain mentoring on a variety of topics associated with ISMS and VPP.



### 2. Hanford Site VPP Champions Committee



Employees (primarily the VPP Co-Chairs and HAMTC Safety Representative) attend the monthly Hanford Site VPP Champions Committee meetings. Involvement in the Hanford Site VPP Champions Committee has enabled ATL to partner with the other Prime Contractors to glean VPP lessons learned, share VPP awareness campaign ideas, and learn how to conduct the VPP Self-Assessment. ATL employees received mentoring from members of the Hanford Site

VPP Champions Committee as well as provided mentoring this past year. ATL’s VPP Co-Chairs presented information to the VPP Hanford Site Champions Committee on “Skin Cancer Awareness,” as well as the “I Make A Difference” campaign.

### 3. Health and Safety Exposition

ATL participated in this year’s Health and Safety Expo where over 65,000 attendees interfaced with Hanford Site employees and vendors at the Trade Recreation and Agriculture Center (TRAC) Facility in Pasco, Washington. This community outreach is filled with workplace and home safety information, daily vehicle crash demonstrations, along with a variety of new and innovative products from the vendors; it provides educational information and fun for the whole family. ATL manned a booth at this year’s expo, demonstrating a variety of chemistry experiments that caught the attention of both children and adults.



## F. OVERALL ASSESSMENT RESULTS OF VPP TENETS

### 1. Electronic Surveys

There were two electronic survey data sources this year. The first electronic survey data source came from our Hanford General Employee Training (HGET) VPP/ISMS Safety Culture Survey where 76 employees (100%) participated in CY2012. This survey provides us the ability to track staff perceptions closer to real time as it is completed throughout the year by employees on or near their anniversary hire date. In the Safety Culture Survey ATL was rated at or near the Agree level across all VPP tenets, with many individual questions receiving a rating between the Agree and Strongly Agree level. A repeat issue rated low once again this year was the question; “Senior management (above your manager) visits your workplace” was rated neutral (2.9). Similar to last year, this is likely due to ATL’s relatively flat organizational structure where the First Line Managers report directly to the Lab Manager. The overall results of the average scores for CY2012 are included in Table 1 below. It’s important to note that a similar question posed in *The Hanford Site Organizational Climate & SCWE Survey* indicated much higher scores regarding this topic. The Climate Factor “Management Engagement and Time in the Field” scored 4.03.

The second electronic survey was conducted in July 2012 by DOE titled *The Hanford Site Organizational Climate & SCWE Survey* (DOE SCWE Survey). Seventy-seven employees participated in the survey, which virtually amounts to a 100% participation rate for ATL. The mean scores are based on a five-point scale for which “1” is the lowest possible score (strongly disagree) and “5” is the highest possible score (strongly agree).

ATL’s ratings for the four Focus Areas were as follows:

Leadership	4.07
Employee Engagement	4.11
Organizational Learning	4.06
Safety Conscious Work Environment	4.04

The Focus Area scores were derived from the average scores from multiple questions pertaining to Climate Factors and associated attributes within the Focus Areas. The Climate Factors and their associated scores are included in Table 2 below. As a general rule, the DOE SCWE Survey responses were a bit more positive than the VPP/ISMS Safety Culture Survey

*Conclusion:* The results from these two electronic surveys indicate that ATL's VPP Program is strong, a positive Safety Culture exists, and that ATL provides a Safety Conscious Work Environment for its employees. ATL constantly strives to improve its performance and will be reviewing the results of both surveys to identify Opportunities for Improvement to be added to the CY2013 Safety Improvement Plan.

