



Contractor Assurance System September 2012

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Safety, Health, Security and Quality**

One Team. One Culture.

Overall Performance – September 2012

<p style="text-align: center;">Accomplishments</p> <ul style="list-style-type: none"> • HA-23S Glove Box Separation • One Year Without an ORPS Reportable Skin or Clothing Contamination • Reduced TRC/DART Rates • Reduced First Aids 	<p style="text-align: center;">Focus Areas</p> <ul style="list-style-type: none"> • Conduct of Operations • Site-Wide Asbestos Concerns • Emergency Preparedness Drill Performance • Procedure Use and Compliance • Electrical Safety (NFPA 70E)
<p style="text-align: center;">Path Forward</p> <ul style="list-style-type: none"> • IROF (September) • EPA Asbestos Concerns • Site-Wide Respiratory Protection Procedure Implementation 	<p style="text-align: center;">Performance Concerns</p> <ul style="list-style-type: none"> • Work Control /Conduct of Operations • Procedure Use and Compliance • NSPEB Common Issues Analysis • Radiological Contamination Control and Survey Practices • Electrical Safety (NFPA 70E)

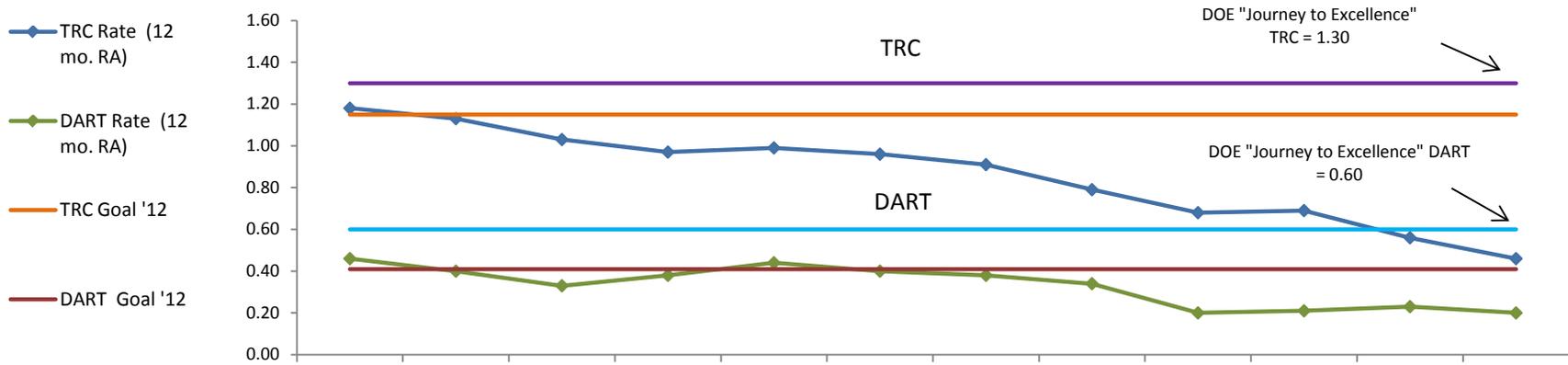
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1 – Personnel Safety and Health

Previous Performance	Elements	Current Performance Actions
<p>Aug-2012 →G Jul-2012 →G Jun-2012 →G</p> <p><u>Status from previous month</u></p> <p>CHPRC TRC and DART rates remain Blue for performance against FY12 goals. The overall Program rating is maintained as Green with a continued focus on first aid cases.</p>	<p><u>Program Summary Statement</u></p> <p>CHPRC TRC and DART rates remain Blue for performance against FY12 goals. The overall Program performance remains steady with slight increase in cases. The rating is maintained as Green.</p> <p><u>Performance Measures</u></p> <ul style="list-style-type: none"> The 12-month rolling average TRC rate of 0.46 is based upon a total of 9 Recordable injuries. There were no Recordable cases in September. The 12-month rolling average DART rate of 0.20 is based upon a total of 4 cases (1 Restricted, 3 Days Away cases). There were 16 first-aid cases reported in September. The biggest contributors were 9 sprains, strains and/or pains from awkward positions or overexertion; 3 insect bites and 2 abrasions/contusions from contact/being struck by an object. The other injuries were varied. There was a reduction in insect bites this summer compared to historical incident rates. <p><u>Assessment Activity</u></p> <ul style="list-style-type: none"> No new issues were identified in the following assessments: Quarterly assessment of the Employee Job Task Analysis (EJTA) process at PFP; Quarterly assessment of the EJTA process at S&GRP (one EJTA is pending review). <p><u>Issues Management</u></p> <p>There are no open Adverse or Significant Condition Reports (CRs) in this area.</p> <p><u>Feedback (includes externally identified issues)</u></p> <p>September Operational Awareness (OA) reports included 5 issues in this area, all noted as injury events.</p> <p><u>Reportability (open NTS and/or ORPS issues)</u></p> <p>N/A</p>	<p>Sep-2012 →G</p> <p>Actions taken/planned for performance improvement:</p> <ul style="list-style-type: none"> Developed draft metric for Event Report Timeliness. Continue information sharing with workers on recent injuries and injury prevention methods (Safety Tailgate, Target Zero, PZAC and Lessons Learned). Continue meetings with Occupational Medical Provider and prepare for transition to new provider. Worker-led Project Safety challenges continue to support current TRC/DART trends and safe work conducted in the field. VPP Communication Plan and Winter Safety Campaign is being developed. Develop FY13 injury and illness goals.

CHPRC Total Recordable/DART Case Rate



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	2	1	1*	0	1	0	0	0	0
D&D	0	0	0	0	0	0	1	0	0	1	0	0
W&F	0	0	0	0	0	1	0	1*	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Orgs.	0	0	0	0	0	0	0	0	0	0	0	0
Recordable Cases	0	0	0	2	1	2*	1	2*	0	1	0	0
DART Cases	0	0	0	1	1	1*	1	0	0	0	0	0
TRC Rate (12 mo. RA)	1.18	1.13	1.03	0.97	0.99	0.96	0.91	0.79	0.68	0.69	0.56	0.46
DART Rate (12 mo. RA)	0.46	0.40	0.33	0.38	0.44	0.40	0.38	0.34	0.20	0.21	0.23	0.20

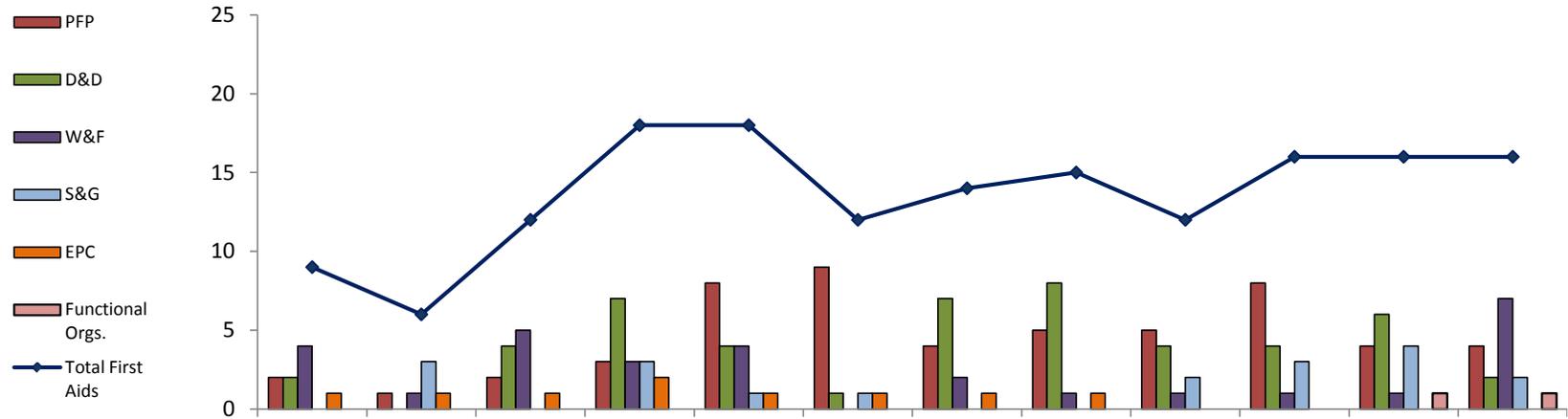
Definition
 Days Away, Restricted or Transferred Workday Case Rate Summary, (DART) and Total Recordable Case (TRC) rates are based upon reporting criteria contained in DOE M 231.1-1A, Environment, Safety, & Health Reporting Manual. These rates are reported as 12 month rolling averages. Presented data includes independent subcontractors. TRC and DART Goals for CHPRC were adjusted for FY2012 as indicated below.
EM Journey to Excellence Goals:
 < 1.3 TRC
 < 0.6 DART
FY2012 CHPRC Internal Targets:
 < 1.15 TRC and < 0.41 DART

Analysis:
 The 12 month rolling average TRC rate of 0.46 is based upon a total of 9 recordable injuries. There were no Recordable cases in September 2012. The 12 month rolling average DART rate of 0.20 is based upon a total of 4 cases (1 Restricted, 3 Days Away Cases). There are two cases under review requiring additional information.
 * - The monthly numbers indicated in the chart are updated to reflect the month in which the injury occurred. The rates also capture any changes resulting from reclassified cases or those added as a result of completed investigations.

Goal	TRC	DART
Blue	< 1.15	< 0.41
Green	≥ 1.15 ≤ 1.3	≥ 0.41 ≤ 0.60
Yellow	> 1.3 ≤ 1.45	> 0.60 ≤ 0.72
Red	> 1.45	> 0.72

Action: CHPRC will continue to produce communications to make workers aware of hazards in the workplace, share recent injury information and related lessons learned (Safety Tailgate, Target Zero, etc.) with continued management/supervision focus.
POC: SHS&Q / M. Hughey **POMC/JSV**

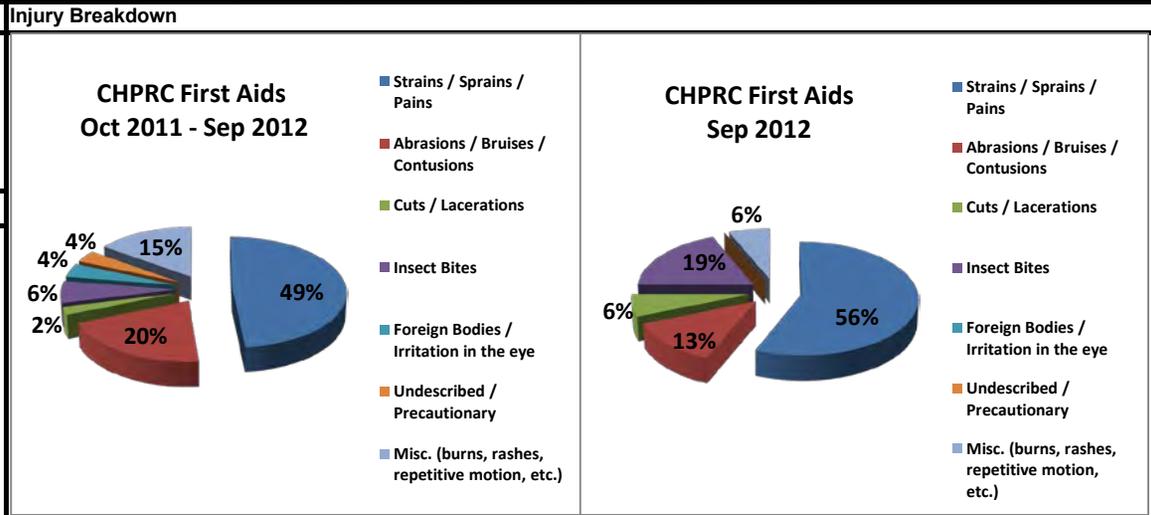
CHPRC First Aids



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	2	1	2	3	8	9	4	5	5	8	4	4
D&D	2	0	4	7	4	1	7	8	4	4	6	2
W&F	4	1	5	3	4	0	2	1	1	1	1	7
S&G	0	3	0	3	1	1	0	0	2	3	4	2
EPC	1	1	1	2	1	1	1	1	0	0	0	0
Functional Orgs.	0	0	0	0	0	0	0	0	0	0	1	1
Total First Aids	9	6	12	18	18	12	14	15	12	16	16	16

Definition
 First aids are those injuries not meeting the criteria contained in DOE M 231.1-1A, Environment, Safety, & Health Reporting Manual. These are reported as raw numbers. Presented data includes independent subcontractors.

Analysis / Actions
 CHPRC reported 16 first-aid cases in September. The biggest contributors were 9 sprains, strains and/or pains from awkward positions or overexertion, 3 insect bites and 2 abrasions/contusions from contact/being struck by an object. The other injuries were varied. CHPRC will continue to communicate to workers regarding hazards in the workplace, share recent injury information and related lessons learned (Safety Tailgate, Target Zero, etc.) with continued management attention in the field. Plans are in place to help prevent and reduce insect first aid events.



POC: SHS&Q / M. Hughey

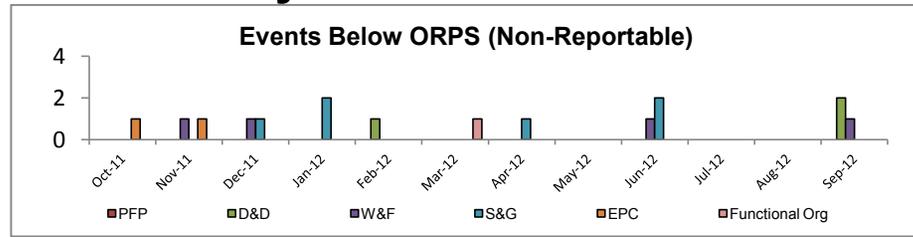
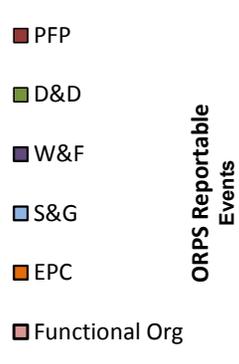
2 – Industrial Operations

Previous Performance	Elements	Current Performance Actions
<p>Aug-2012 →G Jul-2012 →G Jun-2012 →G</p> <p><u>Status from previous month</u></p> <p>Three of the four scored metrics are Blue. The scoring for Fall Protection events is cumulative and is Green based on a January event and does not reflect current performance. The scoring of Fall Protection is under review. The overall program performance remains steady with improvement opportunities identified with the leading indicators (non-ORPS reportable issues).</p>	<p><u>Program Summary Statement</u></p> <p>Three of the four scored metrics are Blue. The scoring for Fall Protection events is cumulative and is Green based on a January event and does not reflect current performance. Due to recent below threshold vehicle and heavy equipment events, the overall program is scored as green.</p> <p><u>Performance Measures</u></p> <ul style="list-style-type: none"> • Vehicle Safety: There were 3 vehicle events (non ORPS) during the month. While traveling forward past another vehicle with a utility box which had an open door, an employee misjudged the distance away from the door and struck it with the rear side panel of his truck. An employee backed into a bollard near MO-2209 causing slight damage to the rear vehicle bumper. An individual at MO-088 backed a truck and accidentally caught a guy wire from a power pole on the front passenger side wheel well. • Heavy Equipment: There was 1 heavy equipment event during the month (non-ORPS). A JLG boom was damaged when it was lowered onto a metal stanchion. The Heavy Equipment metric does not include a self-identified incident where lagging on a section of decommissioned steam line was damaged while being repositioned on a pallet using forklift tines. • Hoisting and Rigging (H&R): No ORPS reportable H&R events were reported during the month. • Fall Protection Events: No ORPS reportable fall protection events have been reported during the last 8 months. • Fall Protection Issues: No Adverse or Significant fall protection-related CRs were initiated in September. • Fire Protection: No Adverse or Significant fire protection-related CRs were initiated during the month. <p><u>Assessment Activity</u></p> <ul style="list-style-type: none"> • An assessment of Fall Protection Arrest Systems (harness and lanyard) at S&GRP noted a potential Opportunity for Improvement (OFI) related to the process for recording the required equipment inspections. • Assessment of Long Term Excavation Permits indicated CHPRC does not have any long term excavation projects with the exception of waste retrieval activities in the Burial Grounds. Annual reviews have not been performed for the permits utilized in the Burial Grounds; however, at the present time no active work is taking place in these excavations. Corrective 	<p>Sep-2012 → G</p> <p>Actions taken/planned for performance improvement:</p> <ul style="list-style-type: none"> • Continue field presence by management and subject matter experts. Integrate Program and Project inspections. • In addition to injury summaries that include injury prevention methods, safety communications this month focused on Pre-Use Equipment Inspections, Safe Driving (including safe parking and backing), Hand and Finger Protection, Rescuers Becoming Victims, Changing Conditions, and Back to Work After the Holiday. • Develop a communication on Vehicle Safety. • Continue to review and modify hazard controls in the hazard analysis tool.

