

Corrective Action Management

MSC-PRO-052

Revision 1

Effective Date: December 14, 2010

Topic: Quality Assurance

Corrective Action Management

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1.0 PURPOSE

This procedure establishes the Corrective Action Management (CAM) process requirements and responsibilities for the timely identification and evaluation of conditions adverse to quality, safety, health, operability, and the environment using the [Issue Identification Form](#) (IIF) tool. This procedure is applicable to personnel initiating an IIF and those individuals/groups involved in the processing of IIFs to closure.

This procedure provides direction to meet quality improvement requirements through the performance of Corrective Action Management activities as outlined in MSC-MP-599, *Quality Assurance Program Description, Section 3.0, Quality Improvement*. CAM is a quality improvement process that satisfies basic fundamentals from the Quality Assurance (QA) criteria expressed in Title 10 Code of Federal Regulations, (10 CFR) Part 830.122(c) and [Integrated Safety Management System](#) (ISMS).

The CAM process encourages the identification of areas for improvement, timely identification, evaluating analysis and correction of issues and conditions, utilizing trending results for continuous monitoring of process outcomes and collective significance reviews. Cause, function and process trend codes are identified and trended to assist in the identification of repeated [events](#), generic issues, or other vulnerabilities to prevent or significantly reduce the probability for recurrence and/or mitigate the consequences of the issue. Ultimately, the value of this process is predicated on addressing issues and conditions that may hinder an organization's performance and achievement of its Operational, Safety, Environmental, Health and Quality objectives.

2.0 SCOPE

This Level 2 Management Control Procedure is applicable to MSC Workers, Team Workers and to sub-contractors as defined in their contracts and statements of work.

The IIF tool ensures that issues and conditions adverse to quality, such as failures, malfunctions, deficiencies, deviations, defective materials and equipment, deviations from requirements, conditions not normal to the activity, and nonconformances are promptly identified and corrected. The IIF tool also provides a means for evaluating performance improvement suggestions, and lessons learned reports, including initiation and tracking of any actions taken. An IIF shall be initiated for conditions that require resolution, trending, cause determination, or identification and tracking of [corrective actions](#).

The IIF tool also ensures the adequate documentation and tracking of the corrective actions via the Deficiency Tracking System (DTS.)

The process of ensuring the level of analysis, documentation, and actions comply with a requirement (i.e., 10 CFR 830) is commonly referred to as the Graded Approach, commensurate with:

- The relative importance to safety, safeguards, and security;

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- The magnitude of any hazard involved;
- The life cycle stage of a facility;
- The programmatic mission of a facility;
- The particular characteristics of a facility;
- The potential for environmental impact;
- Regulatory exposure;
- CONOPS practices;
- The relative importance of radiological and non radiological hazards, and
- Real or potential consequences.

2.1 Inclusions

Any worker can initiate an IIF. Issue Identification can include opportunity for improvement, near miss or actual [events](#), conditions, or deficiencies.

An IIF shall be initiated for conditions that require resolution, trending, cause determination, or identification and tracking of corrective actions.

Any issue (finding, observation, concern, etc.) identified by an external agency (e.g., DOE, Washington State Department of Ecology, Occupational Safety & Health Administration (OSHA), etc.) shall be captured on a IIF by the individual receiving the notification/out-brief as soon as practical. The IIF should be written to capture the following information to assist in developing a formal response:

- Name of DOE Facility Representative (FacRep) or external authority identifying or responsible for accepting resolution of the issue
- Surveillance/Assessment number, if available.

Issues may be identified as a result of a documented review or assessment. Each issue shall be broken out of the pertinent document and recorded on an IIF form. Document types include but are not limited to:

- Assessment Reports, e.g., independent assessments (refer to MSC-PRO-9662, *Independent Assessment Process*), management assessments (refer to MSC-PRO-246, *Management Assessment*), and surveillances (refer to MSC-PRO-9769, *Surveillance Process*).
- Occurrence Reports (refer to MSC-PRO-060, *Reporting Occurrences and Processing Operations Information*).
- Radiological Problem Reports (RPRs), (refer to MSC-13536, *MSC Radiological Control Procedures*).
- Critique Reports (refer to MSC-PRO-058, *Event/Near Miss Investigation and Critique Process*).

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- Emergency Preparedness (EP) Drill Reports (refer to MSC-RD-7648, *Emergency Preparedness Drill Program Requirements*).
- Project/Facility Drills performed to evaluate Emergency Response Organization performance, e.g., corporate, or DOE audit team conducted drills.
- U.S. Department of Energy, Richland Operations (DOE-RL) Initiating Documents (i.e., operations awareness (OA), Surveillances and others transmitted via correspondence).
- Environmental, Safety and Health inspections

2.2 Exclusions

The following are excluded from the CAM process unless otherwise determined by management:

- Safeguards and Security (SAS) Sensitive Issues Tracking System (SITS) (indicates SAS system weakness), Business Sensitive, or Classified Information.
- Information pertaining to violations of general civil conduct under public law, such as harassment, sexual misconduct, assault, traffic citations, or drug abuse, refer to MSC-POL-11387, *Workplace Harassment*, and MSC-PRO-042, *Fitness for Duty*.
- Employee concerns refer to MSC-PRO-410, *Employee Concern Resolution*.
- Exclusions specified within Mission Support Contracts (MSC) documents (e.g., MSC-RD-7647, *Emergency Preparedness Program Requirements* contains a note to allow exclusion of EP drills conducted for training purposes from being processed through CAM, unless determined by management).
- Labor jurisdictional disputes
- Positive observations are not included within the scope of this IIF tool.

3.0 IMPLEMENTATION

This procedure is effective on the effective date shown on the title page.

4.0 REQUIREMENTS / RESPONSIBILITIES

4.1 Requirements

- 4.1.1 MSC-PRO-2243, Identification, Reporting and Tracking of Nuclear Safety and Worker Safety and Health Requirement Noncompliances & PAAA/851 Enforcement Activities
 - a. Section 5.1; for issues determined to be non-NTS reportable nuclear safety or worker safety and health noncompliances, manage in accordance with MSC-PRO-052.
 - b. Section 5.2; if the source document contains an NTS reportable nuclear safety or worker safety and health noncompliance, prepare NTS report and verification package. Include action to complete the Root Cause Analysis (if applicable) and

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corrective action plan within 45 calendar days after it was determined a potential nuclear safety noncompliance exists.

- c. Section 5.3; for modifications to the NTS reports and/or corrective actions, including modifications to causal analysis, addition of actions, modification to action statements, and extension of established due dates, provide a request to the appropriate Regulatory Compliance Officer that included a description of the modification, and why the modification is needed. For extension requests, provide a suggested due date.

4.1.2 MSC-MP-599, Quality Assurance Program Description

- a. Section 2.1; Management of all organizations is responsible and accountable for responding to analyses of performance data and ensuring identification of problem root causes and completion of corrective actions
- b. section 3.0; Quality improvement processes shall be established and implemented by MSA organizations to satisfy the requirements of this section in accordance with 10 CFR 830.122 (c), "Criterion 3-Management/Quality Improvement," DOE O 414.1C CRD, Attachment 1, 3.c, "Criterion 3-Quality Improvement," and EM-QA-001, Section 7.3, "Quality Improvement," and Attachment B, "Corrective Action Management Program."
 - 1) DOE O 414.1C CRD, Attachment 1, 3.c; Establish and implement processes to detect and prevent quality problems. Identify, control and correct items, services, and processes that do not meet established requirements. Identify the causes of problems, and include prevention of recurrence as a part of corrective action planning. Review item characteristics, process implementation, and other quality-related information to identify items, services, and processes needing improvement.

4.1.3 CRD M 231.1-2, Occurrence Reporting and Processing of Operations Information

- a. Section 1.6.e ; management shall ensure that corrective actions for the following report types receive an effectiveness review:
 - Occurrences categorized as Significance Category OE, 1, and R;
 - Occurrences categorized under Group 10(3), Near Miss.
 - Occurrences categorized as Significance Category 2 (if determined to be a Significant Issue

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- b. Supplemental Rev. 8; A root cause determination shall be made for all Significance Category 2 ORPS reports rather than an apparent cause. Near miss occurrences require Root Cause Analysis and corrective actions to prevent recurrence. This requirement can be waived by the FR on a case by case basis when the benefit of Root Cause Analysis is not necessary to develop corrective actions to prevent recurrence and an apparent cause determination is adequate
- 4.1.4 DOE O 470.2B, Independent Oversight and Performance Assurance Program (Supplemental Rev. 3);
- a. The contractor shall notify RL within one week when: (Note: This may be informal notification via e-mail.)
 - 1) Each identified Corrective Action (CA) is completed as identified in an approved Corrective Action Plan (CAP).
 - 2) All CAs have been completed for an issue (concern, finding, observation, etc.) that requires RL closure verification or that no CAs are deemed necessary.
 - 3) CAs and due dates are established for issues that require RL closure verification. This notification shall provide the detailed CAs and respective due dates. Any subsequent changes to the CAs and/or due dates shall also be communicated.
 - b. Contractor shall provide RL with documentation demonstrating closure for all completed CAs for issues requiring RL closure verification (either CAP required or CAP not required but RL closure verification required). This documentation shall be at the issue (concern, finding, observation, etc.) level. (Note: This may be an informal transmittal.)
 - c. Criteria for DOE requested CAPs:
 - 1) The CAP shall clearly demonstrate the basis for disposition of the identified issues, using a graded approach, and how CAs cited will adequately address the causal factors (apparent or root) and prevent recurrence. If CAs are not established, this shall be justified.
 - 2) All corrective actions associated with issues (concern, finding, observation, etc.) identified in approved CAPs shall be tracked in the Contractor's corrective action tracking system database.
 - 3) RL CAPs shall be considered approved within 30 days of submittal unless notified otherwise.
 - 4) For each issue (e.g., Concern, Finding, Observation, etc.), Contractors shall:
 - i. Investigate and document an understanding of the condition(s). This shall include a determination if the issue(s) are isolated or represent a broader programmatic scope or cross-cutting issue.