**Table 1. HGET VPP/ISMS Safety Culture Survey Responses**

<b>HGET VPP/ISMS Safety Culture Survey Responses</b>		<b>Relative Score</b>
1	Efforts to improve safety are encouraged, recognized, and responded to.	4.1
2	Your manager demonstrates a commitment that all accidents can be prevented.	4.1
3	Senior management (above your manager) visits your workplace.	2.9
<b>VPP Tenet 1: Management Leadership</b>		<b>Overall Score = 3.7</b>
4	You are involved in decisions affecting your safety and health.	4.0
5	You are aware of you Safety Council's / Local Safety Improvement Team's activities.	4.0
6	You are knowledgeable of your company's safety and health policies and procedures.	4.1
<b>VPP Tenet 2: Employee Involvement</b>		<b>Overall Score = 4.0</b>
7	Worksite safety inspections are being conducted in your work area.	4.2
8	Responses to your reports of hazards are timely and adequate.	3.9
9	You have been involved with safety analysis e.g. Automated Job Hazard Analysis (AJHA), Ergonomic Evaluations Pre-Job Reviews Enhanced Work Planning (EWP).	4.0
<b>VPP Tenet 3: Worksite Analysis</b>		<b>Overall Score = 4.0</b>
10	Personal Protection Equipment, work practices and/or engineering controls support your ability to work safely.	4.1
11	Workplace rules and standards are known, understood, and applied consistently.	3.9
12	Equipment in your work area is properly/adequately maintained for safe operation.	3.8
<b>VPP Tenet 4: Hazard Prevention and Control</b>		<b>Overall Score = 3.9</b>
13	You are adequately trained to recognize the hazards you are exposed to and how you can protect yourself.	4.1
14	The safety and health training you receive is appropriate for your job.	4.0
15	I am confident my coworkers know what to do and where to go in an emergency at our work location.	4.0
<b>VPP Tenet 5: Safety and Health Training</b>		<b>Overall Score = 4.0</b>
<b>Additional Questions Relating to VPP and ISMS:</b>		
16	ISMS and VPP function together and provide the framework for safe work performance	4.0
17	You use work-related safety principles when dealing with off-the-job hazards	4.0
<b>Point values: Strongly agree = 5, Agree = 4, Neither Agree or Disagree = 3, Disagree = 2, Strongly Disagree = 1</b>		

**Table 2. Safety Conscious Work Environment Survey Responses**

<b>Safety Conscious Work Environment Survey Responses</b>		<b>Relative Score</b>
1	Demonstrated Safety Leadership	4.1
2	Management Engagement/Time in the Field	4.0
3	Open communication and fostering an environment free from retribution	4.1
4	Clear expectations and accountability	4.0
<b>Focus Area: Leadership</b>		<b>Overall Score = 4.1</b>
5	Teamwork and Mutual Respect.	4.0
<b>Focus Area: Employee Engagement</b>		<b>Overall Score = 4.1</b>
6	Credibility, trust and reporting errors and problems	4.3
7	Effective resolution of reported problems	4.2
8	Performance monitoring through multiple means	4.3
9	Questioning Attitude	3.8
<b>Focus Area: Organizational Learning</b>		<b>Overall Score = 4.1</b>
<b>Focus Area: Safety Conscious Work Environment</b>		<b>Overall Score = 4.0</b>
<b>Point values: Strongly agree = 5, Agree = 4, Neither Agree or Disagree = 3, Disagree = 2, Strongly Disagree = 1</b>		

## **2. Employee Interviews**

Following question formats from the VPP Self-Evaluation Guide, the VPP Assessment Team conducted 49 interviews (approximately 65% of current staff) from each of the following four job classifications: Chemical Technologist (18), Exempt (19), Administrative/Non-Exempt (1), and Manager/Supervisor (11). The interview questions involved each of the five VPP tenets that comprise an effective VPP Program. Generally speaking, there are thirty-two sub-elements that define the content of all five VPP tenets. Two of the sub-elements were considered not to be applicable to ATL's Safety and Health Program at 222-S. These sub-elements are: 1) Sub-element 11: Subcontractor Employee Coverage and 2) Sub-element 26: Ongoing monitoring and preventive/predictive maintenance. These two sub-element topics fall outside the scope of ATL's responsibilities. ATL hires no subcontractors to do analytical work within 222-S and by contract defers all maintenance work to the 222-S Facility Operator, i.e., WRPS.

Following the employee interviews the following conclusions were made regarding each of the five VPP Tenets:

### **a. MANAGEMENT LEADERSHIP**

ATL's Management Team, including First Line Managers and Field Work Supervisors, consistently demonstrated ownership of the Health and Safety programs. Not surprisingly this was more evident when it came to laboratory operations activities where the safety programs are designed to deal with higher hazard conditions. However, that being said, office workers expressed confidence in management as well regarding their leadership in implementing the Health and Safety programs. All managers demonstrate responsibility for health and safety for themselves, as well as their employees. One of the biggest strengths identified was that employees felt empowered by their managers to resolve health and safety concerns.

Last year's VPP Self-Assessment identified "Planning" (8.1) and "Line Accountability" (8.0) as the lowest rated sub-elements in this tenet. It was noted by the assessment team that both sub-elements scored much better this year at 8.6 and 9.8 respectively. "Goals and Objectives" scored considerably less this year (6.0) when compared to last year (10) with comments indicating that we could do a better job of communicating the status of our Safety Improvement Plan actions as well as communicating ATL's overall Safety Goals with its employees.