2 – Industrial Operations

Previous Performance	Elements	Current Performance Actions				
	<p>actions are in development through CR-2012-2704.</p> <ul style="list-style-type: none"> • Critical Lifts and compliance with DOE/RL-02-36 were assessed at SWOC facilities, resulting in two potential OFIs related to procedure changes. • No new issues were identified in the following assessments: Control of work areas at PFP including barricading and control of work areas where overhead hazards exist; Elevated work activities at WFMP (WRAP); S&GRP chemical management process at the 200W Pump & Treat facility; Assessment of the CHPRC Beryllium program; Carbon monoxide sampling in Sampling Vans during S&GRP field operations; Low Level Burial Grounds Fire Hazards Analysis Key Assumptions. • No issues were identified in the following Triennial Fire Protection assessments: 242Z and 242ZA, 234-5ZA and 236Z. <p><u>Issues Management</u> There are 4 open Adverse CRs and 1 open Significant CR in this area.</p> <p><u>Feedback (includes externally identified issues)</u> September OA reports included 18 issues in this area: 10 self-identified issues; 5 findings and 3 observations. Two of the findings were in regard to 2706-T fire protection systems and two of the observations were related to the CWC FHA. One finding identified a MSA vehicle used to ship waste from PFP did not have a Certificate of Registration with the DOT. Delivered OA reports are reviewed for appropriate action.</p> <p><u>Reportability (open NTS and/or ORPS issues)</u></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">CR-2011-1857</td> <td>Damage to Shoring Box (ORPS) <ul style="list-style-type: none"> • Last action due for completion December 2012 </td> </tr> <tr> <td>CR-2012-0303</td> <td>Outer well casing tips during removal from borehole (NTS/ORPS) <ul style="list-style-type: none"> • Effectiveness Review scheduled for December 2012 </td> </tr> </table>	CR-2011-1857	Damage to Shoring Box (ORPS) <ul style="list-style-type: none"> • Last action due for completion December 2012 	CR-2012-0303	Outer well casing tips during removal from borehole (NTS/ORPS) <ul style="list-style-type: none"> • Effectiveness Review scheduled for December 2012 	<ul style="list-style-type: none"> • Continue to evaluate craft specific hazard analysis (CHA) documents and General Hazard Analysis (GHA) documents. • Continue review of external lessons learned for applicability and potential areas for improvement. • Complete review of fall protection metric. Consider additional safety and industrial hygiene metrics to measure industrial operations health.
CR-2011-1857	Damage to Shoring Box (ORPS) <ul style="list-style-type: none"> • Last action due for completion December 2012 					
CR-2012-0303	Outer well casing tips during removal from borehole (NTS/ORPS) <ul style="list-style-type: none"> • Effectiveness Review scheduled for December 2012 					

CHPRC Vehicle Safety Events

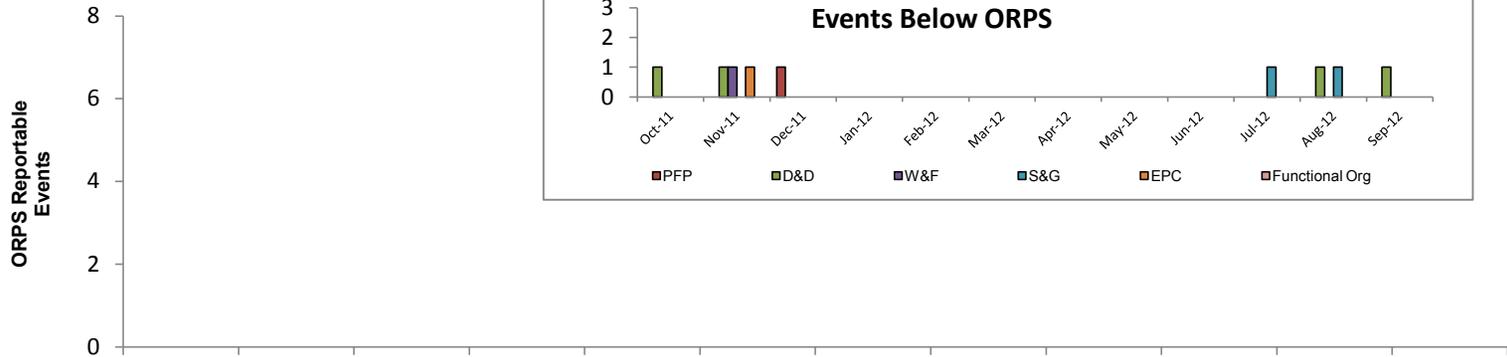


	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Org	0	0	0	0	0	0	0	0	0	0	0	0
ORPS Vehicle Incidents	0											
Below ORPS	1	2	2	2	1	1	1	0	3	0	0	3

Definition		Analysis / Action											
<p>This indicator tracks the number of Vehicle Events (segregation provided below) resulting in a loss of control or contact with other vehicles, structures or objects.</p> <p>Passenger/Transport Vehicles (PTV): Automobiles, Vans, Trucks, road worthy vehicles, Government Services Agency.</p> <p>Utility Vehicles (UV): Cushmans, golf carts, ATVs, Gators, etc. Events below ORPS are tracked in the inset chart.</p>		<p>Analysis:</p> <p>ORPS Reportable: None for September 2012.</p> <p>Below ORPS Reportable:</p> <p>9/7/12 D&D: While traveling forward past another vehicle with a utility box which had an open door, an employee misjudged the distance away from the door and struck it with the rear side panel of his truck.</p> <p>9/11/12 W&F: An employee backed into a bollard near MO-2209 in 200 East area. There was slight damage to the rear bumper of the vehicle.</p> <p>9/17/12 D&D: An individual at MO-088 backed the truck and accidentally caught the guy wire from a power pole on the front passenger side wheel well.</p>											
<table border="1"> <tr> <th>Goal</th> <th>Zero Events</th> </tr> <tr> <td>Blue</td> <td>0</td> </tr> <tr> <td>Green</td> <td>1 - 2</td> </tr> <tr> <td>Yellow</td> <td>3</td> </tr> <tr> <td>Red</td> <td>>3</td> </tr> </table>	Goal	Zero Events	Blue	0	Green	1 - 2	Yellow	3	Red	>3	<p>Goal based on ORPS events</p>	<p>Action: Continue focus in the field.</p>	
Goal	Zero Events												
Blue	0												
Green	1 - 2												
Yellow	3												
Red	>3												
<p>POC: Vehicle Safety Committee / M. Hughey</p>													

CHPRC Heavy Equipment Events

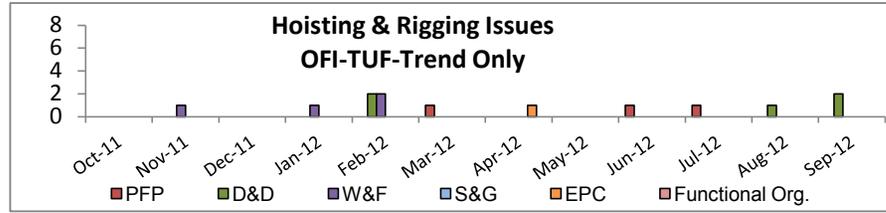
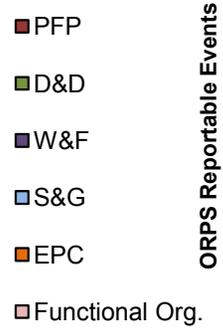
- PFP
- D&D
- W&F
- S&G
- EPC
- Functional Org



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Org	0	0	0	0	0	0	0	0	0	0	0	0
ORPS HE Incidents	0											
Below ORPS	1	3	1	0	0	0	0	0	0	1	2	1

Definition			Analysis / Action		
This indicator tracks the number of Heavy Equipment (HE) Events resulting in a loss of control or contact with other vehicles, structures or objects. Includes but is not limited to Road Graders, Backhoes, Forktrucks, SuperDumps, Genie Lifts, Bobcats, Construction Equipment, etc. Events below ORPS are tracked on the inset chart.			Analysis: ORPS Reportable: None for September 2012 Below-ORPS Reportable: 9/4/12 D&D: A Pipefitter lowered a JLG boom onto a metal stanchion causing damage to the JLG boom. There were no injuries.		
Goal	Zero Events	Goal based on number of ORPS events	Action: Continued management focus in the workplace.		
Blue	0				
Green	1 - 2				
Yellow	3				
Red	>3				
			POC: Vehicle Safety Committee / M. Hughey		

CHPRC Hoisting & Rigging

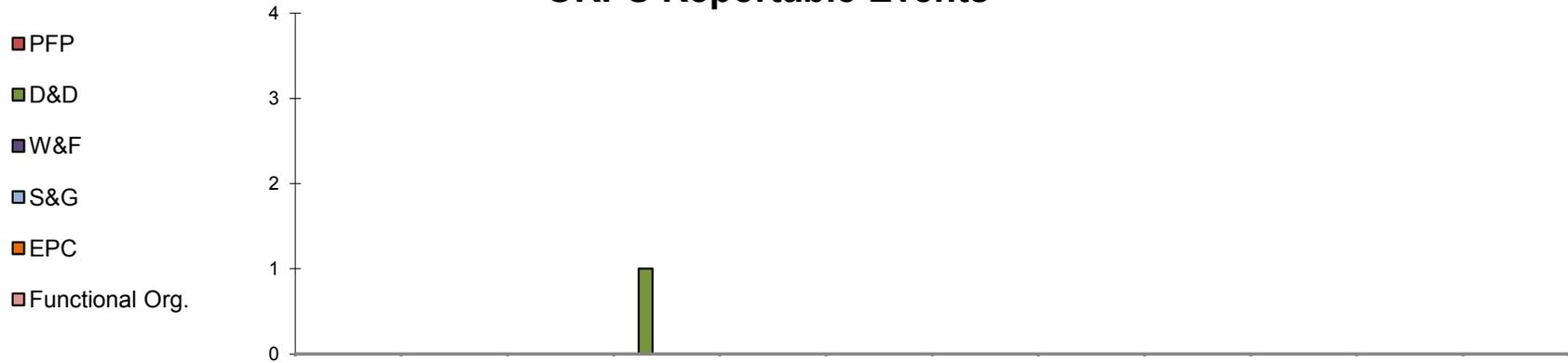


	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Org.	0	0	0	0	0	0	0	0	0	0	0	0
ORPS Events	0											
Issues (Adv/Sig)	0	0	0	0	0	0	1	0	0	0	0	0
Total Issues/Events	0	0	0	0	0	0	1	0	0	0	0	0

Definition		Analysis/Action
<p>Hoisting & Rigging Events identified through the review of ORPS Group 10 and all other potentially applicable groups where an adverse condition resulted. Issues (Adverse or Significant) identified and reported in CRRS under trend code OS0101 or through the SAC as Big 6 issues. (Does not include onsite transport activities)</p> <p>The inset chart was developed to capture the lower level issues as leading indicators to this PI.</p>		<p>No ORPS Hoisting & Rigging events for September 2012.</p> <p>Issues: The inset chart captures lower level issues as leading indicators to this PI. Two OFI/TUF/Trend Only CRs. 09/12/12, D&D: OFI 100K D4 Three improvement opportunities were pointed out to the FWS that involved the use of a mobile crane: End of the working day the mobile crane was shutdown with its boom fully extended, Boom loaded or unloaded located directly over the workers, and the use of multiple crane lifts. (CR2012-2559) 09/12/12, D&D: TUF 100K D4 The rigging was not connected as called for in the special lift plan. (CR2012-2560)</p> <p>Action: CRs initiated to capture the actions.</p>
Goal	≤ 1	Based on monthly events
Blue	0 - 1	
Green	2	
Yellow	3	
Red	≥ 4	
POC: SHS&Q/ M. Hughey		

CHPRC Fall Protection Events

ORPS Reportable Events



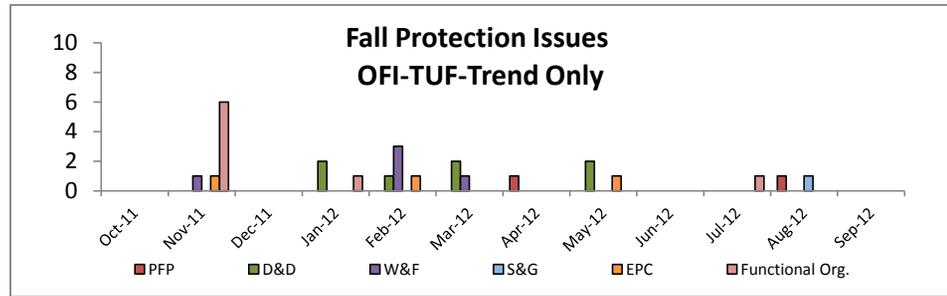
	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	1	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Org.	0	0	0	0	0	0	0	0	0	0	0	0
ORPS Reportable Events	0	0	0	1	0							
FY Fall Events (Cumulative)	0	0	0	1								

Definition			Analysis / Action										
Fall Protection Events identified through the review of ORPS Group 10 and all other potentially applicable groups where an adverse condition existed resulting in a fall (does not include trips/falls on same level).			Analysis: Events: No ORPS reportable Fall Protection events for September 2012.										
<table border="1"> <thead> <tr> <th>Goal</th> <th>Zero Events</th> <th rowspan="5">Based on annual ORPS events</th> </tr> </thead> <tbody> <tr> <td>Blue</td> <td>0</td> </tr> <tr> <td>Green</td> <td>1 - 3</td> </tr> <tr> <td>Yellow</td> <td>4 - 6</td> </tr> <tr> <td>Red</td> <td>> 6</td> </tr> </tbody> </table>	Goal	Zero Events	Based on annual ORPS events	Blue	0	Green	1 - 3	Yellow	4 - 6	Red	> 6	Action: Continued management focus in the field.	
Goal	Zero Events	Based on annual ORPS events											
Blue	0												
Green	1 - 3												
Yellow	4 - 6												
Red	> 6												
			POC: SHS&Q / M. Hughey										

CHPRC Fall Protection Issues

- PFP
- D&D
- W&F
- S&G
- EPC
- Functional Org.