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- ii. Using a graded approach, identify the cause(s) (apparent or root) and associated causal factors for each issue. The causal analysis methodology used to determine the cause(s) shall be identified.
 - iii. Develop CAs that are written in a clear and concise manner, are executable, and address the cause(s) of the issue.
 - iv. Ensure completion dates and responsible parties are assigned to each of the identified CAs.
 - v. Identify what actions will or will not be taken to verify/validate completion of CAs to provide
- d. Additional requirements specific to DOE-HQ CAPs:
- 1) A single comprehensive CAP (Contractors and RL) is prepared to address the identified issues contained in a DOE-HQ report. As such, the CAPs shall include both RL and contractor CAs.
 - 2) CAs in approved DOE-HQ CAPs shall not be modified without RL approval. The Contractor shall formally request any CA changes, including due date extensions, established in approved DOE-HQ CAPs well in advance of completion due dates. The intent is to allow sufficient time to formally process the change through DOE-HQ prior to the planned completion dates (e.g., 60 days). The request shall include a justification for the change any revised completion dates.

4.2 Responsibilities

NOTE: *This procedure does not replace the required reporting criteria defined in other safety, health, quality and environmental policies and procedures. Contact appropriate authorities and management prior to writing an IIF, as applicable to the situation.*

4.2.1 Workers

- Identify and report opportunity for improvement, near miss or actual [events](#), conditions, or deficiencies adverse to Quality, Safety, Health, Operability and the Environment by submitting an [Issue Identification Form](#) (IIF) (Site Form A-6002-898).to ^corrective_action_management@rl.gov or submitting anonymously to the Performance Assurance Manager.

4.2.2 IIF Screening Team Lead

- Ensure IIF Screening Report (list) is made available to screening team
- Facilitate screening sessions
- Represent Corrective Action Management and adherence to this procedure during screening sessions

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4.2.3 Supervisors/Managers

- Encourage Workers to identify and report opportunity for improvement, near miss or actual [events](#), conditions, or deficiencies.
- Implement the CAM program through properly informing and training Workers.
 - [Apparent Cause Analysis](#) (#004215 or #004216) – for Workers and Managers performing Low Threshold Deficiency evaluation
 - [Root Cause Analysis Basics](#) (170015) and [Root Cause Analysis Techniques](#) (170026) -for Workers and Managers performing evaluation of significant issues.
- Facilitate causal analysis and corrective action planning, approve action completions and provide feedback to issue initiator, if the assigned Responsible Manager
- Understand and adhere to the requirements set forth in Section 4.1.

4.2.4 Manager, Performance Assurance

- Facilitate consistent implementation of the IIF tool throughout Mission Support Alliance, LLC (MSA.)
- Review/approve all extension requests.
- Facilitate dispute resolution and differences of opinion as they relate to the CAM process

4.2.5 PAAA Compliance Officer

- Assign applicable CFR codes to every IIF
- Notify CAMS as soon as practical of actual or potential NTS reportability
- Mentor participants on NTS reportability and expectations

5.0 PROCESS

Performance of this procedure may be limited to the performance of an individual section. Process steps include IIF issue identification, resolution, and closure and [corrective action](#) implementation, and completion.

[Appendix B](#) provides a process flowchart of the major process steps.

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5.1 Issue Identification Using IIF

Any worker can initiate an IIF. Issue Identification can include opportunity for improvement, near miss or actual [events](#), conditions, or deficiencies. Issue identification should be documented as soon as practical; when the event or condition is discovered.

NOTE 1: *DO NOT include worker names. Use job titles in the Description of Concern or Problem, except as specified above for DOE externally identified issues.*

NOTE 2: *DO NOT combine multiple issue types into one IIF. Generate a separate IIF for each issue.*

NOTE 3: *DO NOT include Official Use Only (OUO) or business sensitive information. Provide links to IDMS sensitive data when necessary. Paraphrase or edit original content noting where/when OUO detail has been removed and where to find the full text.*

For flow chart see [Appendix C](#).

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
IIF Originator	1.	From a computer terminal, access the Issue Identification Form (IIF) (Site Form A-6002-898). OR Request a hard copy of the form from your organizations Administrative Assistant. NOTE: <i>Guidance and instructions for completing an IIF are on the IIF (Site Form A-6002-898).</i>
	2.	Populate the fields on the IIF form. NOTE: <i>Provide as much detailed information as possible to assist in resolution of the issue.</i>
	3.	Attach source document and supporting electronic documentation, as applicable.

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	4.	Submit the IIF, and applicable documents to CAM, via e-mail to ^Corrective_Action_Management@rl.gov, as soon as possible
		OR
		Request organization admin assistance to e-mail the document on your behalf.
		NOTE: <i>E-mail sent to CAMS should contain action (complete, close, extend, edit, etc) and reference numbers (AR#action#, CARF#, etc) in the subject of the e-mail. The e-mail should demonstrate acceptance and/or concurrence from Responsible Manager if not transmitted from the RM themselves. Attachments should be named with AR and Action numbers embedded (29024567_12 for AR 29024567 action #12 for example)</i>

NOTE: *IIF may be submitted anonymously to the Performance Assurance Manager (H1-24).*

5.2 IIF Screening

All issues identified on an IIF will be screened for significance level, assign [Responsible Manager](#) to identify duplicate issues, and assignment of trend codes.

The IIF screening will be facilitated by the Corrective Action Management organization and may include input by knowledgeable team members from Site Infrastructure and Utilities (SIU), Emergency Services and Training (EST), Mission Assurance (MA), Safety, Health and Quality (SHQ) Logistics and Transportation (LT), Information Management (IM), Environmental Integration (EI), and the Price-Anderson Amendments Act (PAAA) Compliance Officer.

NOTE: *For re-screening process steps, see [Section 5.5](#).*

For flow chart see [Appendix C](#).

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
IIF Screening Team Lead	1.	Prior to the IIF screening meeting, assemble list of IIFs to be reviewed, which may include: <ul style="list-style-type: none"> • New IIFs • Re-screen requests • Roll-up requests.

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	2.	Determine screening meeting details and distribute to team members <ul style="list-style-type: none"> • Time • Date • IIF screening list
IIF Screening Team	3.	Review each IIF along with the immediate actions and compensatory measures implemented to date; if the IIF has been determined to be reportable, note the occurrence report number. <p>NOTE: Refer to Table 1 for guidance when assigning significance category.</p>
	4.	If unable to obtain sufficient information to screen the IIF, perform the following: <ol style="list-style-type: none"> a. Assign a Responsible Manager to perform the further evaluation. b. E-mail specific instructions in order to obtain sufficient information from the evaluation.
	5.	If duplicate IIFs are found, perform the following. <ol style="list-style-type: none"> a. Refer to previous IIF documentation in the duplicate IIF. b. Screen out.
	6.	If the IIF indicates, or is part of an adverse trend, initiate an adverse trend IIF referencing previous IIFs used in determining that an adverse trend exists.
	7.	At the daily screening meeting, discuss and concur on the following IIF field choices: <ul style="list-style-type: none"> • Significance level (See Table 1) • Assigned Responsible Manager • IIF screening comments
	8.	If the IIF is rated a Significant IIF, notify the Executive Safety Review Board (ESRB) secretary immediately following the screening meeting.

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
IIF Screening Team Lead	9.	<p>If the IIF is rated a Trend Only or Screen Out, contact the initiator by e-mail notifying them:</p> <ul style="list-style-type: none"> • Why Trend Only or Screen Out is proposed • Who is the proposed Responsible Manager
	10.	<p>Document screening results to include the following:</p> <ul style="list-style-type: none"> • IIF significance level • Externally identified • Occurrence report • Assigned Responsible Manager • IIF screening comments • ISMS • Trend Codes
	11.	<p>Send screening results to proposed Responsible Manager.</p> <p>NOTE: <i>Results should include instructions to manager that he/she has 3 business days to rebut significance and/or ownership and request a rescreening.</i></p>
PAAA Compliance Officer	12.	Document PAAA screening results, as applicable.
	13.	Ensure CAM representative establishes PAAA reportability in IIF documentation.
CAM Representative	14.	Notify screening Lead should PAAA reportability require significance rescreening.
	15.	Enter screening data into the CAM system.

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5.3 Management Review

Management is notified when an IIF is screened communicating ownership and significance. This section guides management in the review, acceptance, or redirection of issues for resolution.

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Responsible Manager	1.	Review the management report, including IIF screening results for concurrence with the following: <ul style="list-style-type: none"> • Significance level • Documented actions (evaluate the immediate actions or compensatory measures taken in response to the event) • Accuracy of problem statement • Responsible Manager assignment.