The following Opportunities for Improvement were identified:

- Communicate the status of Safety Improvement Plan (SIP) actions to employees on a quarterly basis.
- Improve the communication of ATL's Safety Goals to employees.
- Provide communications/leadership training to new managers.

## **b. EMPLOYEE INVOLVEMENT**

Overall employees felt involved in ATL's Health and Safety Program, especially in regards to a feeling of ownership regarding the program. They participate in resolving health and safety issues, they participate in the monthly safety inspections throughout the 222-S Complex, they help organize and participate in the Annual Safety Expo, and schedule, facilitate, and attend the monthly SAF\*Team/VPP Champions Team (Safety Committee) meetings. They appreciate that ATL has a strong recognition program that rewards employees for their involvement in Health and Safety activities. One improvement noted in this year's assessment was that employee participation and attendance at the monthly SAF\*Team/VPP Champions Team meetings has increased. And, although the sub-element "Employees participate in Safety Committees, Safety Inspection Teams, etc." received a lower score (7.3) when compared to last year (9.1), this appears to be the result of a more detailed assessment that indicated:

- Some employees feel the SAF\*Team and VPP Champions Team Charters are not well communicated to team members, and
- There does not appear to be adequate direction or training given to the Co-Chairs or committee members regarding their roles, responsibilities, and expectations.



The following Opportunities for Improvement were identified:

- Communicate the SAF\*Team/VPP Champions Team Charters to committee members and Co-Chairs, with an emphasis on roles, responsibilities and expectations as well as support and direction provided by management.
- Improve communications with employees regarding their reported safety issues and actions taken to close them in the Safety Issues Log.

## **c. WORK SITE ANALYSIS**

While improvement was seen in the CY2012 sub-elements "Health and safety surveys", "Safety inspection process", and "Trend analysis to identify problems" over the CY2011 assessment results, a decrease was noted for the sub-elements "Potential hazards identified for new systems, equipment, and processes," "System for reporting hazards without fear of reprisals," and Accident investigation system." Employees indicated that the hazards analysis process (Laboratory Worksite Hazards Analysis - LWHA) could be improved by performing them in a group setting involving the Technical Authority, procedure user, and applicable subject matter experts (Safety Professional and QA) at the same time to collectively identify all relevant hazards and their associated controls. Some employees also indicated that a better familiarization of LWHA process would be helpful. Also, employees indicated that they would like to receive better feedback on the results of investigations of workplace injuries and the communication of relevant lessons to be learned from them; and, we need to improve the timeliness of issuing formal investigation reports resulting from Fact Findings.

A recognized accomplishment in CY2012 was the completion of a comprehensive chemical sampling strategy that was the result of an extensive exposure assessment conducted in

CY2011. Positive feedback was received by ORP Industrial Hygiene personnel for identifying and implementing a sound technical basis for the chemical sampling strategy. This sampling activity was completed in August 2012 to support analyzing worksite conditions, with the results used as a basis for creating the FY2013 chemical sampling strategy.

Room owners continue to conduct walk-throughs of their assigned areas of responsibility, analyzing worksite conditions and taking action to correct identified issues. In addition to this periodic inspection, all ATL employees working at the 222-S Complex get an opportunity to participate in the Monthly Health and Safety Inspections facilitated by the WRPS H&S Professional. The results of these inspections have self-identified various H&S issues requiring corrective action.

The electronic Safety Issues Log generated and posted on the ATL website continues to provide employees the ability to see what safety concerns and issues had been reported and to check the status of actions taken. This action was taken in response to a previous VPP Self-Assessment that indicated that employees were reporting safety issues but did not know the status or were unaware of actions taken to address their issue. While the Safety Issues Log continues to be an excellent tool to record employee reported safety issues and concerns, continued improvement is needed to ensure all employees can locate the Safety Issues Log on the website, as well as ensure that actions taken to resolve issues are communicated to the employee.

ATL's HAMTC Safety Representative previously received "Accident Investigation Techniques" training and supported investigations conducted this past year. Having this individual trained in investigation techniques aided in the conduct of effective interviews of employees to understand the facts associated with adverse conditions and to ensure a complete understanding of the events and their causes.

Trending is conducted for all injuries/illnesses, to include First Aid, Recordable, and DART cases on a monthly basis. This information is provided to the SAF\*Team/VPP Champions Team during our monthly meetings. The Safety Issues Log is also reviewed periodically to look for trends associated with safety issues and other potential hazards. A Quarterly Performance Analysis Report is issued each quarter that looks at trends associated with Issues Management, specifically looking at trends associated with event type, cause, and key words.