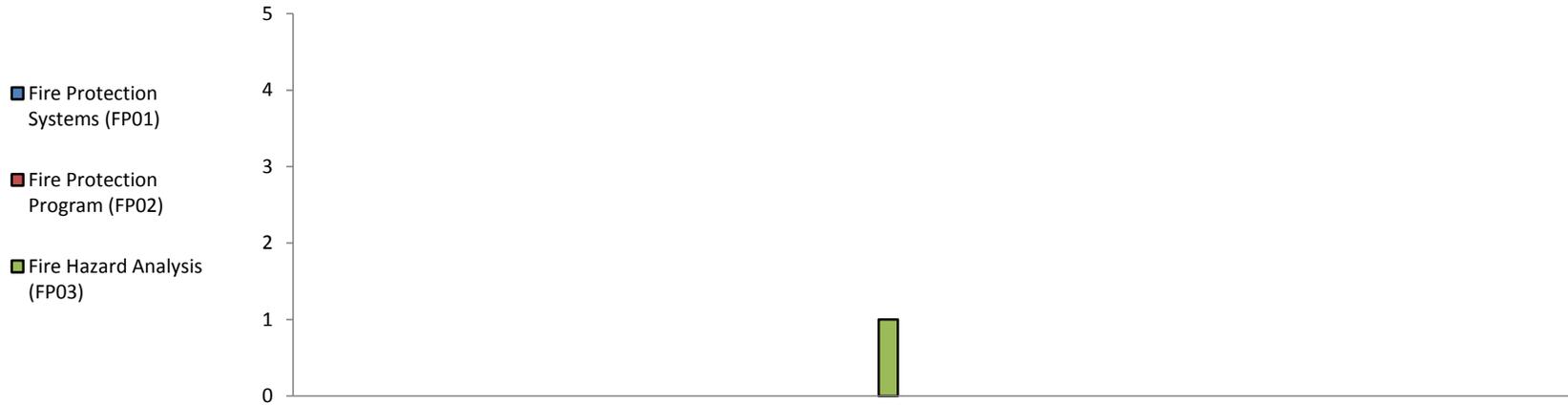
5
4
3
2
1
0



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Org.	0	0	0	0	0	0	0	0	0	0	0	0
Issues	0											

Definition	Analysis / Action
<p>Issues are identified through CRs screened as Adverse or Significant and assigned CRRS Trend Codes OS11, OS17 and OS18 .</p> <p>The inset chart was developed to capture the lower level issues (Opportunities For Improvement (OFI), Track Until Fixed (TUF) and Trend Only (TO) as leading indicators to this PI.</p>	<p>Analysis: No Adverse or Significant Fall Protection CRs for September 2012.</p> <p>The inset chart captures the lower level leading indicators to this PI. No related OFI/TUF/TO CRs were initiated in September 2012.</p>
	<p>Action: Actions to be addressed in associated CRs.</p>
	<p>POC: SHS&Q / M. Hughey</p>

CHPRC Fire Protection



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Fire Protection Systems (FP01)	0	0	0	0	0	0	0	0	0	0	0	0
Fire Protection Program (FP02)	0	0	0	0	0	0	0	0	0	0	0	0
Fire Hazard Analysis (FP03)	0	0	0	0	0	1	0	0	0	0	0	0
Total Issues	0	0	0	0	0	1	0	0	0	0	0	0

Definition
 Fire Protection Issues identified through CRs screened as Adverse or Significant and assigned CRRS Trend Codes FP01, FP02, and FP03. Impairment and restriction information provided by MSA on the 1st of each month.

Analysis
 There were no Adverse or Significant Fire Protection issues identified during September 2012.

Analysis/Action		
<p>Open and Uncorrected System Impairments & Restrictions Sep 2012</p> <p>■ Emergency Impairments ■ System Restrictions</p>	<p>Closed and Corrected System Impairments & Restrictions Sep 2012</p> <p>■ Emergency Impairments ■ System Restrictions</p>	<p>System Repair Timeliness</p> <p>■ <30 days ■ 30-180 days ■ >180 days</p>

Actions
 None

* Items > 180 days old: 200W, HS-030, Dry-Chem System DCS-10413 leakage, work package FP-11-09804.
 * Items 30 - 180 days old: None
 * Items < 30 days old: 400, 491-E, Possible water in conduit from roof work causing intermittent Trouble alarms.

POC: SHS&Q / M. Hughey

3 – Operations

Previous Performance	Elements	Current Performance Actions
<p>Aug-2012 ↗ G</p> <p>Jul-2012 ↗ Y</p> <p>Jun-2012 → Y</p> <p><u>Status from previous month</u></p> <p>Overall performance in this area continues with a rating of Green for September.</p>	<p><u>Program Summary Statement</u></p> <p>The performance indicators in this area reflect steady performance. However, recent events during MCO receipt at CSB identify potential concerns in this area. No additional issues have been noted in configuration control of Nuclear Safety documents during the past three performance periods. All corrective actions are complete with the exception of completion of the controlled work flow in the Document Management and Control System (DMCS). Continued monitoring is warranted and overall performance is rated Green for September.</p> <p><u>Performance Measures</u></p> <ul style="list-style-type: none"> • There were no ORPS reportable Transportation events during the month. • There was one Hazard Control Not Implemented (reported under Technical Safety Requirement violations) during the month. A multi-canister overpack (MCO) cask was shipped from CVDF without the cask small vent plug installed. • There were no Positive Unreviewed Safety Questions (USQs) during the month. • There were no criticality safety nonconformances identified during the month. • There was one SC-2 ORPS report submitted during the month. • The CHPRC ORPS Environmental Management Score is 1.09. • There were no Near Miss events reported during the month. • Emergency Preparedness (EP) conducted 18 drills; 14 of which were operational drills. All drills were graded as satisfactory and conducted on schedule. Four additional drills, beyond those scheduled, were conducted in September. <p><u>Assessment Activity</u></p> <ul style="list-style-type: none"> • Assessment of 105-KW Annex safety components, focused on the concrete members of the foundation, noted several cases in which the safety categorization had not been correctly documented in the intermediate design documents. No design deficiencies were identified. • Engineering Staff Augmentation/Contracting Process – requests for engineering resources not being routed to CHPRC Chief Engineer prior to initiating request in the Employee Self Service system. • Review of quarterly field walkdowns of Vital Safety Systems noted walkdowns for systems PFP-25 and PFP-26 had not been reviewed or approved by qualified management, and a weakness related to management of PFP-25 over the past six months. • An Extent of Condition review on “single point” failures in TSR surveillance reviews at PFP noted two potential procedure improvements. 	<p>Sep-2012 ↘ G</p> <p>Actions taken/planned for performance improvement:</p> <ul style="list-style-type: none"> • Emergency Preparedness improvement initiatives continue to be worked. The initiatives include: conduct targeted limited scope drills at PFP/D&D/ SWOC; evaluate leading indicators to analyze specific contributing factors; integrate Conduct of Ops Champions into drill conduct; work with the radiological controls organization to improve EP drill performance; work with site EM Program to revise and standardize the drill evaluation process. In August SWOC conducted a DOE evaluated drill for exercise credit. The DOE evaluation team noted no findings or suggestions beyond what the CHPRC evaluators noted.

3 – Operations

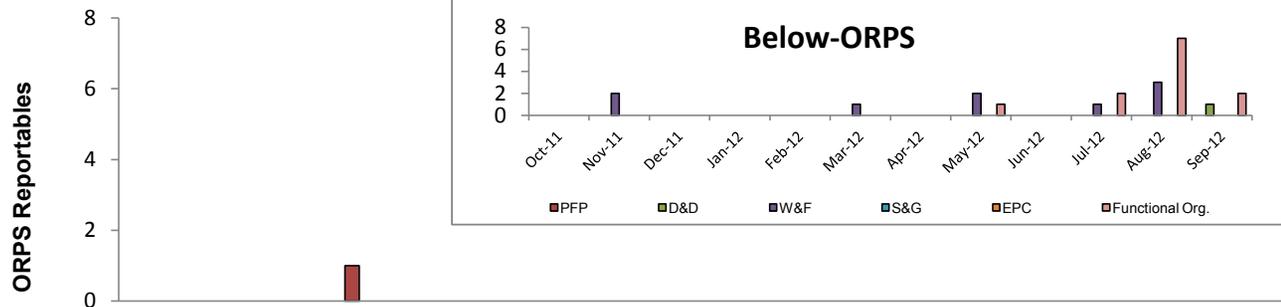
Previous Performance	Elements	Current Performance Actions
	<ul style="list-style-type: none"> • A quarterly evaluation whether TSR controls are properly implemented at PFP identified one editorial issue related to referencing AC numbers, which was immediately resolved. • A review of the S&GRP Emergency Preparedness (EP) drill program performance in FY2012 did not identify any new issues. • An evaluation of the Emergency Preparedness program at PFP, D&D, and Waste Receiving and Processing (WRAP) facilities noted several issues related to training (expired/not taken) and one issue related to a procedure not located in an Incident Command Post as required. A number of OFIs were also provided, and noteworthy practices were identified at each facility. • An Emergency Preparedness assessment at PFP identified an OFI to evaluate the inventory in the Emergency Planning Hazards Analysis to ensure a realistically conservative inventory is used for analysis. • Emergency Preparedness assessment at Central Plateau Surveillance & Maintenance identified one issue related to first aid kits in one trailer not having tamper indicating devices. • Evaluation of PFP facility procurements and acquisitions identified that Commercial Grade Item (CGI) forms used at PFP were not being closed as required. • A Transportation Safety review was performed of the procurement and receipt of radioactive material packaging. Two issues were noted: container information was not provided in the Container Management website for SLB2 packages, and vendor submittal files were not uploaded into the Document Management Control System (DMCS). One OFI was also identified related to the time frame for procurement of spare parts for the SLB2 container. • Assessment of S&GRP Granular Activated Carbon (GAC) shipment management identified several potential OFIs related to the respective S&GRP procedure(s). • No new issues were identified in the following assessments: Review of PFP Nondestructive Assay Program; Implementation of the USQ process at PFP; WFMP Criticality Safety program; Facility Testing, Surveillance, and Maintenance Procedures at PFP and D&D/K Basins; Implementation of Human Factors in Engineering design and procedures. <p><u>Issues Management</u> There are 11 open Adverse and 5 open Significant CRs in this area.</p> <p><u>Feedback (includes externally identified issues)</u> September OA reports included 7 issues in this area: 1 event, 1 finding and 5 observations. Delivered OA reports are reviewed for any appropriate action.</p>	<p>Nuclear Safety Documentation issues:</p> <ul style="list-style-type: none"> • Continuing to work with LMSI to prepare a work flow for safety basis configuration management in the Document Management and Control System (DMCS).

3 – Operations

Previous Performance	Elements	Current Performance Actions																
	<p><u>Reportability (open NTS and/or ORPS issues)</u></p> <table border="1"> <tr> <td style="text-align: center;">CR-2010-3863</td> <td> Accident E-3 (CW) inappropriately credits SAC 5.7 with 4 orders of magnitude of frequency reduction (NTS/ORPS) <ul style="list-style-type: none"> All actions complete; CR pending RL closure approval </td> </tr> <tr> <td style="text-align: center;">CR-2011-2362</td> <td> 105KW Basin FSAR section 3.4.2.9 PISA (ORPS) <ul style="list-style-type: none"> Last action due October 2012 </td> </tr> <tr> <td style="text-align: center;">CR-2011-3187</td> <td> Premature cancellation of 209E Documented Safety Analysis (NTS/ORPS) <ul style="list-style-type: none"> Actions in progress; Effectiveness Review scheduled for May 2013 </td> </tr> <tr> <td style="text-align: center;">CR-2012-1238</td> <td> Concern related to Configuration Control of CHPRC Hazard Category 2 & 3 Nuclear Facility Safety Basis Documents (NTS) <ul style="list-style-type: none"> Actions in progress; Effectiveness Review scheduled for May 2013 </td> </tr> <tr> <td style="text-align: center;">CR-2012-1602</td> <td> Positive PISA Associated with Filter Box FB-25 (PISA) (ORPS) <ul style="list-style-type: none"> Actions in progress; last action scheduled for completion July 2013 </td> </tr> <tr> <td style="text-align: center;">CR-2012-1861</td> <td> CVD TSR Surveillance Issue (ORPS) <ul style="list-style-type: none"> Issue undergoing analysis/action plan development </td> </tr> <tr> <td style="text-align: center;">CR-2012-2192</td> <td> Potential Inadequacy in the Safety Analysis (PISA) Related to Potential Radiation Degradation of Concrete in Pool Cells (NTS/ORPS) <ul style="list-style-type: none"> Actions in progress; last action scheduled for completion October 2013 </td> </tr> <tr> <td style="text-align: center;">CR-2012-2740</td> <td> Multi-Canister Overpack Cask System Shipped Without Vent Plug Installed (NTS/ORPS) <ul style="list-style-type: none"> Issue undergoing analysis/action plan development </td> </tr> </table>	CR-2010-3863	Accident E-3 (CW) inappropriately credits SAC 5.7 with 4 orders of magnitude of frequency reduction (NTS/ORPS) <ul style="list-style-type: none"> All actions complete; CR pending RL closure approval 	CR-2011-2362	105KW Basin FSAR section 3.4.2.9 PISA (ORPS) <ul style="list-style-type: none"> Last action due October 2012 	CR-2011-3187	Premature cancellation of 209E Documented Safety Analysis (NTS/ORPS) <ul style="list-style-type: none"> Actions in progress; Effectiveness Review scheduled for May 2013 	CR-2012-1238	Concern related to Configuration Control of CHPRC Hazard Category 2 & 3 Nuclear Facility Safety Basis Documents (NTS) <ul style="list-style-type: none"> Actions in progress; Effectiveness Review scheduled for May 2013 	CR-2012-1602	Positive PISA Associated with Filter Box FB-25 (PISA) (ORPS) <ul style="list-style-type: none"> Actions in progress; last action scheduled for completion July 2013 	CR-2012-1861	CVD TSR Surveillance Issue (ORPS) <ul style="list-style-type: none"> Issue undergoing analysis/action plan development 	CR-2012-2192	Potential Inadequacy in the Safety Analysis (PISA) Related to Potential Radiation Degradation of Concrete in Pool Cells (NTS/ORPS) <ul style="list-style-type: none"> Actions in progress; last action scheduled for completion October 2013 	CR-2012-2740	Multi-Canister Overpack Cask System Shipped Without Vent Plug Installed (NTS/ORPS) <ul style="list-style-type: none"> Issue undergoing analysis/action plan development 	
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CHPRC Transportation

- PFP
- D&D
- W&F
- S&G
- EPC
- Functional Org.