NOTE 1: *Responsible Manager assignments will be finalized in 3 business days from screening unless otherwise redirected.*

NOTE 2: *No action required to accept the assignment.*

- | | | |
|-----------|----|--|
| | 2. | To redirect assignment, contact
^Corrective_Action_Management@rl.gov. |
| | 3. | To redirect significance, follow process in Section 5.5.1. |
| CAM Group | 4. | Document finalized assignment, if redirected. |

5.4 IIF Resolution, Corrective Action Implementation and Completion

Refer to [Table 1](#) for IIF significance levels and a description of each level. This section is separated into process steps corresponding to each significance level. Each subsection describes the steps required to evaluate the IIF and develop and complete [corrective actions](#), as applicable.

NOTE: *The responsible manager may provide the CAM group the name of a delegate that can act on his/her behalf.*

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5.4.1 Opportunity for Improvement (OFI) IIFs

Resolution of OFI IIFs should be dispositioned within 60 days of the IIF initiation, or re-screen for reassignment. Corrective action to implement the OFI should normally be completed within 180 days of the IIF initiation or re-screen of significance level.

See Flow Chart [Appendix D](#)

Actionee	Step	Action
Corrective Actions Group	1.	Send task to the assigned Responsible Manager .
Responsible Manager or Delegate	2.	Review to ensure the identified issue is understood prior to evaluation. Involve the IIF originator if indicated to do so, on the IIF.
	3.	If requesting IIF significance level change, follow the Rescreening Process in Section 5.5.1 .
	4.	If transferring ownership of the IIF, send an e-mail to ^Corrective_Action_Management@rl.gov. Copy Relinquishing Manager and Accepting Manager on e-mail distribution and provide justification for transfer of ownership.
		NOTE: E-mail sent to CAMS should contain action (complete, close, extend, edit, etc) and reference numbers (AR#action#, CARF#, etc) in the subject of the e-mail. The e-mail should demonstrate acceptance and/or concurrence from Responsible Manager if not transmitted from the RM themselves. Attachments should be named with AR and Action numbers embedded (29024567_12 for AR 29024567 action #12 for example)
	5.	If accepting the IIF as screened, review and evaluate the assigned IIF
		NOTE: The Responsible Manager may resolve the IIF or designate someone; however, he or she remains the Responsible Manager.
	6.	Document resolution.
Responsible Manager	7.	If resolved by Delegate, review resolution.

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	8.	If the issue is Chronic Beryllium Disease Program Plan (CBDPP) related, have beryllium SME review resolution.
	9.	Communicate the resolution to the IIF originator, if indicated on IIF form.
		NOTE: <i>If the IIF originator is unsatisfied with the resolution and closure of the IIF, the issue should be pursued with the IIF originator's Line Management.</i>
	10.	If the resolution is not acceptable, return to Delegate, with a request to revise the resolution.
	11.	If the resolution to the OFI is acceptable and contains corrective actions , review the corrective actions.
		NOTE: <i>Actions assigned to Workers outside of the Responsible Manager's organization must be concurred with prior to submittal of plan.</i>
	12.	If the corrective actions are acceptable, route the task to the Corrective Actions group for review.
	13.	Send the final OFI resolution and pending corrective actions to ^Corrective Action Management@rl.gov .
Corrective Actions Group	14.	Enter corrective actions into DTS.
	15.	If no open corrective actions, close OFI IIF.
Actionee or Delegate	16.	Receive corrective action and review IIF.
		NOTE: <i>The actionee may delegate corrective action items to another actionee; however, the original actionee is ultimately responsible for completing the corrective action on or before the due date.</i>
	17.	Implement corrective action(s).

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Actionee	18.	<p>Send completion evidence and statement to the Responsible Manager by e-mail. Provide any supporting evidence and attach electronic data supporting completion.</p> <p>Examples of electronic attachments for completion documentation:</p> <ul style="list-style-type: none">• Procedure change, attach change form• Training attendance, attach ITEM or roster• Required Reading, attach web print or roster• Drawing changes, attach ECN• Other completion documentation, including, but not limited to, e-mail, memos, letters, photographs, or record files. <p>NOTE: <i>Forms attached as completion documentation must have all fields complete, including the signature block. "Signature on file" may be used in lieu of original signature.</i></p>
Responsible Manager or Delegate	19.	<p>Review Actionee submittal.</p> <p>a. If unacceptable, return for rework.</p> <p>b. If acceptable, forward submittal to ^Corrective_Action_Management@rl.gov.</p>
Corrective Actions Group	20.	<p>Complete each action in DTS with an acceptable completion statement.</p> <p>NOTE: <i>Corrective action completion documentation not meeting CAMs requirements will be returned for rework.</i></p>
	21.	<p>When all corrective action tasks associated to the IIF are complete, close the IIF.</p>

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5.4.2 Low Threshold Deficiency (LTD)

LTDs should be dispositioned within 45 days of the IIF initiation, re-screen to LTD, or reassign. Corrective action to correct the apparent cause(s) should normally be completed within 180 days of the IIF initiation or re-screen of significance level. The [Responsible Manager](#) reviews the IIF and completes the [apparent cause analysis](#).

See Flow Chart [Appendix E](#)

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Corrective Action Group	1.	Send task to the assigned Responsible Manager.
Responsible Manager or Delegate	2.	Review the issue to ensure the identified issue is understood prior to resolution. Involve the IIF originator if indicated on the IIF.
	3.	If requesting IIF significance change, follow the rescreen process in Section 5.5.1 .
	4.	If transferring ownership of the IIF send an e-mail to ^Corrective_Action_Management@rl.gov. Copy relinquishing manager and accepting manager on mail distribution and provide justification of ownership transfer.
		NOTE: <i>E-mail sent to CAMS should contain action (complete, close, extend, edit, etc) and reference numbers (AR#action#, CARF#, etc) in the subject of the e-mail. The e-mail should demonstrate acceptance and/or concurrence from Responsible Manager if not transmitted from the RM themselves. Attachments should be named with AR and Action numbers embedded (29024567_12 for AR 29024567 action #12 for example)</i>
Responsible Manager or act as Delegate	5.	If accepting the IIF, as screened, review and evaluate the IIF.
		NOTE: <i>The Responsible Manager may resolve their IIFs or delegate to someone who has apparent cause analysis training.</i>
	6.	Perform apparent cause analysis and corrective action planning in accordance with MSC-GD-33900 , <i>Causal Analysis Guidance Document</i> .
	7.	Enter evaluation data, including corrective actions, into the Causal Analysis Form (A-6005-723).

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	8.	If the resolution is not acceptable, return to delegate, with a request to revise the resolution.
	9.	If the issue is Chronic Beryllium Disease Program Plan (CBDPP) related, have beryllium SME review resolution.
	10.	Communicate the resolution to the IIF originator if indicated on the IIF form.
		NOTE: <i>If the IIF originator is unsatisfied with the resolution and closure of the IIF, the issue should be pursued with the IIF originator's Line Management.</i>
	11.	If LTD does not have open corrective actions, send Causal Analysis form to ^Corrective_Action_Management@rl.gov with closure statement. The closure statement shall include actions taken and concurrence of action taken with IIF originator, as applicable.
	12.	If LTD does include open corrective actions , send Causal Analysis and Corrective Action Plan to ^Corrective_Action_Management@rl.gov .
		NOTE: <i>Actions assigned to Workers outside of the Responsible Manager's organization must be concurred with prior to submittal of plan.</i>
Corrective Actions Group	13.	Review submitted resolution and electronic attachments, if any.
	14.	If the resolution is not acceptable, send task back to the Responsible Manager with comments justifying request for additional information.
	15.	Enter IIF resolution information and corrective actions into DTS in accordance with CAM tasks.
		NOTE: <i>Corrective action completion documentation not meeting CAMs requirements will be returned for rework.</i>
	16.	If no open corrective action is identified, close the LTD IIF.

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Corrective Action Assignee or Delegate	17.	Receive corrective action and review IIF. <i>NOTE: The actionee may delegate corrective action items to another actionee; however, the original actionee is ultimately responsible for completing the corrective action on or before the due date.</i>
	18.	Implement corrective action(s).
	19.	Send completion evidence to Responsible Manager by e-mail. Provide supporting information and attach electronic data supporting completion of the actions. Examples of electronic attachments for completion documentation: <ul style="list-style-type: none"> • Procedure change, attach change form • Training attendance, attach ITEM or roster • Required Reading, attach web print or roster • Drawing changes, attach ECN • Other completion documentation, including, but not limited to, e-mail, memos, letters, photographs, or plan files. <i>NOTE: Forms attached as completion documentation must have all fields complete, including the signature block. "Signature on file" may be used in lieu of original signature. All procedures must be issued.</i>
Responsible Manager or Delegate	20.	Review actionee submittal.
	21.	If unacceptable, return for rework.
	22.	If acceptable, forward submittal to ^Corrective_Action_Management@rl.gov.
Corrective Actions Group	23.	Review corrective action completion statement and verify completion documentation attachments; complete corrective action task.

Corrective Action Management

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	24.	When all corrective action tasks associated with IIF are complete and are acceptable, close IIF in DTS.

NOTE: *Corrective action completion documentation not meeting CAMs requirements will be returned for rework.*

5.4.3 Significant IIFs (SIG)

Resolution of Significant IIFs should be dispositioned within 30 days of the IIF initiation, re-screen to Significant, or reassignment. . Corrective action to prevent recurrence of the root cause(s) should normally be completed within 180 days of the IIF initiation or re-screen of significance level. The [Responsible Manager](#) reviews the IIF and sponsors a Root Cause Analysis (RCA). The RCA and corrective action plan are presented to and approved by the Executive Safety Review Board (ESRB).