A noted improvement made in CY2012 was the tracking and reporting of IH sampling to ensure employees were notified of the results.

The following Opportunities for Improvement were identified:

- Improve the development of LWHA's by conducting them as a group (Chemist, Chemical Technologist, and Safety Professional) whenever possible.
- Ensure employees are aware of their scheduled performance of the Monthly Health and Safety Inspections.
- Improve communication of employee injury events and the lessons to be learned.
- Improve the timeliness for issuing formal Event Investigation Reports.

#### **d. HAZARD PREVENTION AND CONTROL**

There was no significant change in this tenet's rating from CY2011 to CY2012. The sub-element "Administrative controls" was rated at 6.1 last year compared to this year's rating of 9.1. The significantly improved score appears to be associated with the recognition of health and safety program requirements. However, included in this sub-element is the development and use of procedures to implement hazard controls to protect employees. Recent trending has identified unsatisfactory performance due to a series of non-compliances with requirements. In many cases these non-compliances are the result of personnel not consulting the "Reference Use" procedure when performing activities and were unaware that their actions were in non-compliance with the requirements. A concerted effort is underway to address this negative trend, including all employee briefings to provide refresher training in Conduct of Operations and procedure compliance expectations, as well as a Common Cause Analysis to analyze the non-compliances, identify their underlying causes, and develop a corrective action plan.

A decrease was seen in score for the sub-element "System for initiating and tracking hazards" (from 9.6 in CY2011 to 6.5 in CY2012). This appears to be due to employees communicating that they are not always aware of the resolution of identified hazards and not all employees are familiar with our corrective action management system (CAMPATS) and how to use it for submitting issues into the system. Also, some employees are still unaware of the existence of our Safety Issues Log (used for tracking potential hazards requiring action) and its availability on the ATL website.

Regarding the sub-element "Emergency response program,, this year's rating was high indicating that employees have a high regard for the Emergency Preparedness Program at the 222-S Complex. And, while additional Operational Drills were developed and performed to ensure ATL employees maintain proficiency in responding to laboratory upset conditions, they also indicated that they would like to see more drills. This effort will continue in CY2013.

Sub-element "Occupational medical program" also scored high this year by ATL employees in recognition of the Hanford Sites Occupational Medical Program, which includes an active role by our Case Manager in conducting a comprehensive assessment of workplace injuries, as well as a proactive approach towards the performance of laboratory and office ergonomic evaluations and implementation of corrective actions to prevent injuries to our employees. Employees commented that we do a great job in identifying and correcting the causes of workplace injuries and specifically cited an example of ergonomic problems being followed up on and effectively managed.

The following Opportunities for Improvement were identified:

- Improve the use of procedures to reduce the rate of non-compliances.
- Improve employee knowledge of the electronic Safety Issues Log, including where to find it and its purpose.
- Communicate the results of actions taken to resolve safety issues and concerns to the employees who identified the issue.
- Provide information to Chemical Technologists on the existence of CAMPATS and how to enter an issue into the system.

### e. HEALTH AND SAFETY TRAINING

The scoring for this tenet remained consistent with last year. Employees indicated that management, and specifically that First Line Managers and Field Work Supervisors, have an excellent understanding of their safety and health roles and responsibilities, and set a good example on how to be safe.

Employees indicated that they are well aware of the hazards associated with the work that they perform. Some employees indicated that they could use some training in assessing hazards. Employees understand the need for, and use of, PPE to protect against identified hazards. They ensure their safety through the use of RWPs that identify radiological hazards and the associated controls needed to protect them from those hazards. Employees are trained how to respond to emergency situations and are involved in emergency and operational drills to practice and develop proficiency in responding to abnormal events.

The following Opportunities for Improvement were identified:

- Evaluate the current training for conducting Laboratory Worksite Hazards Analysis.
- Conduct additional Operational Drills to provide training to laboratory employees on their response to laboratory upset conditions.

### G. AWARDS AND RECOGNITION

- |  |               |
|--|---------------|
| • 100,000 Safe Hours Worked in CY2012 Without a Recordable or Lost Workday Injury/Illness. | October 2012  |
| • 200,000 Safe Hours Worked Since the Last Recordable or Lost Workday Injury/Illness Case  | July 2012     |
| • 2 Years Without a Recordable or Lost Workday Injury/Illness Case                         | February 2013 |