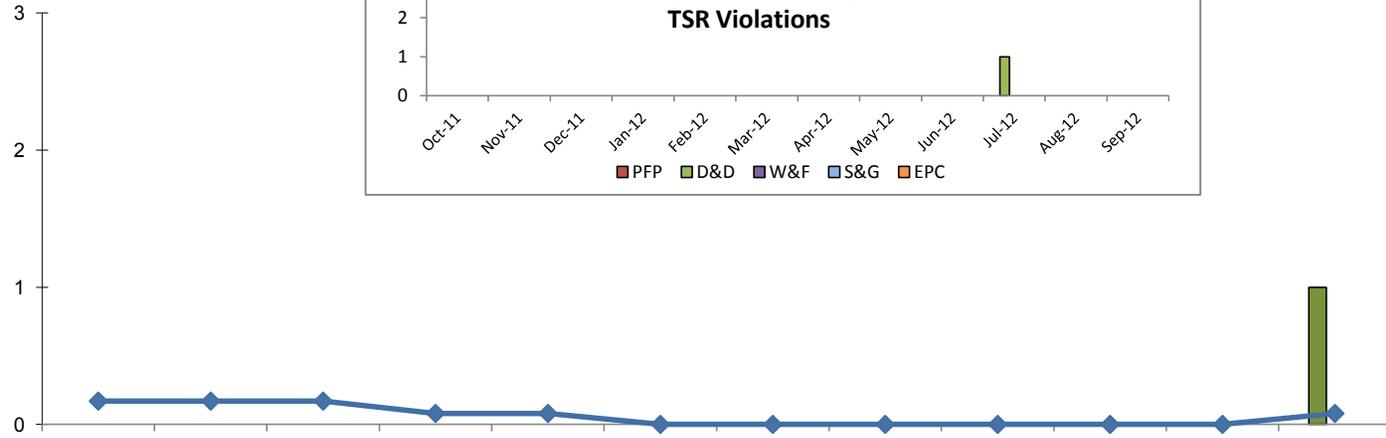
	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	1	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Org.	0	0	0	0	0	0	0	0	0	0	0	0
Below-ORPS	0	2	0	0	0	1	0	3	0	3	10	3
ORPS Reportables	0	0	1	0	0							
Monthly Total	0	2	1	0	0	1	0	3	0	3	10	3

Definition	Analysis / Action											
<p>Transportation events reported in ORPS Group 8 and Group 10 as applicable, Below-ORPS events as determined through analysis of CRRS items identified with Trend Codes TP02, TP04, TP0401 and TP0402.</p>	<p>ORPS Reportable: None for September 2012.</p> <p>12/15/11 EM-RL--CPRC-PFP-2011-0008 Un-manifested Hazardous Waste Shipment</p> <p>Below ORPS: September 2012, DWF&RS: CR-2012-2447, Transportation controls are not addressed during pre-job briefing. Functional Org: CR-2012-2487, Revise PRC-PRO-NS-062 and HNF-17235 to ensure appropriate procedures are submitted for USQt review, CR-2012-2504, Revise PRC-PRO-TP-15665 to include approval process for attached calculations.</p> <p>August 2012, W&F: CR-2012-2474, Unable to locate a shipment record, CR-2012-2481, Waste packaged prior to DOE-RL approval, CR-2012-2309, SWB non-matching serial numbers. Functional Org.: NSPEB, CR-2012-2287, discrepancies in USQ log, NSPEB, CR-2012-2294, TSD compliance matrix rad protection procedure cited in error, NSPEB, CR-2012-2295, CAs not in CRRS. NSPEB, CR-2012-2296, Transportation Qual Cards not complete. CR-2012-2496, Expand SPA training, CR-2012-2471, TS USQ training is not tracked by ITEM, CR-2012-2480, SPA-SEC compliance matrix not fully populated.</p> <p>July 2012, W&F: CR-2012-2114, Impacts to shipping window due to normal operations and MCO trailer maintenance.</p> <p>Functional Org: CR-2012-2111, Review TS Compliance Matrix to safety basis programs only. Functional Org: CR-2012-2132, Container tare weights are not entered or used in SWITS generated analyses.</p> <p>May 2012, Functional Org.: Tie down calculations not in compliance with CHPRC procedure. W&F: Contamination detected on trailer, source is unidentified. W&F: Weaknesses in T&P qualifications and roles and responsibilities.</p> <p>March 2012, Functional Org.: Revised shipping paperwork not reviewed by shipper prior to shipping.</p> <p>November 2011, W&F: Shipping containers did not have disabled tie down and lid lifting D-rings.</p> <p>W&F: Incorrect transporter and ID number reported on waste manifest.</p>											
<table border="1"> <thead> <tr> <th>Goal</th> <th>Zero Events</th> <th rowspan="5">Goal is based on ORPS events</th> </tr> </thead> <tbody> <tr> <td>Blue</td> <td>0</td> </tr> <tr> <td>Green</td> <td>1</td> </tr> <tr> <td>Yellow</td> <td>2</td> </tr> <tr> <td>Red</td> <td>≥3</td> </tr> </tbody> </table>	Goal	Zero Events	Goal is based on ORPS events	Blue	0	Green	1	Yellow	2	Red	≥3	<p>POC: Nuclear Safety / A. Ramble</p>
Goal	Zero Events	Goal is based on ORPS events										
Blue	0											
Green	1											
Yellow	2											
Red	≥3											

CHPRC Technical Safety Requirement Violations

- PFP
- D&D
- W&F
- S&G
- EPC

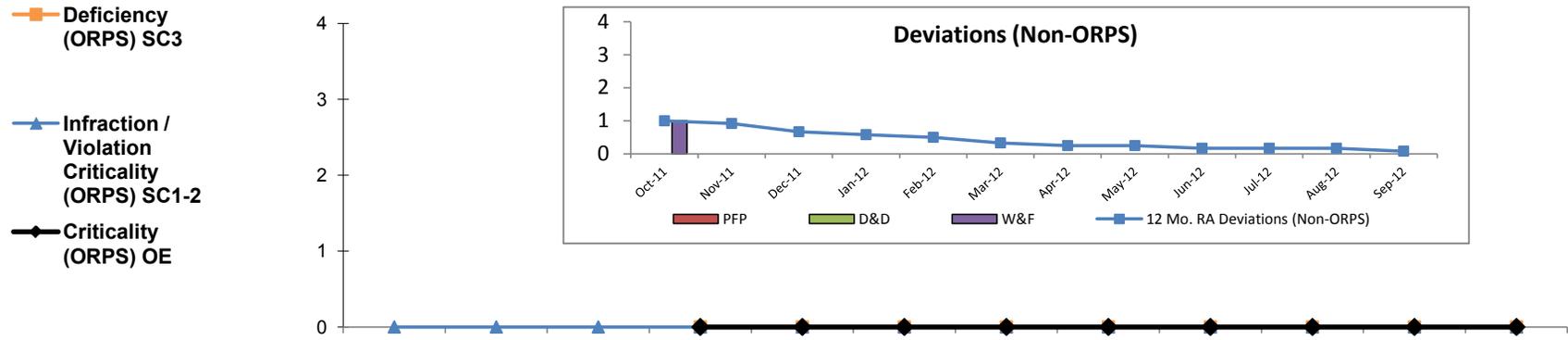
Violations



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	1
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Significance Category 4 Events	0	0	0	0	0	0	0	0	0	1	0	0
TSR Violations (SC 2-4)	0	1	0	1								
12 Mo. Rolling Avg. (SC 2-3)	0.17	0.17	0.17	0.08	0.08	0.00	0.00	0.00	0.00	0.00	0.00	0.08

Definition		Analysis / Action											
Technical Safety Requirement Violations reported in ORPS Group 3A, SC2 & SC3 Scoring reset to 12 month rolling average.		Analysis: EM-RL--CRPC-SNF-2012-0011, Multi-Canister Overpack Cask Shipped without Vent Plug Installed.											
<table border="1"> <tr> <td>Goal</td> <td>Zero Events</td> </tr> <tr> <td>Blue</td> <td>0</td> </tr> <tr> <td>Green</td> <td>>0 - .25</td> </tr> <tr> <td>Yellow</td> <td>>.25 - .42</td> </tr> <tr> <td>Red</td> <td>>.42</td> </tr> </table>	Goal	Zero Events	Blue	0	Green	>0 - .25	Yellow	>.25 - .42	Red	>.42	Goal is based on a 12 month rolling average	Action: Investigation continues, Corrective Actions to be documented in CRRS and ORPS.	
Goal	Zero Events												
Blue	0												
Green	>0 - .25												
Yellow	>.25 - .42												
Red	>.42												
POC: Nuclear Safety / A. Ramble													

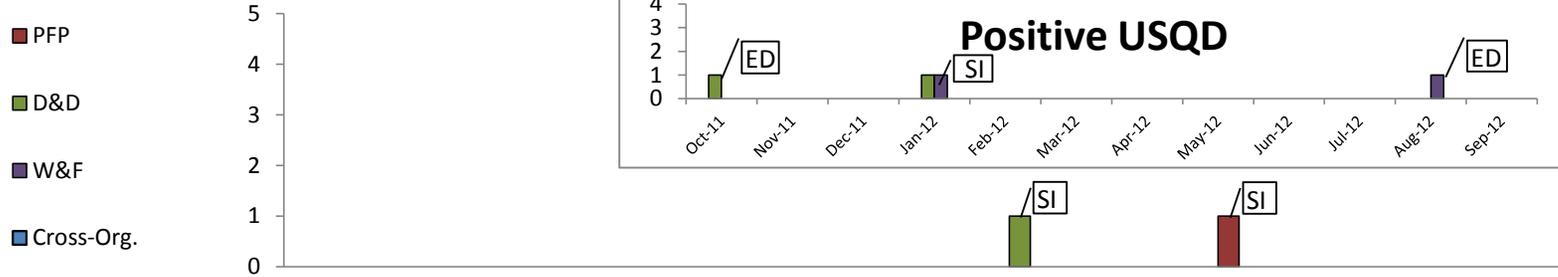
CHPRC Criticality Safety



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	1	0	0	0	0	0	0	0	0	0	0	0
12 Mo. RA Deviations (Non-ORPS)	1.00	0.92	0.67	0.58	0.50	0.33	0.25	0.25	0.17	0.17	0.17	0.08
Deficiency (ORPS) SC3				0	0	0	0	0	0	0	0	0
Infraction / Violation Criticality (ORPS) SC1-2	0	0	0	0	0	0	0	0	0	0	0	0
Criticality (ORPS) OE				0	0	0	0	0	0	0	0	0
ORPS Fiscal Year Total	0	0	0	0	0	0	0	0	0	0	0	0

Definition	Analysis / Action															
<p>Nonconforming criticality safety conditions identified, entered into the Potential Criticality Nonconformance Checklist in accordance with project specific procedures and tracked by program management ORPS Group 3C and Non-ORPS levels.</p> <p>This chart has been expanded to include newly developed ORPS criteria implemented January 1, 2012.</p>	<p>Analysis: There were no criticality safety non-conformances identified during September 2012. A potential Criticality Non-conformance was identified on 9/11/12 at 202-S (REDOX). This was later determined to be a conforming condition, therefore not charted above.</p> <p>October 2011 - W&F, Three SWBs stored outside of building 209-E did not have fissile material labels affixed.</p>															
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Goal	Zero Events	Goal is based on annual accumulation of ORPS events (OE, SC1 & SC2)														
Blue	0															
Green	1 - 2															
Yellow	3															
Red	≥ 4															

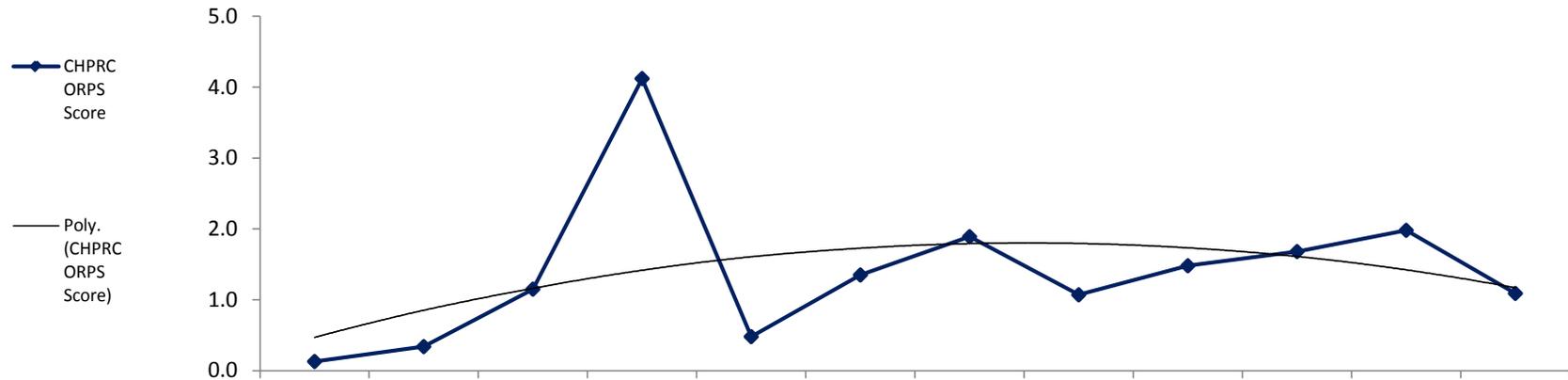
CHPRC Potential Inadequate Safety Analysis



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	1	0	0	1	0	0	0	0	0	0	0	0
W&F	0	0	0	1	0	0	0	0	0	0	1	0
Cross-Org.	0	0	0	0	0	0	0	0	0	0	0	0
Positive USQ	1	0	0	2	0	0	0	0	0	0	1	0
PFP	0	0	0	0	0	0	0	0	1	0	0	0
D&D	0	0	0	0	0	0	1	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
Cross-Org.	0	0	0	0	0	0	0	0	0	0	0	0
PISA / Potential/Negative USQ	0	0	0	0	0	0	1	0	1	0	0	0