See flowchart [Appendix F](#).

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Corrective Actions Group	1.	Send resolution task to Responsible Manager.
Responsible Manager or Delegate	2.	Review the issue to ensure the identified issue is understood prior to resolution. <ul style="list-style-type: none"> a. Contact the IIF Originator if indicated on the IIF.
		NOTE: <i>If, during the performance of the investigation or causal analysis, it is determined that a formal Root Cause Analysis and an end point assessment are not warranted, the IIF should be downgraded via re-screening to a lower significance level with the ESRB approval and justification for not performing a Root Cause Analysis.</i>
	3.	If requesting IIF significance change, follow rescreen process in Section 5.5.1 .
	4.	If transferring ownership of the IIF, follow process of Section 5.5.2 .
	5.	If the resolution is not acceptable, return to delegate, with a request to revise the resolution.

Corrective Action Management

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	6.	If accepting the IIF, review and evaluate the IIF. <i>NOTE: The Responsible Manager may resolve the IIF or delegate to someone who has Root Cause Analysis training.</i>
	7.	If the issue is CBDPP related, have beryllium SME review resolution.
	8.	Perform the root and/or common cause and corrective action planning in accordance with MSC-GD-33900 , <i>Causal Analysis Guidance Document</i> .
	9.	Enter evaluation data, including corrective actions into the Causal Analysis Form (A-6005-723).
	10.	Communicate the resolution to the IIF originator, if indicated on IIF form. <i>NOTE: If the IIF originator is unsatisfied with the resolution and closure of the IIF, the issue should be pursued with the IIF originator's Line Management.</i>
	11.	Send the Causal Analysis form and RCA Report to the ESRB Secretary.
ESRB Secretary or Delegate	12.	Set up an ESRB meeting in accordance with MSC-GD-47528 .
Responsible Manager or Delegate	13.	Present RCA results and Corrective Action Plan (CAP) to ESRB in accordance with MSC-GD-47528.
	14.	If the ESRB issues a conditional approval, update the Causal Analysis form and any associated documentation with additional actions assigned by the ESRB.
	15.	Submit the revised Causal Analysis form and Root Cause Analysis electronically to the ESRB Secretary for approval.
	16.	If the Significant IIF is NTS related, submit an electronic copy of the Root Cause Analysis and corrective action plan to the PAAA Enforcement Officer.

Corrective Action Management

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
ESRB Secretary	17.	Verify that ESRB comments/actions have been incorporated and are electronically attached to the task.
		NOTE: <i>Corrective action completion documentation not meeting CAMs requirements will be returned for rework.</i>
	18.	If the resolution is acceptable, enter the corrective actions into DTS.
Corrective Action Assignee or Delegate	19.	Receive corrective action and review IIF.
		NOTE: <i>The actionee may delegate corrective action items to another actionee; however, the original actionee is ultimately responsible for completing the corrective action on or before the due date.</i>
	20.	Implement corrective action(s).
	21.	Send completion evidence to Responsible Manager by e-mail. Provide supporting information in the electronic data supporting completion.
		Examples of electronic attachments for completion documentation: <ul style="list-style-type: none"> • Procedure change, attach change form • Training attendance, attach ITEM or roster • Required Reading, attach web print or roster • Drawing changes, attach ECN • Other completion documentation, including, but not limited to, e-mail, memos, letters, photographs, or record files.
		NOTE: <i>Forms attached as completion documentation must have all fields complete, including the signature block. "Signature on file" may be used in lieu of original signature. All procedures must be issued.</i>
	22.	Review Actionee submittal.
Responsible Manager or Delegate	23.	If unacceptable return for rework.
	24.	If acceptable, forward submittal to ESRB Secretary.

Corrective Action Management

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
ESRB Secretary	25.	Review corrective action completion statement and verify completion documentation attachments.
Responsible Manager	26.	Upon completion of all corrective action(s), complete the end point assessment in accordance with action listed on CAP.
		<p>NOTE: <i>Responsible Manager</i> may delegate the end point assessment (EPA) to the Independent Assessment Group.</p> <p>a. If the end point assessment determines unacceptable results, i.e., the problem has not been corrected or committed actions have been discontinued, return to the corrective action owner to correct with details for return.</p> <p>b. Review and approve rework.</p> <p>c. Notify the ESRB Secretary when the end point assessment is ready for presentation at an ESRB meeting.</p>
ESRB Secretary	d.	Add end point assessment to the ESRB meeting agenda
		<p>1) Forward copies of the end point assessment to the ESRB members.</p> <p>2) Notify the Responsible Manager of the presentation date.</p>
Responsible Manager	e.	Present the results of the end point assessment to the ESRB for final approval by the ESRB chairperson and authorization to close the Significant IIF.
ESRB	f.	Review the end point assessment.
		<p>1) If the end point assessment is acceptable, approve the end point assessment; the ESRB chairperson approves the end point assessment, and authorizes closure of the IIF.</p> <p>2) If the end point assessment is not acceptable, provide supporting information to the Responsible Manager for resolution.</p>

Corrective Action Management

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
ESRB Secretary	27.	When all corrective action tasks associated with IIF are complete and are acceptable, close IIF in DTS.

NOTE: *Corrective action completion documentation not meeting CAMs requirements will be returned for rework.*

5.4.4 Trend Only and Screen Out IIFs

Trend Only and Screen-Out IIFs require no resolution and will be closed upon review and concurrence by the Performance Assurance Manager and notification to the Responsible Manager of the area of the area the IIF was written about.

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Corrective Actions Group	1.	Receive the IIF from management review.
	2.	Enter into DTS and close the IIF..

5.5 IIF Change Management

5.5.1 IIF Rescreen for Significance

Once management has completed the review and concurrence of significance and ownership, the task to resolve the IIF is assigned to the [Responsible Manager](#) (See Section 5.4). Revising the assigned significance level is done as per this section.

See flowchart [Appendix G](#).

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
IIF Responsible Manager	1.	If a change in significance level is justified (in accordance with Table 1), request a re-screen as follows. <ol style="list-style-type: none"> a. Send justification comments to the Corrective Actions group at Corrective_Action_Management@rl.gov. Drivers include: <ul style="list-style-type: none"> • Occurrence reports that have been re-categorized • IIFs determined to be of greater or lesser significance based on initial investigation • Roll-up candidates (see Section 5.6).

NOTE: *For change of IIF ownership (transfer), see [Section 5.5.2](#).*

Corrective Action Management

- | | |
|--------------------------|--|
| Corrective Actions Group | 2. Document rescreen request justification and send IIF to the IIF Screening Team. |
| IIF Screening Team | 3. Review and approve IIF significance level re-categorization re-screens in the IIF screening process as defined in Section 5.5.2 . |

5.5.2 Transfer of Ownership or Changes to Approved CAP (extend, edit, add, withdraw)

If these changes have been committed to the CAP via formal correspondence to one of the other Hanford contractors (OHC) or to an external agency, e.g., DOE, RL, DOT, WDOT, CHG, the [Responsible Manager](#) must obtain concurrence from the OHC or external agency prior to submitting change request to CAM. .

For occurrence report IIFs (SC-2s, Rs, or SC-1s), any text change to a [corrective action](#) previously entered in the Occurrence Reporting & Processing System (ORPS) must be updated in ORPS (forward to the Occurrence Reporting representative) with DOE-ORP facility representative approval.

Changes to IIF data for Significant IIFs must be approved by the ESRB chairperson.

See flowchart [Appendix H](#).

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Responsible Manager	1.	Changes to IIF data for Significant IIFs : <ul style="list-style-type: none"> • If PAAA related, notify the Enforcement Coordinator and obtain approval • Notify ESRB Secretary for processing.
	2.	For all other levels of significance, send an e-mail request for due date extension, transfer, or content change to the ^Corrective_Action_Management@rl.gov mailbox. <ul style="list-style-type: none"> • For extensions, include the new due date and justification statement. • For transfers, include relinquishing and accepting Responsible Manager in cc: distribution. <p>NOTE: <i>E-mail sent to CAMS should contain action (complete, close, extend, edit, etc) and reference numbers (AR#action#, CARF#, etc) in the subject of the e-mail. The e-mail should demonstrate acceptance and/or concurrence from Responsible Manager if not transmitted from the RM themselves. Attachments should be named with AR and Action numbers embedded (29024567_12 for AR 29024567 action #12 for example).</i></p>

Corrective Action Management

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Corrective Actions Group	3.	Make changes in DTS as approved.
	4.	Ensure associated end point assessment and DOE-RL closure actions are extended appropriately.

5.6 Roll-Up Process

The purpose of the roll-up process is to allow IIFs with similar concerns or problems to be consolidated and tracked by rolling up to one host IIF. The roll-up process is also used to track multiple sub-tier IIFs rolled up into a Significant IIF where the [Root Cause Analysis](#) and the corrective action plan clearly address each sub-tier issue.

NOTE: *The roll-up process is not intended for completion of [corrective actions](#) based on completion of similar corrective actions.*

The host IIF must have a significance level equal to, or greater than, the sub-tier IIF(s). A roll-up to a closed IIF is prohibited.

The host IIF [Responsible Manager](#) is required to resolve the specific issues identified by the roll-up IIF(s) in the resolution and corrective actions of the host.