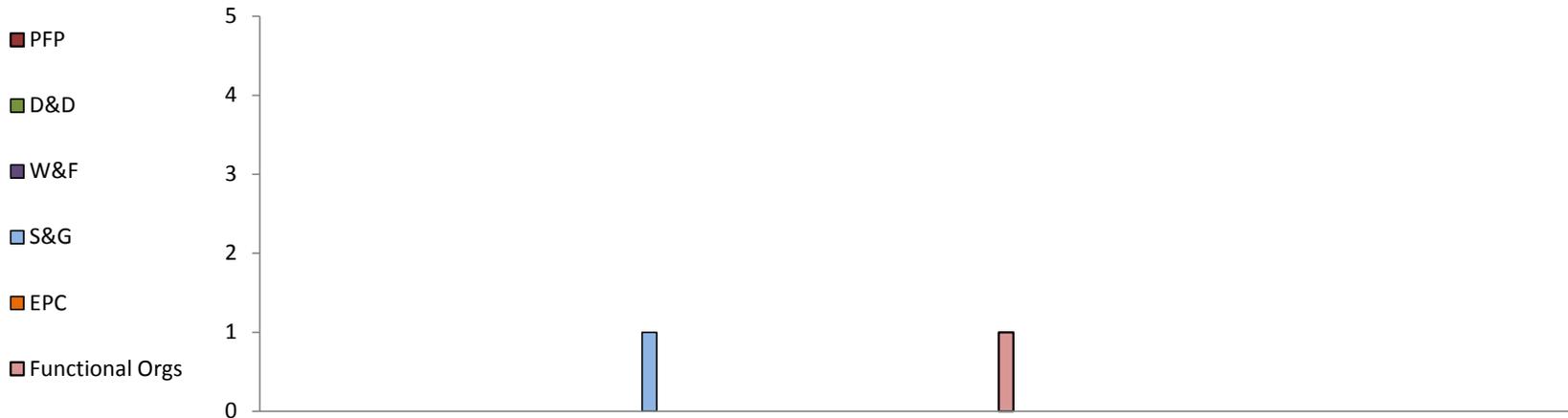
Definition	Analysis / Action
<p>This measure captures ORPS reporting Group 3B, (Positive and Potential USQs)</p> <p>Positive USQDs will be shown in the inset chart and will be counted in the month of original discovery as listed in ORPS.</p> <p>ED = Action, inaction, or physical process not understood, that created PISA/USQ</p> <p>SI = Self-Identified errors or omissions in analysis</p> <p>EX = Externally identified errors or omissions in analysis</p>	<p>Analysis: None for September 2012.</p> <p>August 2012, WESF, Positive USQ, potential radiation degradation of concrete in pool cells.</p> <p>June 2012 PISA-PFP, The PFP Plant Review Committee (PRC) declared a positive PISA associated with Filter Box FB-25. The PISA condition involves the potential failure of this HEPA filter due to soot loading during equipment fire events.</p> <p>April 2012 PISA-D&D, SI: Negative Unreviewed Safety Question - KW Basin Technical Safety Requirement Administrative Control Documentation</p> <p>Jan 2012 PISA-D&D, SI: Potential Inadequacy in the Safety Analysis Related to Multi-Canister Overpack Proof of Dryness Testing</p> <p>Jan 2012 PISA-W&F, SI: Potential Inadequacy in the Safety Analysis Related to Multi-Canister Overpack Proof of Dryness Testing</p> <p>Oct 2011 USQD-209E, ED: SWB of radionuclides removed from building, DSA cancelled prior to removal of SWB from facility boundary</p>
	POC: Nuclear Safety / A. Ramble

CHPRC ORPS Environmental Management Scoring



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
CHPRC ORPS Score	0.13	0.34	1.15	4.12	0.48	1.35	1.89	1.07	1.48	1.68	1.98	1.09
ORPS Reports	3	1	3	6	1	6	5	3	5	2	6	1
EMS Denominator (X1000)	399814	58904	43533	29112	41182	44503	37682	37375	33775	29712	41935	36786
Definition	Analysis / Action											
The goals were based on criteria and weighting set forth by the DOE EM office. (Excluded are Group 4C(2) S/CI, Group 6B(4) Legacy Contamination, Group 3B(2) PISA, and Category "R" reports.)	<p>Analysis: This information is based on criteria developed by the EM office for use in monitoring performance. There was one ORPS report submitted in September. The report was an SC-2 report (4 points each)</p> <p>Equation: $\frac{(\text{Sum of Weighted ORPS Reports}) \times (\\$10 \text{ mil}) \text{ scale factor}}{(\sum \text{ACWP}) \times (\sum \text{BCWP} / \sum \text{BCWS})}$</p> <p>Rolling 3-month average score (July - September) = 1.57</p>											
Goal	<2.04	Scoring established at DOE EM Office										
Blue	<2.04											
Green	≥2.04<2.8											
Yellow	≥2.8<3.18											
Red	≥3.18											
Action: Continue to monitor.												
POC: SHS&Q / L. Nye												

CHPRC Near Misses



Data	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	1	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Orgs	0	0	0	0	0	0	1	0	0	0	0	0
Total Near Misses	0	0	0	1	0	0	1	0	0	0	0	0

Definition

Near Misses, as reported through ORPS Group 10(3)

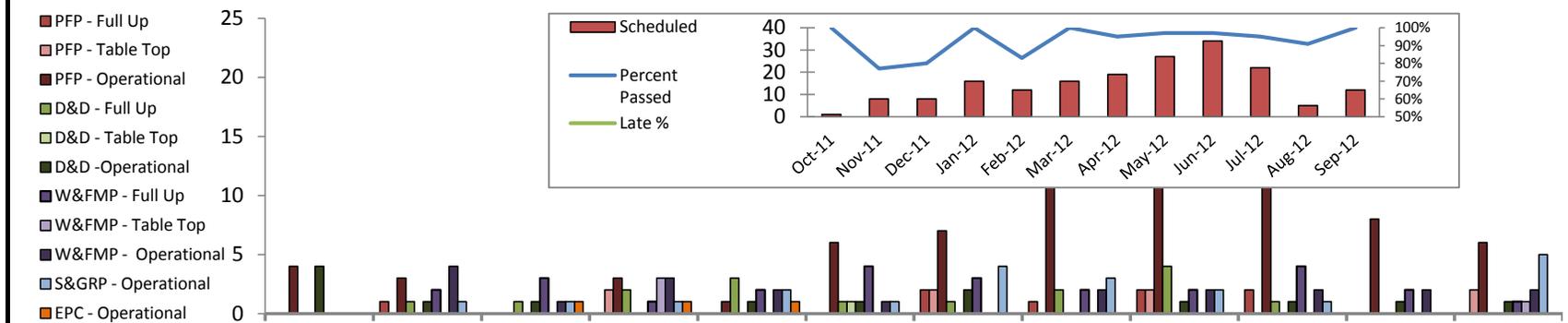
Analysis / Action

Analysis: There were zero Near Miss events in September 2012.

Action: Continued focus in the field.

POC: SHS&Q / L. Nye

CHPRC EP Drill Performance



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP - Full Up	0	1	0	0	0	0	2	1	2	2	0	0
PFP - Table Top	0	0	0	2	0	0	2	0	2	0	0	2
PFP - Operational	4	3	0	3	1	6	7	19	19	11	8	6
D&D - Full Up	0	1	1	2	3	1	1	2	4	1	0	0
D&D - Table Top	0	0	0	0	0	1	0	0	0	0	0	0
D&D -Operational	4	1	1	0	1	1	2	0	1	1	1	1
W&FMP - Full Up	0	2	3	1	2	4	3	2	2	4	2	1
W&FMP - Table Top	0	0	0	3	0	0	0	0	0	0	0	1
W&FMP - Operational	0	4	1	3	2	1	0	2	2	2	2	2
S&GRP - Operational	0	1	1	1	2	1	4	3	2	1	0	5
EPC - Operational	0	0	1	1	1	0	0	0	0	0	0	0
Total	8	13	8	16	12	15	21	29	34	22	13	18
Percent Passed	100%	77%	80%	100%	83%	100%	95%	97%	97%	95%	91%	100%
Scheduled	1	8	8	16	12	16	19	27	34	22	5	12
Late	0	0	0	0	0	0	0	0	0	0	1	0
Late %	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	20%	0%

Definition
This chart reflects the number of Emergency Preparedness drills scheduled compared to the number of drills conducted.

Analysis / Action
Analysis: In September Emergency Preparedness conducted 18 drills, 14 were operational drills. All drills were graded as satisfactory and conducted on schedule. PFP conducted four unscheduled drills in September. Two of the drills were coached and therefore not evaluated. Two no notice operational drills were conducted at S&GRP and PFP.
Action: Corrective actions are being entered into CRRS to address specific facility issues related to drill performance. Emergency Preparedness improvement initiatives continue being worked. The initiatives include; conduct targeted limited scope drills at PFP/ D&D/SWOC, evaluate leading indicators to analyze specific contributing factors, integrate Conduct of Ops Champions into drill conduct, work with the radiological controls organization to improve EP drill performance, and work with the site EM Program to revise and standardizes the drill evaluation process. In August SWOC conducted a DOE evaluated drill for exercise credit. The DOE evaluation team noted no findings or suggestion beyond what the CHPRC evaluators noted.

Goal	< 10% Late	Goal is based on percentage of drills conducted late
Blue	0-10%	
Green	11-20%	
Yellow	21-30%	
Red	>30%	

POC: SHS&Q / S. Godfrey

		4 – Work Control		
Previous Performance		Elements		Current Performance Actions
Aug-2012 → Y Jul-2012 ↗ Y Jun-2012 → Y <u>Status from previous month</u> Review of metric data shows an improving trend in many areas. Overall program performance remains Yellow.	<p><u>Program Summary Statement</u> Many of the performance areas have demonstrated ongoing long-term improvement with an overall trend in recent months that supports a Green status. However, these results evaluated with the MCO vent plug issue along with recent hazardous energy control challenges contribute to overall performance remaining Yellow.</p> <p><u>Performance Measures</u></p> <ul style="list-style-type: none"> • The performance chart for ConOps Procedure Performance shows a decrease in the total volume of issues, with the ratio of field-impacting issues compared to total number of issues improved significantly compared to recent months. The majority of issues relate to procedure content. • The Work Management data shows the total volume of issues slightly increasing with the ratio of field-impacting issues increasing compared to last month's data. • The Hazardous Energy Control charts show no ORPS reportable Hazardous Energy Control Process Compliance events and no Below Threshold issues. There were also no hazard contact events in September. • The maintenance charts reflect that the volume of corrective maintenance activities on safety related equipment in recent months continues to be green, while the overdue/extended chart remains steady and the backlog chart shows continued improvement for four straight months. • The recently added chart measuring work package closures shows ongoing improvement and closures within 30 days 50:1 compared to those beyond 30 days. <p><u>Assessment Activity</u></p> <ul style="list-style-type: none"> • Assessment of the Operations Assurance Required Reading program at S&GRP identified one finding related to the tracking system not being current/up to date. An OFI was also identified related to use of the automated tracking system. • Pump and Treat Operations and Maintenance procedural compliance assessment noted OFIs related to including Con Ops Mentor in the Operations Procedure Working Group and use of terms "Reference Use" and "Continuous Use." • Assessment of the PFP Required Reading program noted one OFI related to timely completion of required reading. • Assessment of S&GRP 100 Area Pump and Treats identified several OFIs related to log book entries. Two findings were noted: soil vapor extraction (SVE) unit logs were missing 	Sep-2012 → Y Actions taken/planned for performance improvement: <ul style="list-style-type: none"> • The Work Control program has worked closely with the projects to evaluate feedback and is working on suggestions for continued process improvement. • The Conduct of Operations Champions Team is driving conduct of operation training following previous months of developing project targeted topics. Additionally the team is working with the Training and Procedures organization to implement procedure program efficiencies such as consolidating and simplifying the procedure set including improving level 2 sets to cancel level 3 sets to effect consistency in implementation of programs and polices across PRC. 		

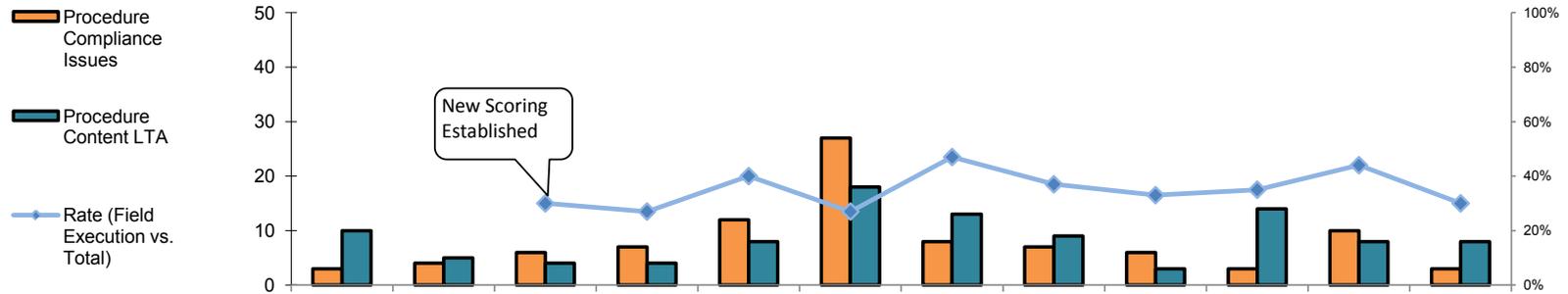
4 – Work Control

Previous Performance	Elements	Current Performance Actions						
	<p>Operations Supervisor reviews for six days and no evidence of required Operations Manager review of log books at least every 14 days.</p> <ul style="list-style-type: none"> • Surveillance on Equipment Labeling/Configuration Management was performed at 100-KR-4 Pump & Treat as a follow-up to verify corrections had been completed on issues identified in June 2012 surveillance. A number of issues were identified as not yet fully resolved related to inconsistency between labels, procedures and/or drawings. • An S&GRP assessment of Pump and Treat Equipment Labeling (PW-1 trailer, Soil Vapor Extraction) noted several items not labeled as required, and no components contained a noun name or description and power supply as required. • A PFP Effectiveness Review was conducted to determine if preventive actions have been successful in changing behaviors of Field Work Supervisors and work teams related to following Technical Work Document work instructions when performing work in the field. The review indicated the actions taken have continued to reduce the rate of failure to comply with work instructions; however they have not been completely effective and follow-up actions have been added to the CR. • No new issues were identified in the following assessments: Control Area Activities at WFMP; Processes and procedures for the sharing of resources across Waste Disposition facilities. <p><u>Issues Management</u> There are 21 open Adverse and 6 Open Significant CRs in this area.</p> <p><u>Feedback (includes externally identified issues)</u> September OA reports included 22 issues in this area: 5 events, 1 concern, 5 findings and 11 observations. Four good work practices were also noted. Delivered OA reports are reviewed for any appropriate action.</p> <p><u>Reportability (open NTS and/or ORPS issues)</u></p> <table border="1"> <tbody> <tr> <td style="text-align: center;">CR-2011-0458</td> <td>Operator receives electrical shock while well sampling (ORPS) <ul style="list-style-type: none"> • Last action scheduled for completion March 2013 </td> </tr> <tr> <td style="text-align: center;">CR-2011-2135</td> <td>12B A-frame power cord cut (ORPS) <ul style="list-style-type: none"> • Remaining actions scheduled for completion December 2012 </td> </tr> <tr> <td style="text-align: center;">CR-2011-2774</td> <td>291-Z exhaust fan (EF-1) failure / small fire (NTS/ORPS) <ul style="list-style-type: none"> • Effectiveness Review scheduled for March 2013 </td> </tr> </tbody> </table>	CR-2011-0458	Operator receives electrical shock while well sampling (ORPS) <ul style="list-style-type: none"> • Last action scheduled for completion March 2013 	CR-2011-2135	12B A-frame power cord cut (ORPS) <ul style="list-style-type: none"> • Remaining actions scheduled for completion December 2012 	CR-2011-2774	291-Z exhaust fan (EF-1) failure / small fire (NTS/ORPS) <ul style="list-style-type: none"> • Effectiveness Review scheduled for March 2013 	<ul style="list-style-type: none"> • In addition to causal analysis and corrective action development efforts regarding the electrical safety R-Report, direct support is also being provided to project-specific analysis teams for recent LOTO issues. • Pre-Job MOP form has been developed and will be rolled out with additional focus on reaffirming management expectations for pre-job briefs. • Operations program procedure on use and compliance expectations is being processed for review and approval.
CR-2011-0458	Operator receives electrical shock while well sampling (ORPS) <ul style="list-style-type: none"> • Last action scheduled for completion March 2013 							
CR-2011-2135	12B A-frame power cord cut (ORPS) <ul style="list-style-type: none"> • Remaining actions scheduled for completion December 2012 							
CR-2011-2774	291-Z exhaust fan (EF-1) failure / small fire (NTS/ORPS) <ul style="list-style-type: none"> • Effectiveness Review scheduled for March 2013 							

4 – Work Control

Previous Performance	Elements		Current Performance Actions
	CR-2012-0231	Mild electrical shock while conducting maintenance (ORPS) <ul style="list-style-type: none"> • Actions in progress; Effectiveness Review scheduled for February 2013 	
	CR-2012-0629	105KW HEC/LOTO Concern: FWS Walkdown prior to work release discovered Safe-Condition Check (absence of voltage) for one Disconnect Switch (DS) documented but not performed. (ORPS) <ul style="list-style-type: none"> • Effectiveness Review scheduled for October 2012 	
	CR-2012-0732	S&GRP Management Concern identified associated with Inadvertent Well Access (ORPS “R” Significance Category) <ul style="list-style-type: none"> • Actions in progress; Effectiveness Review scheduled for March 2013 	
	CR-2012-1336	Annunciator panel opened by individual not trained to enter the Limited Approach Boundary (ORPS) <ul style="list-style-type: none"> • Last action scheduled for completion October 2012 	
	CR-2012-1413	STOP WORK: Component Discovered Locked in Incorrect Position during Lockout/Tagout Independent Verification (ORPS) <ul style="list-style-type: none"> • Actions in progress; last action scheduled for completion December 2012 	
	CR-2012-2066	Workers Receive Mild Electrical Shock From Portable Misting Unit (NTS/ORPS) <ul style="list-style-type: none"> • Issue undergoing analysis/action plan development 	
	CR-2012-2263	Fork Lift Moves Portable Flag Pole and Contacts Zero Voltage Overhead Fiber Optics Line (ORPS) <ul style="list-style-type: none"> • Actions in progress; last action scheduled for completion March 2013 	
	CR-2012-2362	Questionable Guarding of Electrical Terminals (ORPS) <ul style="list-style-type: none"> • Issue undergoing analysis/action plan development 	
	CR-2012-2494	Repetitive Issues – Access/Identification of Unprotected/Exposed Electrical Terminals (ORPS) <ul style="list-style-type: none"> • Issue undergoing analysis/action plan development 	
	CR-2012-2497	Some Work Performed on Exhaust Fan EF-6 without AWLs Hung Over Established Controlling Lockout/Tagout (ORPS) <ul style="list-style-type: none"> • Issue undergoing analysis/action plan development 	

CHPRC CONOPS Procedure Performance



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Procedure Compliance Issues	3	4	6	7	12	27	8	7	6	3	10	3
Procedure Content LTA	10	5	4	4	8	18	13	9	3	14	8	8
Totals	13	9	10	11	20	45	21	16	9	17	18	11
Rate (Field Execution vs. Total)			30%	27%	40%	27%	47%	37%	33%	35%	44%	30%

Definition

Procedure compliance issues related to execution of field work.

Procedure content less-than-adequate includes: format, use of terms, detail, technical accuracy, ability to perform as written.

All compliance issues and content LTA issues related to critical steps will be specifically discussed in the monthly analysis.

New Rate established to provide percentage of CRs identifying Field Execution Issues that directly relate to field impact related to safety, environmental and/or work execution.

Analysis / Action

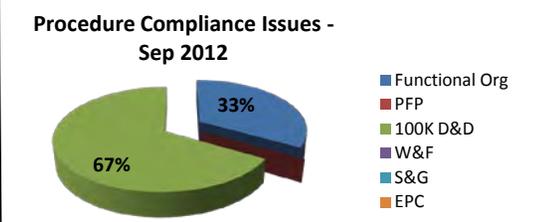
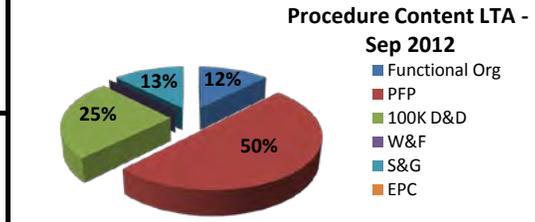
Analysis: 3 of 10 issues were identified during the performance of assessments or management oversight activities.

Procedure Non-compliance issues: MCO Cask shipped from CVDF without the small vent plug installed (CR-2012-2740, D&D). The RMA checklist form used is not equivalent to form A-6003-686, form A-6003-686 has the following instructions at the bottom of the form: "Maintain the ORIGINAL completed form with the RMA Custodian Organization", this caused the required action to not be performed (CR-2012-2697, D&D). Six FTF sources (4-exempt & 2-accountable) were discovered not in the source control program, misinterpretation of source classification (i.e. when a source becomes waste) led to sources not remaining in source control program (CR-2012-2670, SHSQ).

Procedure Less Than Adequate (LTA) issues: Water Temperature Range in Procedure OP-06-002W is Overly Restrictive & not unexpected, (CR-2012-2538, D&D). Multiple deficiencies noted in procedure FSP-PFP-5-8 (CR-2012-2644, PFP). Multiple deficiencies noted in procedure ZO-100-400, Nuclear Operations Surveillance (CR-2012-2645, PFP). Multiple format and content deficiencies noted in procedure ZO-070-100 (CR-2012-2714, PFP). Multiple format and content deficiencies noted in procedure ZO-070-102 (CR-2012-2715, PFP). Procedure PRC-PRO-RP-40401, Radiation Generating Device Control, only addresses operational requirements and does not address the requirements when RGDs are taken out of service (CR-2012-2549, SHSQ). The 100K Deactivation HASP does not contain all of the required elements PRC-PRO-SH-17916, "Industrial Hygiene Baseline Hazard Assessment" (CR-2012-2707, D&D). Multiple deficiencies noted in procedure GRP-FS-04-W-100-004, (CR-2012-2622, SGRP).

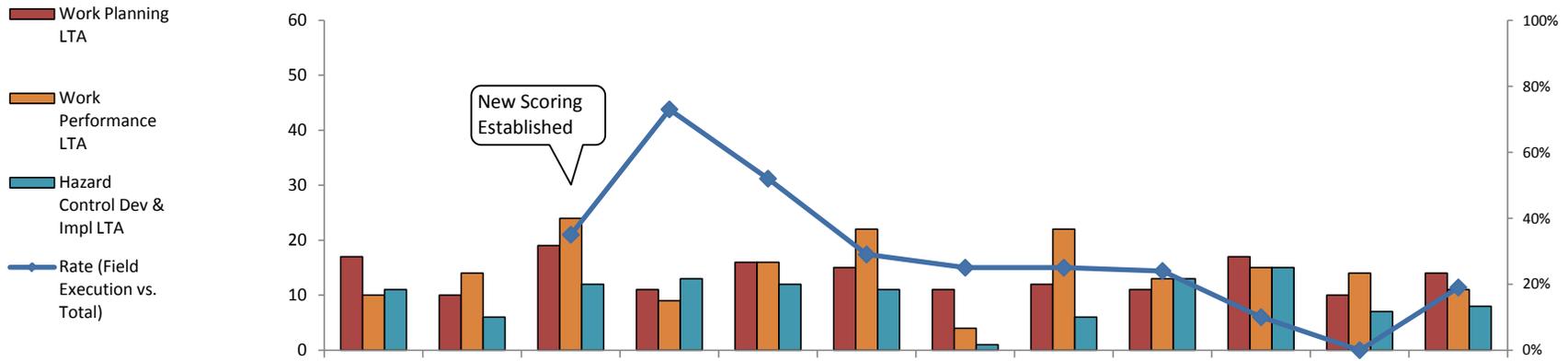
Action: Effectiveness of corrective actions for the non-administrative non-compliances continues to be reviewed by the Con

Goal	< 12%	Based on percentages of issues with field impact
Blue	0 - 12%	
Green	13 - 25%	
Yellow	26 - 50%	
Red	> 50%	



POC: Conduct of Operations / T. Jarecki

CHPRC Work Management



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Work Planning LTA	17	10	19	11	16	15	11	12	11	17	10	14
Work Performance LTA	10	14	24	9	16	22	4	22	13	15	14	11
Hazard Control Dev & Impl LTA	11	6	12	13	12	11	1	6	13	15	7	8
Rate (Field Execution vs. Total)			35%	73%	52%	29%	25%	25%	24%	10%	0%	19%

Definition

Issues are identified from three sources: JCS suspended work packages, CRRS items with specific Trend or Cause codes, and DOE-RL Operational Assessment reports (specific categories). The above are combined to track issues in the following categories:

1. Work planning was LTA.
2. Work performance was LTA.
3. Hazard control development or implementation LTA.

New Rate established to provide percentage of CRs identifying Field Execution Issues that directly relate to field impact related to safety, environmental and/or work execution.

Analysis / Action

Analysis: The overall volume of issues increased slightly in September with the ratio of field-impacting issues also increasing compared to last month's data.

Planning Less Than Adequate (LTA): The number of activities increased for September. Three items were field impacting, resulting from failure to plan for field conditions (CR-2012-2531) or end state conditions (CR-2012-2589, 2678). An assessment identified issues surrounding how radiological hazard controls are identified on the AMW and translated into the work instructions.

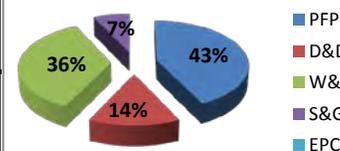
Work Performance LTA: MCO Cask system shipped from CVDF without the small vent plug installed (CR-2012-2740). Fewer activities were identified in this category in September. One activity was designated as field, and involved instruments being used while out of calibration. The trends in this category this month were poor documentation of work required by the work instructions and two cases where there was failure to follow the work instructions as written.

Hazard Control Development & Implementation LTA: This category stayed about the same in September, with two activities that were field impacting because of poor hazard control implementation.

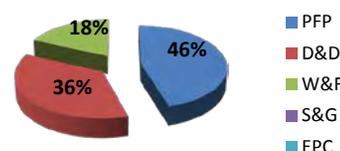
Action: Work is ongoing with the SMEs and planning staff to increase awareness of hazard control expectations and support consistent implementation of program requirements. Project feedback is also being evaluated to incorporate updates for continuous improvement.

Goal	< 12%	Based on percentages of issues with field impact
Blue	0 - 12%	
Green	13 - 25%	
Yellow	26 - 50%	
Red	> 50%	

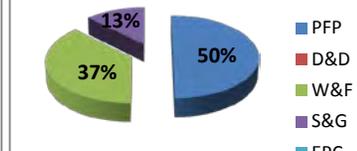
Work Planning LTA - Sep 2012



Performance LTA - Sep 2012

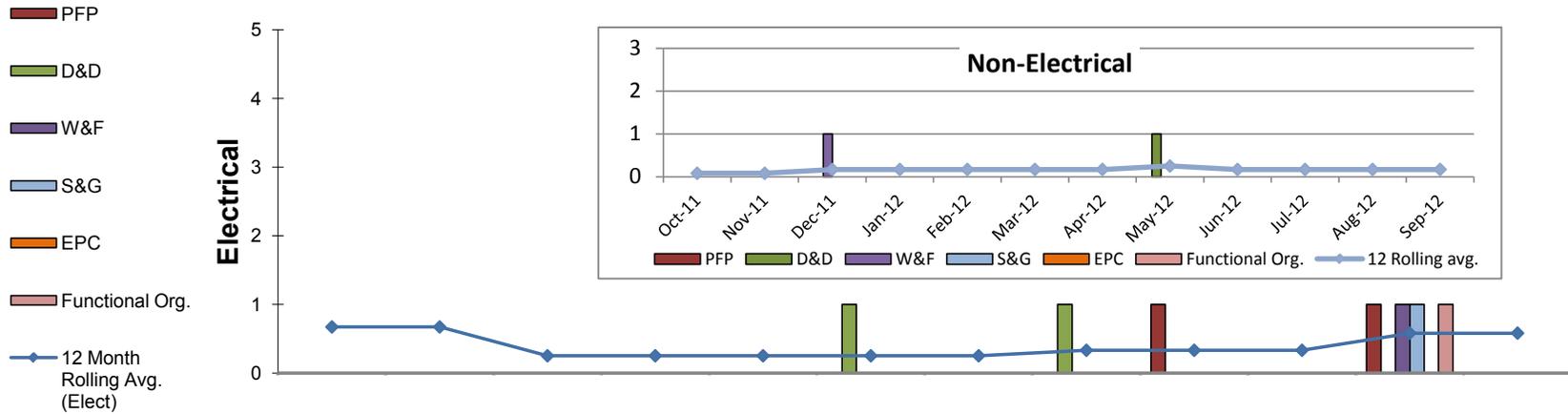


Hazard Control LTA - Sep 2012



POC: Work Control / T. Jarecki

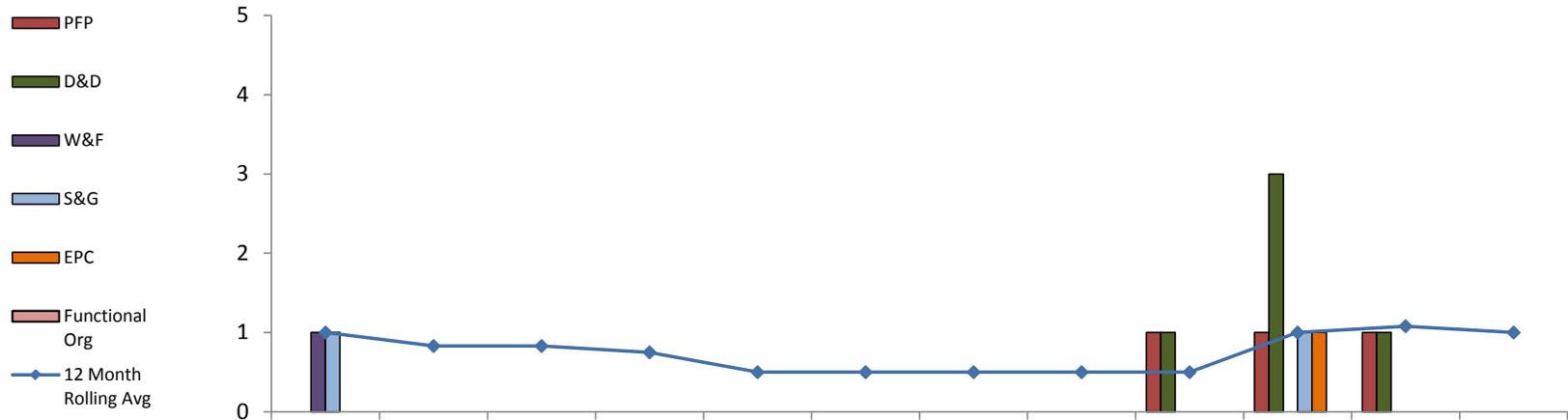
CHPRC Hazardous Energy Control (Process Compliance)