Issues applicable to Oversight and Additional Reviews as defined in section 5.7 can be the host IIF but are otherwise exempt from the roll-up process.

See flowchart [Appendix I](#).

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
Responsible Manager	1.	Identify the host IIF.
	2.	Gain concurrence with the Responsible Manager of the host.
	3.	Ensure sub-tier IIFs problem(s) and concern(s) align with the host IIF.
	a.	Complete IIF Integration Table (Table 2).
	b.	To change the significance level of the host IIF, follow the rescreen process in Section 5.5.1 , and attach the IIF Integration Table, as applicable.

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<i>Actionee</i>	<i>Step</i>	<i>Action</i>
	c.	To downgrade sub-tier IIFs, follow the rescreen process in Section 5.5.1 and enter comments to indicate the justification for downgrade to Trend Only and request to roll-up sub-tier IIFs to the host IIF.
	d.	If the roll-up indicates that an increased level of reportability may be required, contact Occurrence Reporting Representative for review. If reportability change is required, send an e-mail to ^Corrective_Action_Management@rl.gov for updating IIF.
		NOTE: <i>E-mail sent to CAMS should contain action (complete, close, extend, edit, etc) and reference numbers (AR#action#, CARF#, etc) in the subject of the e-mail. The e-mail should demonstrate acceptance and/or concurrence from Responsible Manager if not transmitted from the RM themselves. Attachments should be named with AR and Action numbers embedded (29024567_12 for AR 29024567 action #12 for example).</i>
	e.	If the roll-up documents a Fac Rep finding, or is PAAA reportable, the host IIF will default to a Fac Rep/SSO finding, or PAAA reportable.
	f.	Evaluate the roll-up for an adverse trend. If an adverse trend is identified, the Responsible Manager will submit adverse trend data along with the justification for re-screening for the host IIF (see Section 5.4.4).

5.7 Oversight and Additional Reviews

Review [SECTION 4.1](#) for specific requirements as they apply to the sections below.

5.7.1 DOE RL Closure Required

All issues noted to require DOE-RL closure shall be forwarded to DOE-RL and approved by DOE-RL before being considered complete.

See flowchart [Appendix J](#).

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
CAM REP	1.	Add an action to the CAP, "Obtain DOE-RL closure." <ul style="list-style-type: none"> • Set assignee as the Responsible Manager

Corrective Action Management

<i>Actionee</i>	<i>Step</i>	<i>Action</i>
		<ul style="list-style-type: none"> Set the due date 37 days after the last CAP action due date
Responsible Manager	2.	As each corrective action is completed, inform the DOE-RL counterpart (initiator of the surveillance or assessment) of the closure.
CAM REP	3.	When the last corrective action is completed, inform the DOE-RL counterpart that the CAM record file is ready for closure
CAM Record Custodian	4.	Create a .pdf file of the CAM record file.
	5.	Transmit .pdf file to the DOE-RL CAM representative.
CAM REP	6.	When notified, close IIF based on DOE-RL concurrence to close.
	7.	Notify Responsible Manager of closure.

5.7.2 DOE O 470.2B, Independent Oversight and Performance Assurance Program (Supplemental Rev. 3)

All issues noted to be processed in accordance with DOE O 470.2b shall have a cause to corrective action alignment table and meet formatting requirements as described in MSC-GD-33900, *Causal Analysis Guidance Document*.

5.7.3 ORPS Drivers

All issues reportable to the Occurrence Reporting and Processing System (ORPS) shall meet the minimum format, content, analysis and approval requirements defined in MSC-PRO-060, *Reporting Occurrences and Processing Operations Information*. Issue resolution and corrective action planning must meet requirements (including approvals) of this procedure prior to entry into ORPS.

5.7.4 NTS Drivers

All issues reportable into the Non-compliance Tracking System (NTS) shall meet the minimum format, content, analysis and approval requirements defined in MSC-PRO-2243, *Identification, Reporting, and Tracking of Nuclear Safety Requirement Noncompliances*. Issue resolution and corrective action planning must meet the requirements (including approvals) of this procedure prior to entry into NTS.

5.7.5 CBDPP Review

All issues associated with the Chronic Beryllium Disease Program Plan shall be reviewed and approved by the CBDPP Program Lead.

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6.0 FORMS

Causal Analysis Form, ([A-6005-723](#))

Issue Identification Form, ([A-6002-898](#))

7.0 RECORD IDENTIFICATION

All records are generated, processed, and maintained in accordance with MSC-PRO-10588, *Records Management Processes*. The IIF is considered an In-Process Record until formal closure.

Actionee	Step	Action
CAM Rep	1.	<p>At IIF closure, ensure the file contains, at a minimum:</p> <ul style="list-style-type: none"> • IIF form (initiating document) • IIF screening documentation • PAAA screening documentation • OFI resolution e-mail or Cause Analysis form <p>NOTE: <i>E-mail sent to CAMS should contain action (complete, close, extend, edit, etc) and reference numbers (AR#action#, CARF#, etc) in the subject of the e-mail. The e-mail should demonstrate acceptance and/or concurrence from Responsible Manager if not transmitted from the RM themselves. Attachments should be named with AR and Action numbers embedded (29024567_12 for AR 29024567 action #12 for example)</i></p> <ul style="list-style-type: none"> • Corrective action completion statements • When required, corrective action completion objective evidence • Record of change (e-mail documentation of change request) • For Significant IIFs, ESRB approvals
CAM Records Custodian	2.	Maintain in accordance with record schedule.

Records Capture Table

Name of Document	Submittal Responsibility	Retention Responsibility
Corrective Action Record File	MSA CAM	Per Records Inventory Disposition Schedule

Corrective Action Management

8.0 REFERENCES

8.1 Source References

10 CFR 830, Nuclear Safety Management
CRD M 231.1-2, *Occurrence Reporting and Processing of Operational Information*
DOE G 231.1-2, *Occurrence Reporting Causal Analysis Guide*
[MSC-MP-599](#), Quality Assurance Program Description
ISO 14001, Environmental Management

8.2 Working References

10 CFR 830, Nuclear Safety Management
DOE O 470.2B, *Independent Oversight and Performance Assurance Program* (Supplemental Rev. 3)
[MSC-13536](#), *MSC Radiological Control Procedures*
[MSC-GD-7083](#), *Corrective Action Management Trending Codes*
[MSC-GD-10677](#), *Statistical Process Control*
[MSC-GD-33900](#), *Causal Analysis Guidance Document*
[MSC-GD-47528](#), *Executive Safety Review Board (ESRB)*
[MSC-MP-42081](#), *MSA Environmental Management System (EMS) Description*
[MSC-POL-11387](#), *Workplace Harassment*
[MSC-PRO-042](#), *Fitness for Duty*
[MSC-PRO-058](#), *Event/Near Miss Investigation and Critique Process*
[MSC-PRO-060](#), *Reporting Occurrences and Processing Operations Information*
[MSC-PRO-067](#), *Managing Lessons Learned*
[MSC-PRO-179](#), *Obtaining Training Equivalencies, Waivers, and Extensions*
[MSC-PRO-246](#), *Management Assessment*
[MSC-PRO-410](#), *Employee Concern Resolution*
[MSC-PRO-589](#), *Project Hanford Management System Documents*
[MSC-PRO-2243](#), *Identification, Reporting, and Tracking of Nuclear Safety Requirement Noncompliances*
[MSC-PRO-9662](#), *Independent Assessment Process*
[MSC-PRO-9769](#), *Surveillance Process*
[MSC-PRO-10588](#), *Records Management Processes*
[MSC-PRO-24741](#), *Performance Analysis Process*
[MSC-RD-7648](#), *Emergency Preparedness Drill Program Requirements*
RLEP 3.11, Exercise Evaluation and Issue Tracking

Corrective Action Management**Table 1. IIF Significance Criteria Guidance**

CATEGORY	DESCRIPTION
Screened Out	<ul style="list-style-type: none"> ➤ Factually inaccurate as demonstrated by evidence, witness, or fact, and after discussion with originator. ➤ An issue outside of MSA's authority to fix. ➤ A duplicate issue. ➤ Excluded from inclusion as defined in Section 2.2
Trend Only	<p>Monitoring and trending of these conditions is necessary to ensure additional similar events are detected and addressed before they escalate into more significant issues:</p> <ul style="list-style-type: none"> ➤ An event or condition which individually is of minor consequence. ➤ An event or condition reported into Other Hanford Contractors (OHC) CAMS involving MSA Workers. The condition has been corrected via the stated immediate actions. ➤ The condition will be corrected through the work control process and has an active work package number identified. ➤ An occupational injury/illness.
Opportunity for Improvement (OFI)	A suggestion or industry report identifying process improvements, program enhancement, continued quality improvements, or recommendations, or used for evaluation of external lessons learned
Low Threshold Deficiency (LTD)	<p>An adverse condition which includes problems, such as failure to comply with technical specifications, DOE orders, regulations, contract requirements, or administrative controls, procedures, instructions, noncompliances that adversely affect facility system hardware/software operability, reliability, or performance. The adverse condition, deficiency, defect, or deviation or other nonconformance notably diminishes the original capability and/or intent of the program/procedure or installed items.</p> <ul style="list-style-type: none"> ➤ Actual or potential consequences that are unacceptable. ➤ Safety near misses. ➤ SC-3 Occurrence Report related ➤ Externally identified findings: <ul style="list-style-type: none"> ○ Department of Energy ○ Washington State Department of Ecology ○ Washington State Department of Health