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	1	0	1	0
D&D	0	0	0	0	0	1	0	1	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	1	0
S&G	0	0	0	0	0	0	0	0	0	0	1	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Org.	0	0	0	0	0	0	0	0	0	0	1	0
Electrical ORPS Reportable	0	0	0	0	0	1	0	1	1	0	4	0
Non-Electrical ORPS	0	0	1	0	0	0	0	1	0	0	0	0
12 Month Rolling Avg. (Elect)	0.67	0.67	0.25	0.25	0.25	0.25	0.25	0.33	0.33	0.33	0.58	0.58
FY Cumulative Total (Elect.)	0	0	0	0	0	1	1	2	3	3	7	7

Definition		Analysis / Action											
<p>This indicator tracks the number of Electrical Hazardous Energy Control events (ORPS Group 2E(2) and 2E(3)), and Non-Electrical Hazardous Energy Control events (ORPS Group 2F(2) and 2F(3)), capturing the failure to prescribe to hazardous energy control processes.</p> <p>This chart has been expanded to include newly developed ORPS criteria implemented January 1, 2012.</p>		<p>Analysis: No reportable events in September 2012.</p>											
<table border="1"> <tr> <td>Goal</td> <td>0</td> </tr> <tr> <td>Blue</td> <td>0</td> </tr> <tr> <td>Green</td> <td>1 - 2</td> </tr> <tr> <td>Yellow</td> <td>3 - 4</td> </tr> <tr> <td>Red</td> <td>≥ 5</td> </tr> </table>	Goal	0	Blue	0	Green	1 - 2	Yellow	3 - 4	Red	≥ 5	Based on monthly ORPS Reports	<p>Action: Continue focus in the field.</p>	
Goal	0												
Blue	0												
Green	1 - 2												
Yellow	3 - 4												
Red	≥ 5												
		<p>POC: SHS&Q / T. Jarecki</p>											
		<p>POMC</p>											

CHPRC Hazardous Energy - Below Threshold



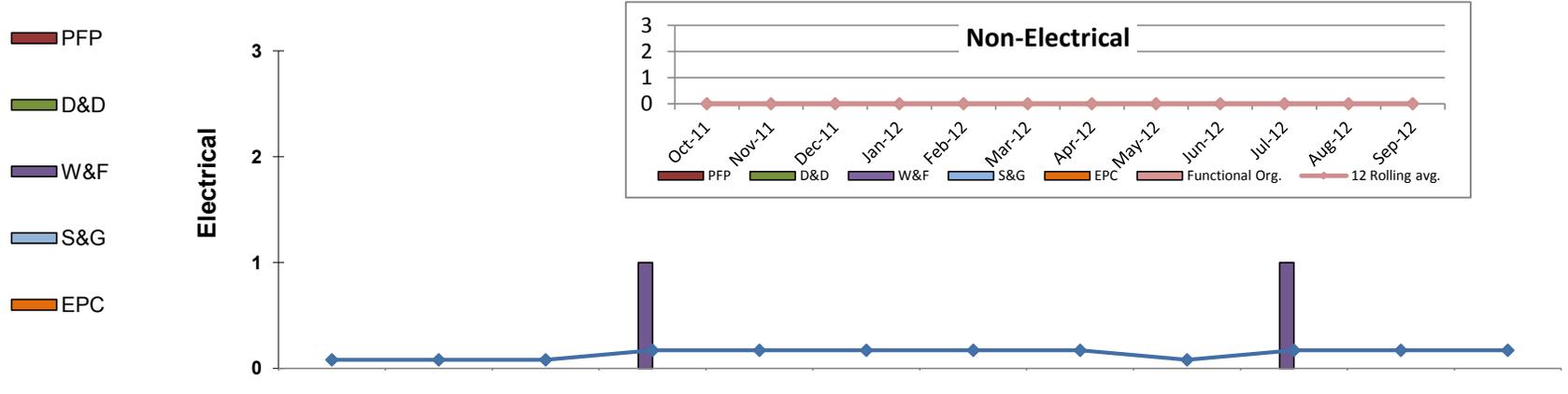
	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	1	1	1	0
D&D	0	0	0	0	0	0	0	0	1	3	1	0
W&F	1	0	0	0	0	0	0	0	0	0	0	0
S&G	1	0	0	0	0	0	0	0	0	1	0	0
EPC	0	0	0	0	0	0	0	0	0	1	0	0
Functional Org	0	0	0	0	0	0	0	0	0	0	0	0
Total	2	0	2	6	2	0						
12 Month Rolling Avg	1.00	0.83	0.83	0.75	0.50	0.50	0.50	0.50	0.50	1.00	1.08	1.00

Definition	Analysis / Action
Issues identified through CRRS assigned Electrical or Non-Electrical Hazardous Energy Safety Trend codes to include all HE codes, OS0102, OS0105, OS20, and OP09 (not reported in ORPS under Group 2E or 2F - Hazardous Energy Control).	<p>Analysis: None for September 2012</p> <p>The increase in Below Threshold Hazardous Energy Events since July 2012 includes multiple issues identified during NSPEB evaluations and issues related to hazardous energy control that are not governed by DOE - 0336, Lockout/Tagout.</p>

Goal	≤ 1	Based on significance or severity of monthly issues.	Action: Continue focus in the field
Blue	0 - 1		
Green	2 - 4		
Yellow	5 - 6		
Red	≥ 7		

POC: SHS&Q / T. Jarecki

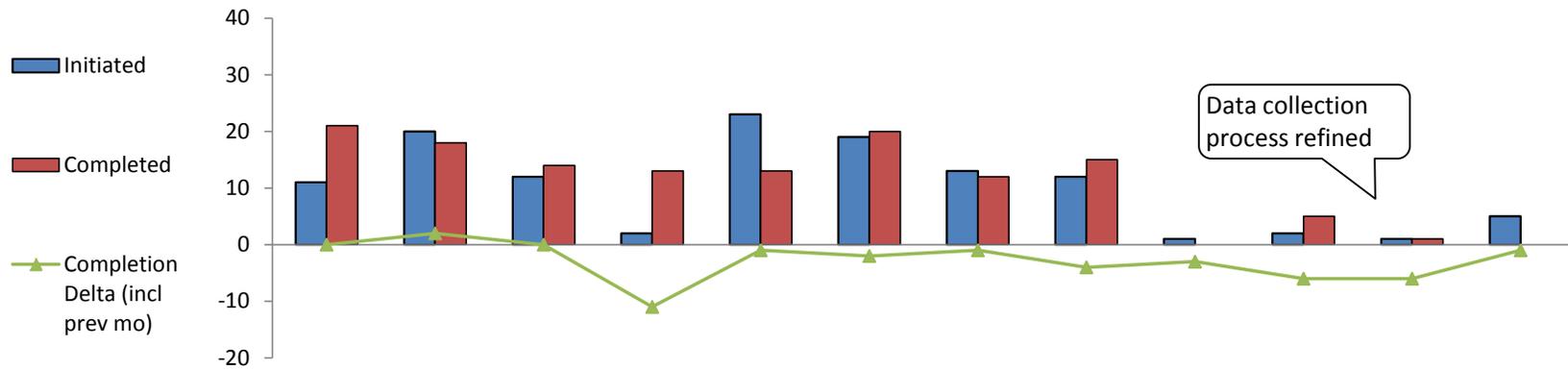
CHPRC Hazardous Energy Control (Hazard Contact)



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	1	0	0	0	0	0	1	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
Functional Org.	0	0	0	0	0	0	0	0	0	0	0	0
Electrical ORPS Reportable	0	0	0	1	0	0	0	0	0	1	0	0
Non-Electrical ORPS	0											
12 Month Rolling Avg. (Elect)	0.08	0.08	0.08	0.17	0.17	0.17	0.17	0.17	0.08	0.17	0.17	0.17

Definition		Analysis / Action	
<p>This indicator tracks the number of Electrical Hazardous Energy Control events (ORPS Group 2E(1), and Non-Electrical Hazardous Energy Control events (ORPS Group 2F(1), capturing events where personnel contacted uncontrolled hazardous energy.</p> <p>This chart has been expanded to include newly developed ORPS criteria implemented January 1, 2012.</p>		<p>Analysis: None for September 2012.</p>	
Goal	Zero Events	Based on ORPS events.	Action: Continue focus in the field.
Blue	0		
Green	1		
Yellow	2		
Red	≥ 3		
			POC: SHS&Q / T. Jarecki

Initiated vs. Completed Corrective Maintenance (Safety Related Equipment) (1 month lag)



	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
Initiated	11	20	12	2	23	19	13	12	1	2	1	5
Completed	21	18	14	13	13	20	12	15	0	5	1	0
Completion Delta (incl prev mo)	0	2	0	-11	-1	-2	-1	-4	-3	-6	-6	-1

Definition
 The repair, restoration, or replacement of failed or malfunctioning equipment, system, or facilities to restore the intended function or design condition. Safety Related Corrective Maintenance packages, initiated and completed.

Completion Delta calculation (previous month's delta + Current Initiated - Completed)
 This PI provides information with a 1 month lag due to gathering of project data and work package closeout requirements.

SC = Safety Class
 SS = Safety Significant
 DID = Defense In Depth
 TSR = Technical Safety Requirement
 VSS = Vital Safety System

Analysis/Action

Analysis: The JCS database Safety Classification is complete. for Safety Related Components. The initiated vs completed delta rose a little this month. The initiated packages included a package for repairing the controls of the MHM Crane Bridge Travel, since completed and going through closure, a package to install an access ladder under the grating in the WESF Pool Cell, Install adjustable stops on the E-3 Filter Room Dampers at PFP, Inspect Filter Rooms at PFP, and transfer EF-6 components through the 291-Z exhaust fan hatch, the last is also now complete.

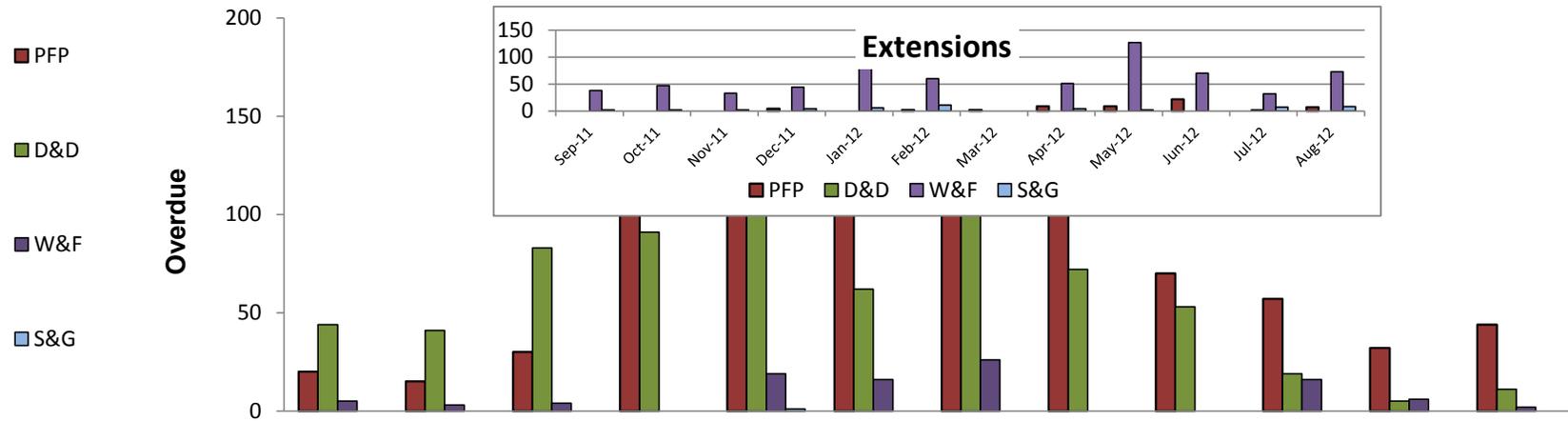
Note: The data collection process was refined in June 2012 to more accurately identify corrective maintenance activities.

Action: Continue focus to stay ahead of corrective maintenance.

Goal	-20	Based on monthly gain on completion delta
Blue	- 20	
Green	- 19 - 0	
Yellow	0 - 19	
Red	> 20	

POC: SHS&Q / Jarecki JSV

Preventive Maintenance Overdue and Extended (1 Month Lag)



Data	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
PFP Overdue	20	15	30	194	188	120	163	155	70	57	32	44
PFP Extended	0	0	0	4	0	2	2	9	9	22	0	7
D&D Overdue	44	41	83	91	185	62	145	72	53	19	5	11
D&D Extended	0	0	0	0	0	0	0	0	0	0	2	0
W&F Overdue	5	3	4	0	19	16	26	0	0	16	6	2
W&F Extended	38	47	33	44	80	60	0	51	127	70	32	73
S&G Overdue	0	0	0	0	1	0	0	0	0	0	0	0
S&G Extended	2	2	2	4	6	11	0	4	2	0	7	8
Total Overdue	69	59	117	285	393	198	334	227	123	92	43	57

Definition
 Preventive Maintenance Overdue and Extended: Overdue Preventive Maintenance (PM) items are those that are not completed by the due date that have not been extended through technical justification. This includes both overdue PMs remaining from previous months, and from the current month.

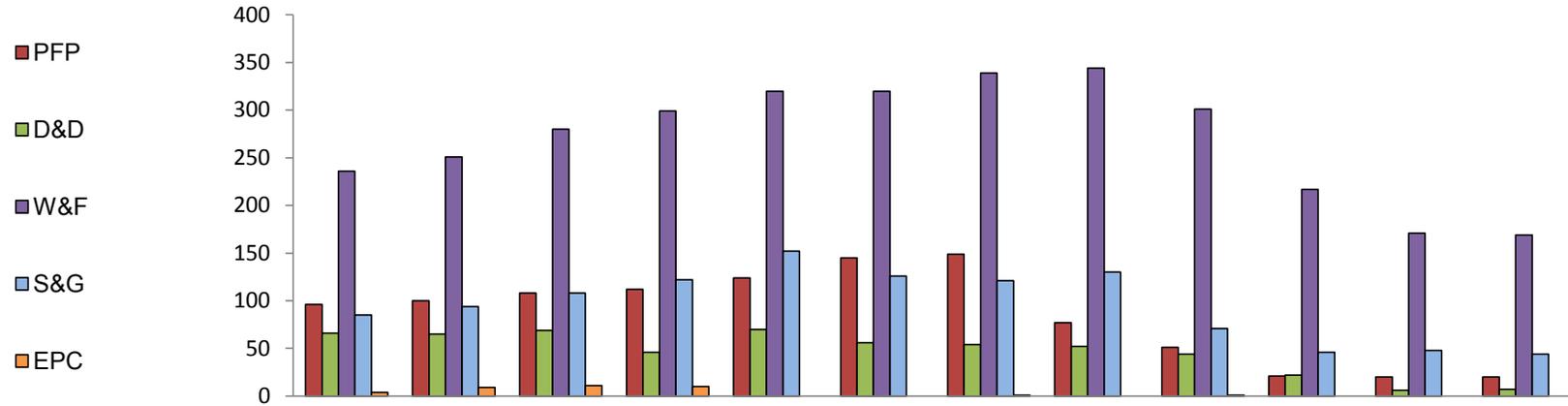
This PI provides information on a 1 month lag due to gathering of project data and work package closeout requirements.