Corrective Action Management

CATEGORY	DESCRIPTION
	<ul style="list-style-type: none"> ○ Environmental Protection Agency ○ Defense Nuclear Facility Safety Board ○ Other Issues documenting externally identified issues. <p>➤ Potential adverse trend data</p>
Significant IIF	<ul style="list-style-type: none"> ➤ An event or condition that is determined to be significant based on adverse impact on personnel safety, regulatory/enforcement actions, or configuration control or potential/actual consequences. ➤ A stop work condition determined to be of sufficient importance to warrant an in-depth analysis in order to develop corrective action to prevent recurrence. ➤ A repetitive issue; i.e., an adverse event, condition, or trend determined to be of sufficient importance to warrant an in-depth analysis in order to develop corrective action to prevent recurrence. ➤ A programmatic issue. ➤ An intentional violation or misinterpretation. ➤ Any significance category 1, R, or 2 Occurrence Reports as defined in MSC-PRO-060. ➤ Any PAAA reportable event or condition (NTS reportable findings), except as noted above for Low Threshold Deficiency prepared in response to selected 10 CFR 851 conditions/events. ➤ Any lesser significant issue that, during analysis, is determined to be an adverse event or condition triggering the need for complex corrective actions with broad impacts to operations, maintenance, projects, programs, training and/or quality processes. ➤ Escalating issues or events, including personnel injury, chemical, or radiological exposures, which generate or have the potential to generate a high level of concern to management, the workforce, or stakeholders. ➤ Occurrence report documented near miss where no barrier or only one barrier prevented an event from having a reportable consequence. 10(3) SC3 or SC4

Corrective Action Management**Table 2. Example IIF Roll-Up Integration Table.**

Host IIF			
IIF #	Significance Level	Issue Description	Resolution
IIF - 201X-0653	SIG IIF	Radiological postings in outdoor areas do not withstand weather conditions in WSCF.	Develop improved techniques and materials to allow outdoor radiological postings to withstand weather conditions at WSCF and repost WSCF.
Sub-Tier IIFs			
IIF #	Significance Level	Issue Description	Corrective Action
IIF - 201X-0714	Trend Only	Postings at WSCF are faded and illegible.	Replace postings at WSCF; upgrade to new posting as part of posting upgrade plan.
IIF - 201X-0695	Trend Only	Rad chains in WSCF are broken and postings are on the ground.	Replace postings at WSCF; upgrade to new postings as part of posting upgrade plan.

Corrective Action Management**APPENDIX A****Glossary**

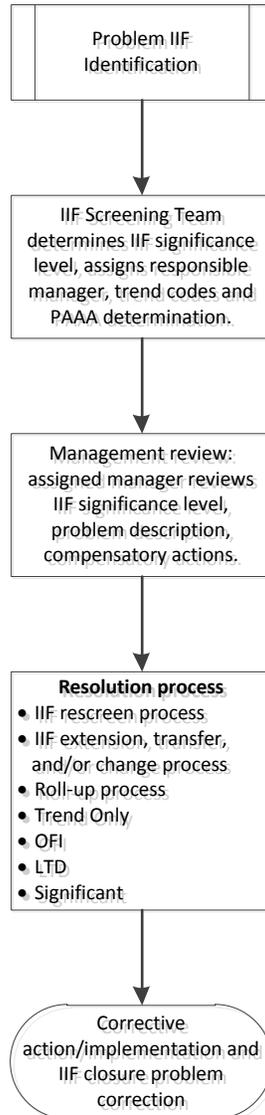
Term	Definition
Actionee	Individual assigned by the Responsible Manager to complete resolution and/or corrective actions.
Apparent Cause Analysis	Used to determine the most probable cause(s). Does not go into the depth of formal root cause.
Condition	Factors or circumstances that effect the situation
Corrective Action	Measures taken to rectify conditions identified as adverse to quality and to preclude recurrence or to implement an improvement opportunity.
Deficiency	A condition that demonstrates a weakness in the performance of the task at hand or work evolution or falls short of being complete.
Deficiency Tracking System (DTS)	A module of Passport; used to track actions to completion.
End Point Assessment	A review (assessment, surveillance, evaluation, etc.) performed to determine if completed corrective actions have effectively resolved or reduced the probability of recurrence or reduced the probability of recurrence
Event	Something significant and real-time that happens (e.g., pipe break, valve failure, loss of power, spill, flood, etc.).
Extent of Condition	The actual or potential applicability for an event or condition (e.g., failure, malfunction, condition, defective item, weakness, problem, etc.) to exist in other activities, projects, programs, facilities or organizations.
Facility Representative (FacRep)	Members of the Department of Energy most responsible for oversight of the Conduct of Operations (operations and maintenance.)
Integrated Document Management System	A web-based system that is designated as the primary repository for storage of electronic records.

Corrective Action Management

Issue Identification Form	Establishes the requirements and responsibilities for the timely identification and evaluation of conditions and the correction of deficiencies adverse to quality, safety, health, operability, and the environment. Issue Identification Form (IIF) (Site Form A-6002-898)
Responsible Manager	Manager assigned responsibility to oversee resolution of the IIF, corrective action planning, and bringing the issue to closure.
Root Cause Analysis	A structured process for collecting information and evaluating information using various techniques. “The most basic cause that explains why the event happened, that, if corrected, will prevent recurrence.”

Corrective Action Management

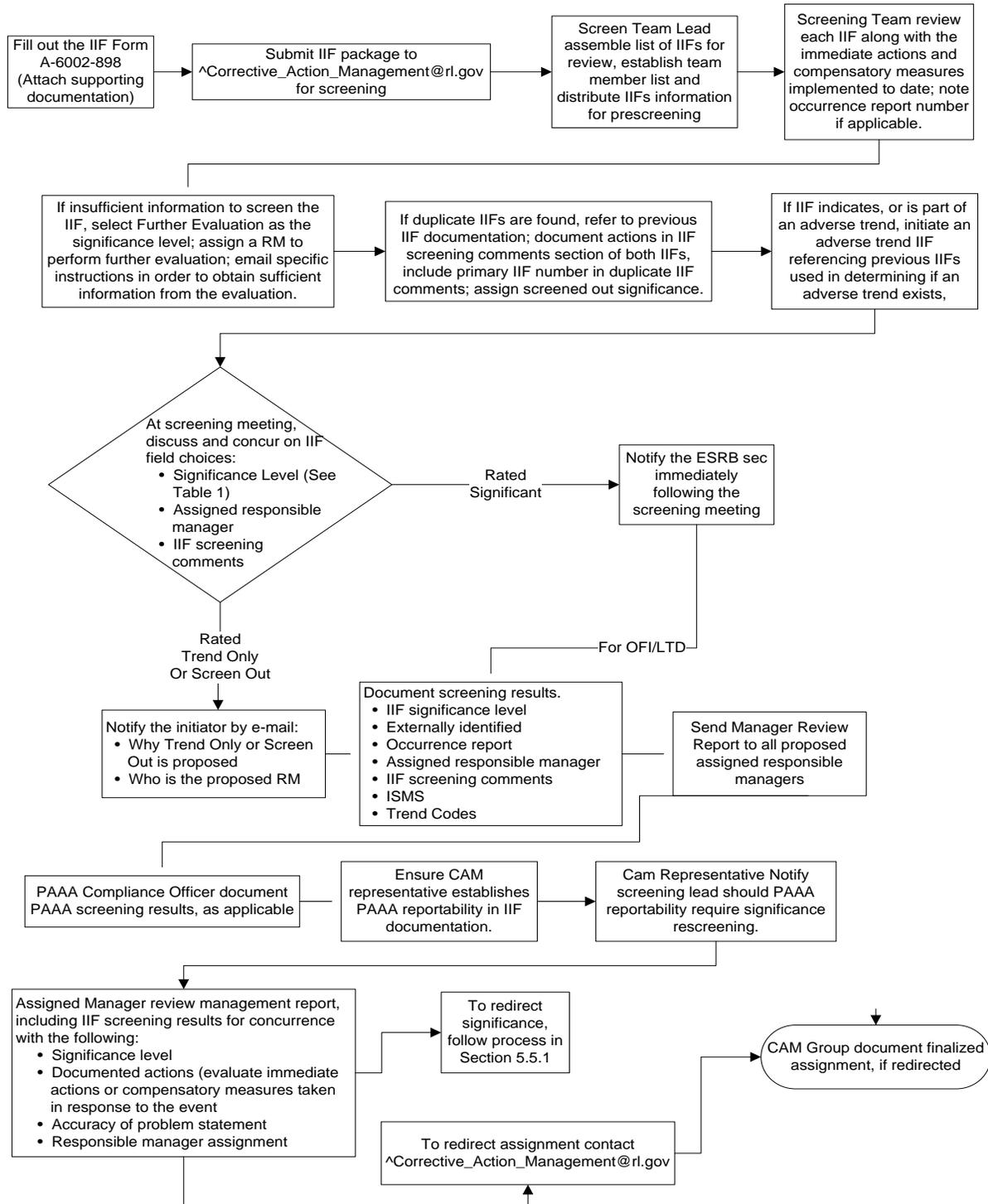
Appendix B Process Flow



Corrective Action Management

Appendix C IIF Issue Identification, Screening and Management Review

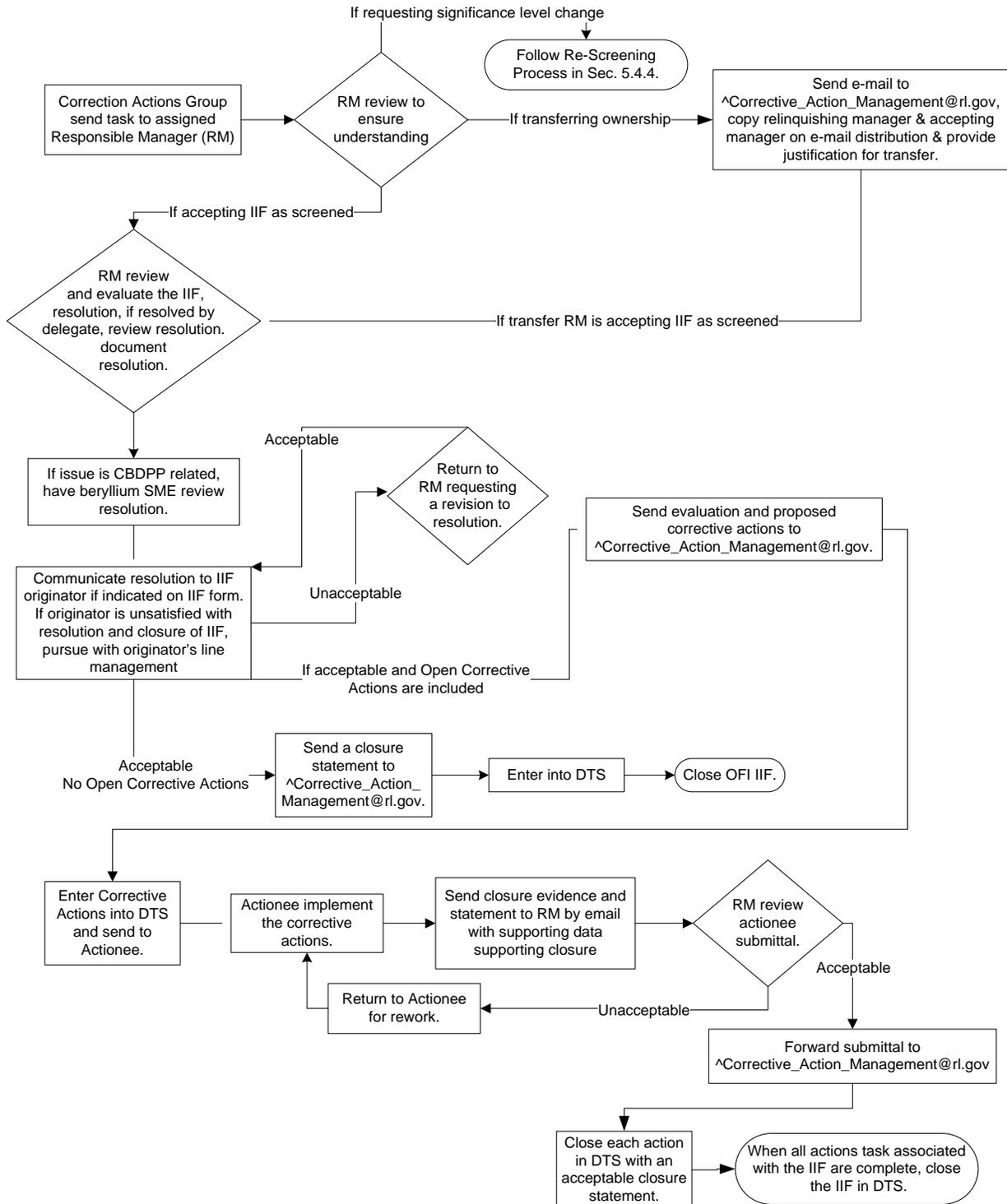
(Section 5.1 – 5.3)



Corrective Action Management

Appendix D Opportunity for Improvement (OFI) IIF (60 days to resolution)

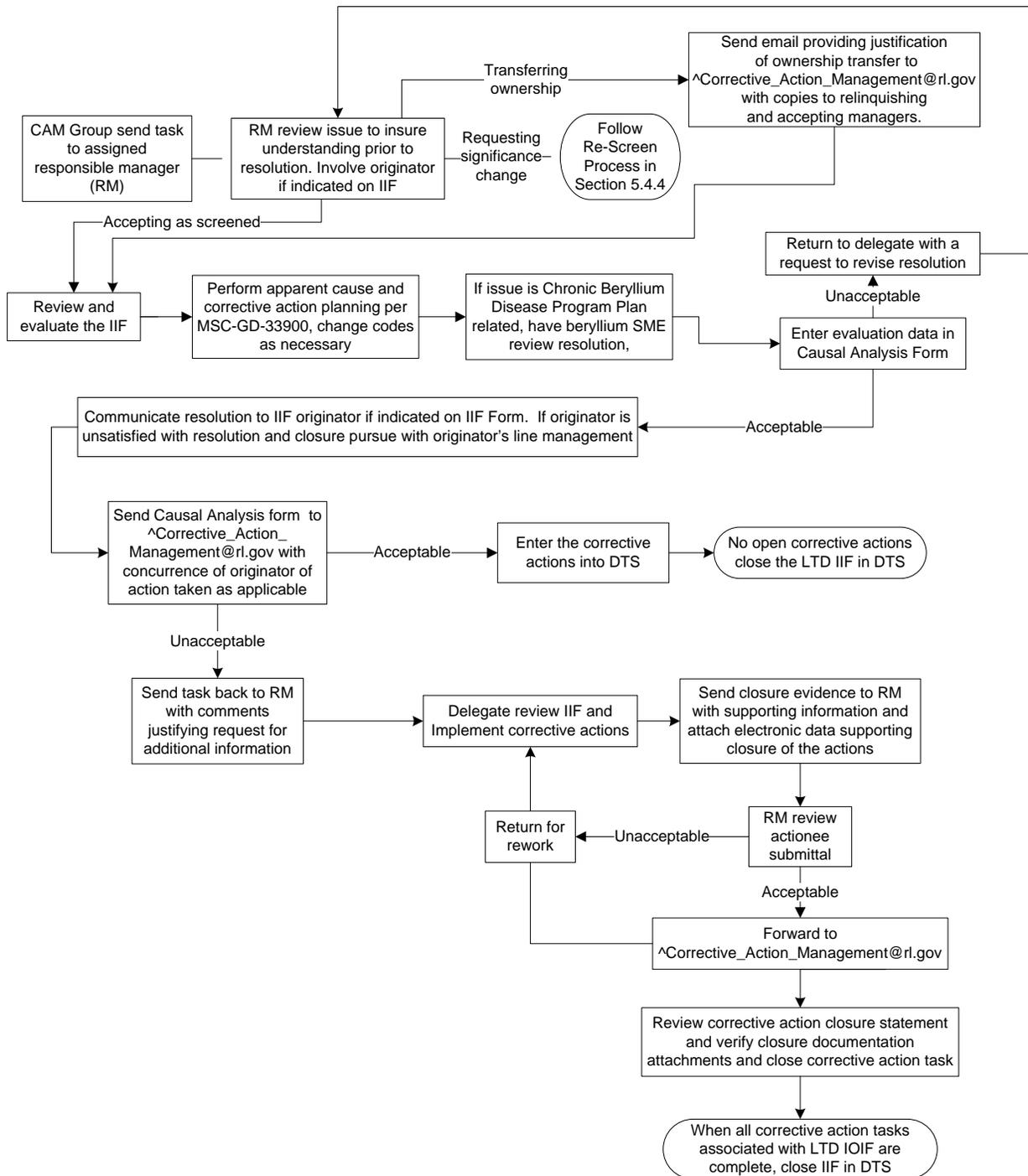
(Sections 5.4.1)



Corrective Action Management

Appendix E Low Threshold Deficiency (LTD) (45 days to resolution)

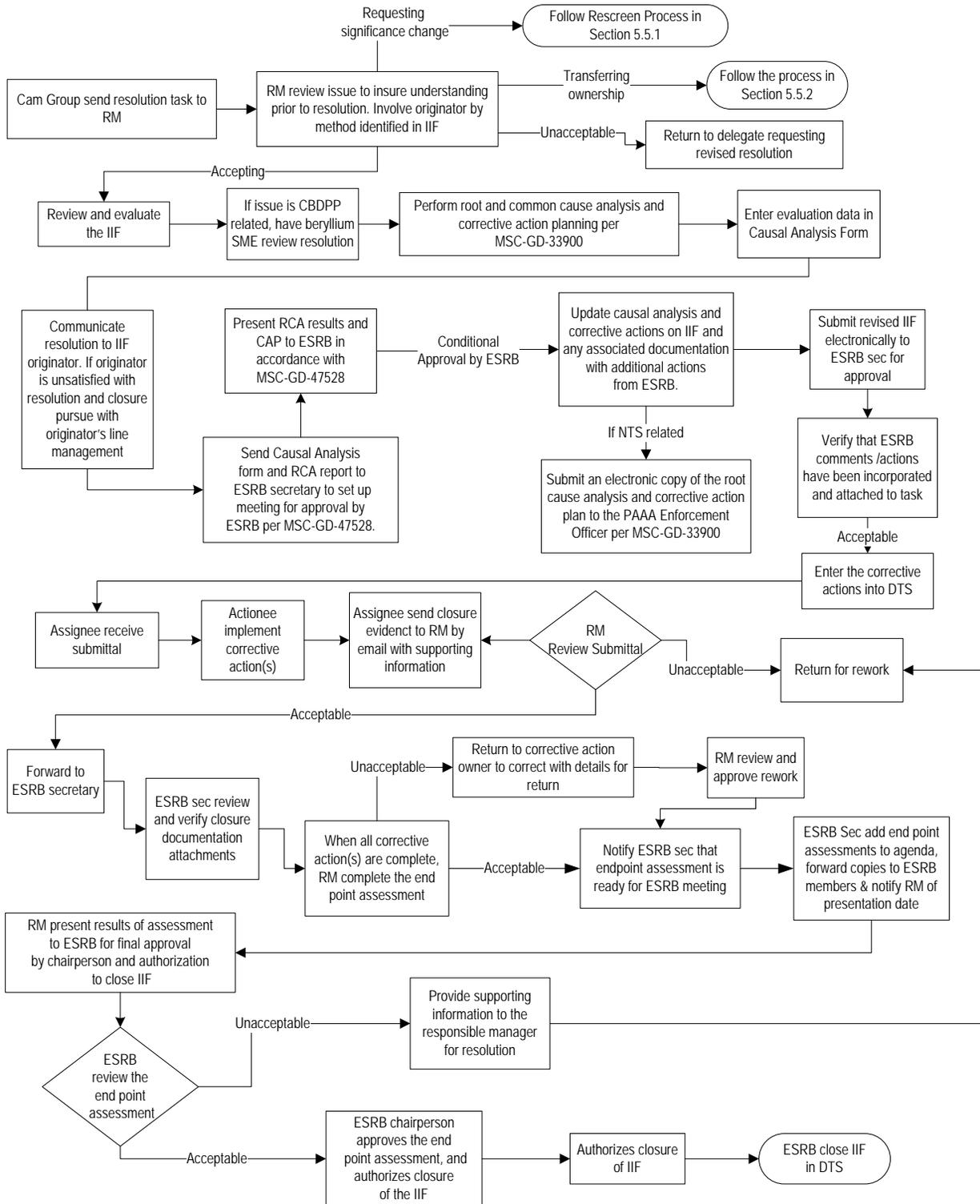
(Section 5.4.2)



Corrective Action Management

Appendix F Significant IIFs (30 days to resolution)

(Section 5.4.3)

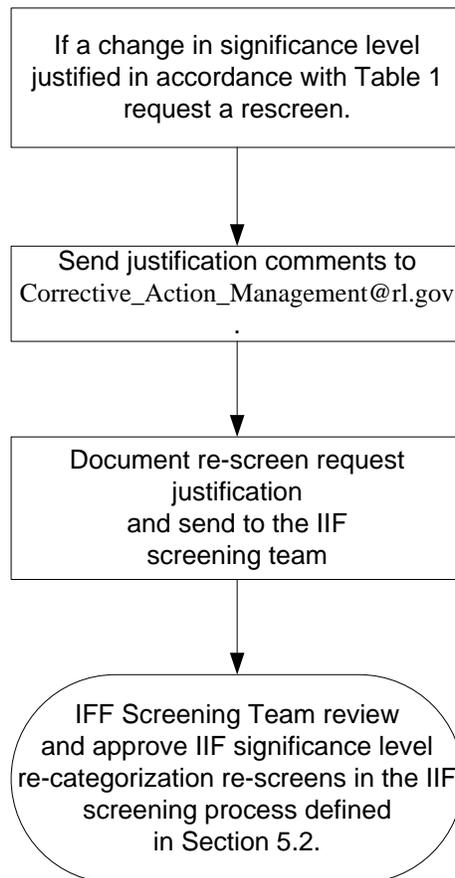


NOTE: Before each use, check MSC Docs Online to ensure this copy is current.

Corrective Action Management

Appendix G IIF Re-Screen for Significance

[\(Section 5.5.1\)](#)

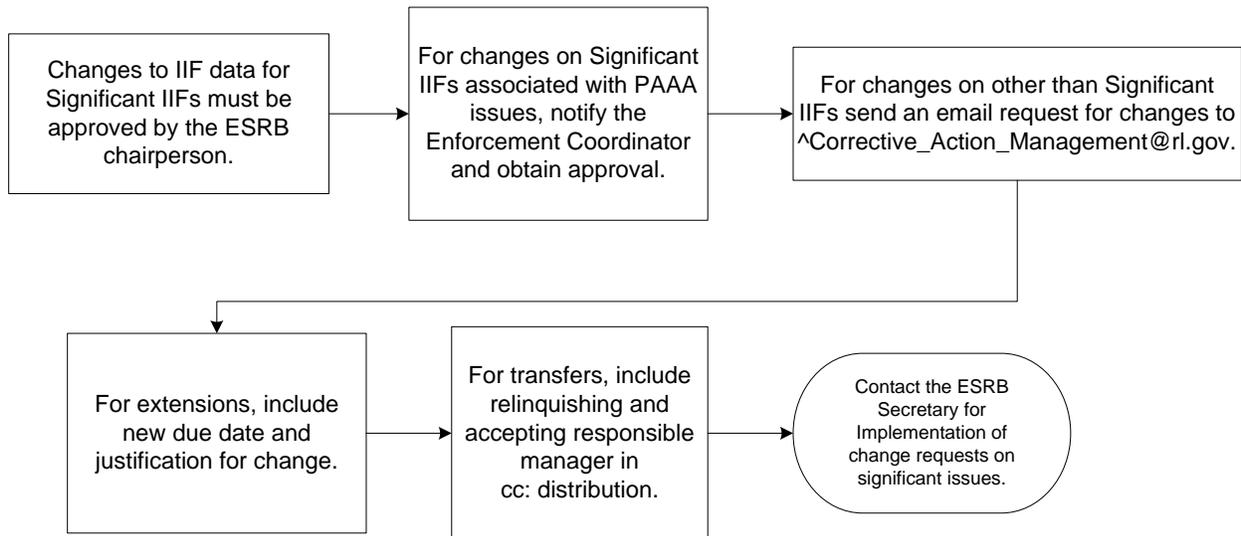


Corrective Action Management

Appendix H

Transfer of Ownership or Changes to Approved CAP (extend, edit, add, withdraw)

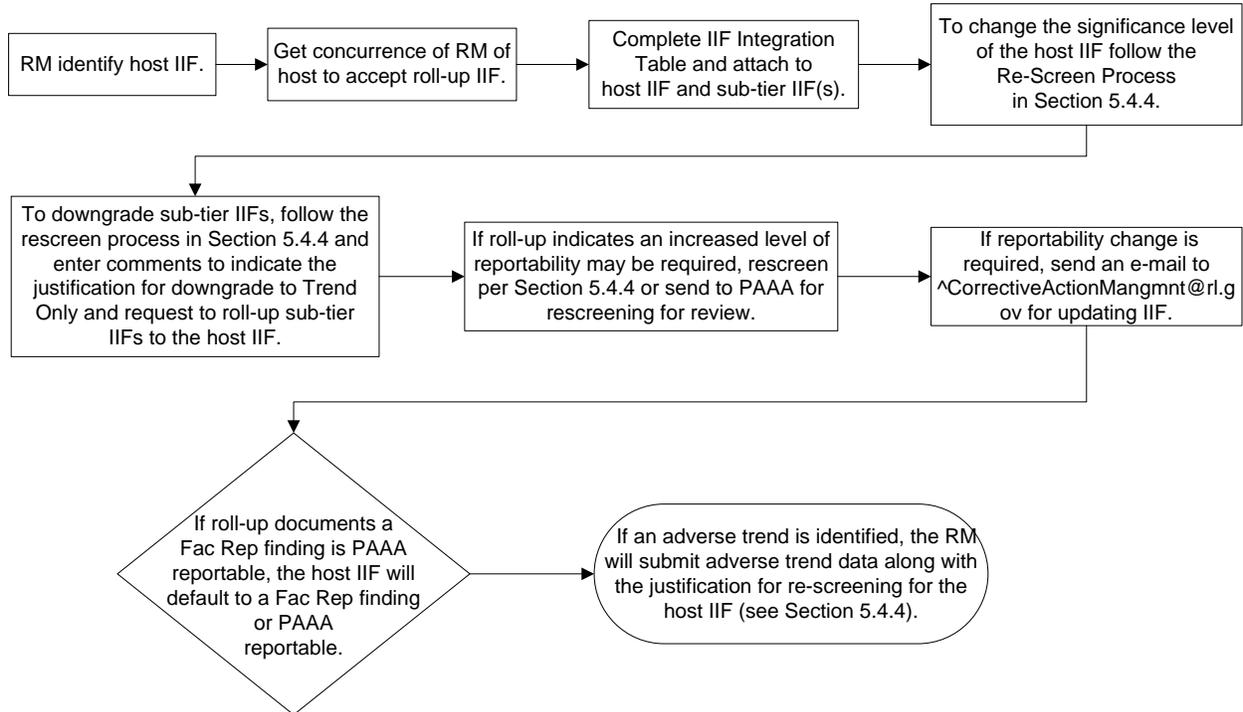
[\(Section 5.5.2\)](#)



Corrective Action Management

Appendix I Roll-Up Process

[\(Section 5.6\)](#)



Corrective Action Management

Appendix J DOE RL Closure Required

[\(Section 5.7.1\)](#)