Analysis / Action
Analysis: The number of Overdue PMs increased this period as did the number extended. The overdue PMs related to spare Rad Instruments at PFP were reviewed to determine quantity needed in retention in a "Ready to Use" status and others that may be removed from service/tracking, reducing their number of overdues. Per PRC-PRO-MN-19304, PMs must be worked, extended if basis is technically justified, or equipment removed from service.

Action: Continue to evaluate the need to perform past due PMs, extend if warranted, remove equipment from service, or cancel PM.

POC: SHS&Q / T. Jarecki JSV

Corrective Maintenance Backlog (1 Month Lag)



Data	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
PFP	96	100	108	112	124	145	149	77	51	21	20	20
D&D	66	65	69	46	70	56	54	52	44	22	6	7
W&F	236	251	280	299	320	320	339	344	301	217	171	169
S&G	85	94	108	122	152	126	121	130	71	46	48	44
EPC	4	9	11	10	0	0	1	0	1	0	0	0
Total CM Backlog	487	519	576	589	666	647	664	603	468	306	245	240

Definition
 Corrective Maintenance (CM) Backlog: The repair, restoration, or replacement of failed or malfunctioning equipment, system, or facilities to restore the intended function or design condition. The Corrective Maintenance (CM) Backlog includes all CM work documents. Work orders with a work status of Ready for Planning, In Planning, Ready to Work, or Working are analyzed.

This PI provides information on a 1 month lag due to gathering of project data and work package closeout requirements.

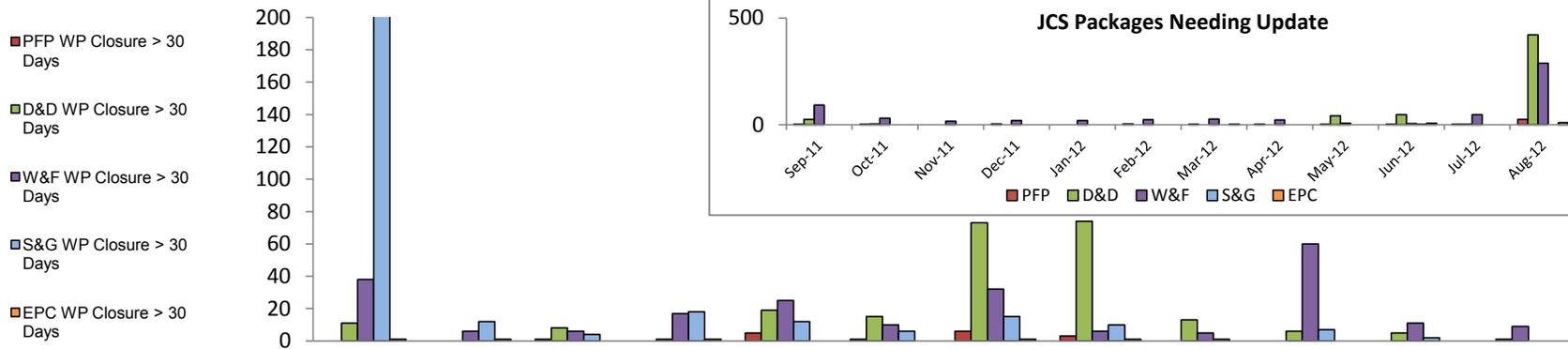
Analysis / Action
Analysis: Overall, projects continue to reduce their backlog since March and achieved Green Status for the last three months. Backlog of packages results from working packages on a priority basis, mission changes, and available resource challenges, as well as creation of new packages. Using a Corrective Maintenance Yes/No flag or listing by a work package classification code in JCS, as well as more focus on closing non-applicable packages is having positive results. Future classification of low priority, and deferred work activity classification will provide a better indicator of actual maintenance efficiencies.

Action: Review open work packages, closing completed and no longer applicable due to mission changes, D&D progress, and resource availability. Communicate the definition of Corrective Maintenance and refine the use of the JCS Corrective Maintenance Yes/No flag, and the use of Deferred Maintenance Status Code will result in more accurate reports.

Goal	Decreasing Trend
Blue	Decreasing Trend Values for 6 mo.
Green	Decreasing Trend Values for 3 mo.
White	No Change
Yellow	Increasing Trend Values for 3 mo.
Red	Increasing Trend Values for 6 mo.

POC: SHS&Q / T. Jarecki **JSV**

Work Package Closures (1 Month Lag)



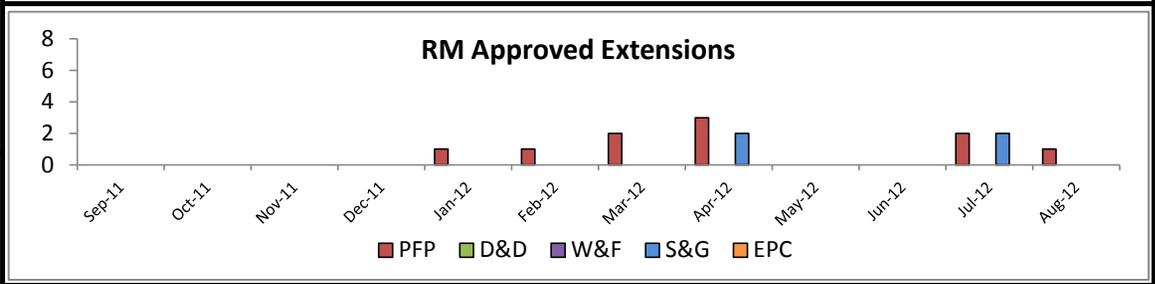
Data	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12
PFP WP Closure > 30 Days	0	0	1	0	5	1	6	3	0	0	0	0
PFP WP Closure ≤ 30 Days	88	38	63	47	79	53	52	44	79	79	89	52
D&D WP Closure > 30 Days	11	0	8	1	19	15	73	74	13	6	5	1
D&D WP Closure ≤ 30 Days	106	54	55	47	46	59	94	58	102	80	95	83
W&F WP Closure > 30 Days	38	6	6	17	25	10	32	6	5	60	11	9
W&F WP Closure ≤ 30 Days	225	193	176	172	165	172	200	139	184	204	182	217
S&G WP Closure > 30 Days	255	12	4	18	12	6	15	10	1	7	2	0
S&G WP Closure ≤ 30 Days	141	92	189	113	135	193	260	187	181	166	139	155
EPC WP Closure > 30 Days	1	1	0	1	0	0	1	1	0	0	0	0
EPC WP Closure ≤ 30 Days	6	10	20	18	13	10	17	16	13	17	11	11
Total Closed ≤ 30 Days	566	387	503	397	438	487	623	444	559	546	516	518
Total Closed > 30 Days	305	19	19	37	61	32	127	94	19	73	18	10

Definition
 Maintenance Package Closure includes a count of all JCS work documents closed in less than 31 days, greater than 30 days, not closed after 30 days, packages with RM approved extensions, and packages that need additional information to determine closure status.

This PI provides information on a 1 month lag due to gathering of project data and work package closeout requirements.

Analysis / Action
 The package closures exceeding 30 days continued to decrease to a lower value of 10 during August with 518 completed under 30 days. The number of packages needing updated is now a cumulative count of "all" active packages needing JCS updates, as opposed to a monthly view. The report will continue to vary somewhat as the JCS packages identified as needing updates are made whole. While some improvement in timely package closure is still needed, a significant number are closed in less than the 30 day requirement.

Goal	TBD
Blue	
Green	
Yellow	
Red	



POC: SHS&Q / T. Jarecki JSV

5 – Radiological Safety

Previous Performance	Elements	Current Performance Actions
<p>Aug-2012 →G Jul-2012 →G Jun-2012 ↘G</p> <p><u>Status from previous month</u></p> <p>Additional focus has been applied towards implementation of program elements and contamination survey practices.</p> <p>Teaming efforts to identify weaknesses and refine implementation will continue.</p> <p>.</p>	<p><u>Program Summary Statement</u></p> <p>This area is coded as Green. CHPRC Radiation Protection continues to be self critical regarding identification of issues, is more transparent, and radiological organization centralization has provided a more consistent approach towards implementation of the program elements. Continued management focus is needed towards implementation of the program to improve the current level of performance.</p> <p><u>Performance Measures</u></p> <ul style="list-style-type: none"> • ORPS reportable contamination spreads remain steady with one event in the last 17 months. The last ORPS reportable contamination event occurred June 2012. • The last unplanned intake event greater than 10 mrem committed effective dose occurred in February, 2012. • There were no skin or clothing contamination events in September. The last CHPRC ORPS reportable clothing contamination was September 2011. • One radiological boundary violation occurred in September. At PFP, lapel air sampling was not worn as required by the Radiological Work Permit. • CHPRC CY 12 ALARA Target was revised from 61.3 to 60.1 person-rem. Projects will be evaluating their ALARA Goals based on projected work scope and year-to-date cumulative dose. CHPRC CY 12 ALARA Target will be evaluated at the end of the 3rd quarter to determine if a revision is appropriate. Two additional ACLs were issued for PFP. A total of six ACLs have been issued in CY 2012 to support RMA/RMC line activities. <p><u>Assessment Activity</u></p> <ul style="list-style-type: none"> • Assessment of PFP Radiological Control Technician (RCT) and Supervisor training indicate all have completed general (initial) training requirements however in some cases several facility-specific on-the-job training (OJT) and computer-based training items have not yet been completed. RadCon Supervisors are verifying OJT records to ensure individuals have completed the specific OJTs before assigning them to that task. • Assessment of Work Place Air Sampling at 100K noted that that RCT's performing operational performance testing for Continuous Air Monitors were not performing field counts of the filter media as required. • Review of RMA Walk-through Checklist accuracy at PFP identified a potential OFI as to procedural wording relative to required frequency. 	<p>Sep-2012 → G</p> <p>Actions taken/planned for performance improvement:</p> <ul style="list-style-type: none"> • Continued teaming efforts between project and program personnel to improve implementation of procedures and share lessons learned. • Completed self-assessment and effectiveness review pertaining to RL's 2011 PFP surveillance on planning and execution of radiological work. • Completed self assessment of contamination survey practices at PFP. • Developed FY13 Radiological Protection self-assessment input to the CHPRC IEP, focusing on issues identified in feedback processes.

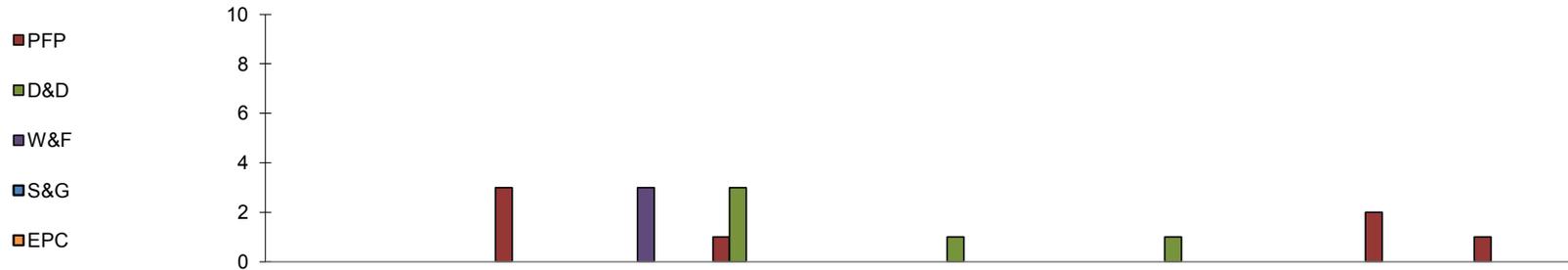
5 – Radiological Safety

Previous Performance	Elements	Current Performance Actions
	<ul style="list-style-type: none"> • Assessment of Radioactive Material Areas (RMA) at 100KW, in preparation for construction and implementation of the Sludge Treatment Project identified the following: a locker for flammable materials adjacent to an RMA; exterior doors to 105KW posted RMA but not in the RMA log book as approved RMAs and not maintained, surveyed or inspected accordingly; storage room contains decon shower and radioactive sources stored along with non-radioactive instruments and supplies; OFI related to management of the RMA checklist form. • Assessment of S&GRP implementation of the Routine Surveillance Program identified an issue related to inappropriate use of a Site Form to document source checks and an issue related to storage of in-process documents. Both issues have already been resolved. • Assessment of Radiological Release of Materials and Equipment at DWF&RS identified a potential OFI related to consolidation of several similar Release Survey Plans. • An Effectiveness Review was conducted of actions associated with Procedure/Training Implementation related to deficiencies at PFP involving the Radiological Work Process. No issues were identified, and a follow-up assessment was recommended in 3 months to evaluate effectiveness of the change management process after more run-time has been achieved. • A surveillance of CHPRC compliance to standards for 10 CFR 835 Occupational Radiation Protection (835.1.1 thru 104 Subparts A and B) indicated all Objectives were met. One finding and one OFI were identified related to compliance with CHPRC Radiological Control procedures. The finding involved training documentation not in place for two individuals as functional area Project Points of Contact (PPOC). The OFI related to consideration of adding PPOC training to assigned member training plans. • Assessment of Radiological Work Planning noted overall the CHPRC program is adequately implemented; however, a number of Findings and OFIs were identified. • No new issues were identified in the following assessments: Radiological Control Change Management at 100K and Waste and Fuels facilities; ALARA program within DWF&RS; Radiological Recordkeeping at Central Plateau Surveillance & Maintenance; DWF&RS Radioactive Source Control. <p><u>Issues Management</u> There are 8 open Adverse CRs and 1 open Significant CR in this area.</p> <p><u>Feedback (includes externally identified issues)</u> September OA reports included 5 issues in this area: 3 events and 2 findings. Delivered OA reports are reviewed for any appropriate action.</p>	

5 – Radiological Safety

Previous Performance	Elements	Current Performance Actions		
	<p><u>Reportability (Open NTS and/or ORPS issues)</u></p> <table border="1"> <tr> <td style="vertical-align: top;">CR-2011-2866</td> <td> Contamination found on Nuclear Chemical Operator's Boot - LLBG (ORPS) <ul style="list-style-type: none"> • Actions in progress; last actions scheduled for completion December 2012 </td> </tr> </table>	CR-2011-2866	Contamination found on Nuclear Chemical Operator's Boot - LLBG (ORPS) <ul style="list-style-type: none"> • Actions in progress; last actions scheduled for completion December 2012 	
CR-2011-2866	Contamination found on Nuclear Chemical Operator's Boot - LLBG (ORPS) <ul style="list-style-type: none"> • Actions in progress; last actions scheduled for completion December 2012 			

CHPRC Radiological Controls (Missed Entry/Exit Requirement)

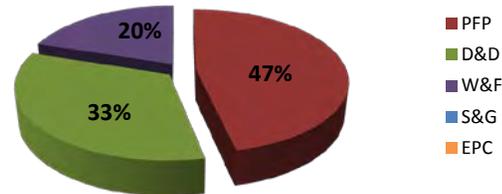


	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	3	0	1	0	0	0	0	0	2	1
D&D	0	0	0	0	3	0	1	0	1	0	0	0
W&F	0	0	0	3	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
# of Issues	0	0	3	3	4	0	1	0	1	0	2	1

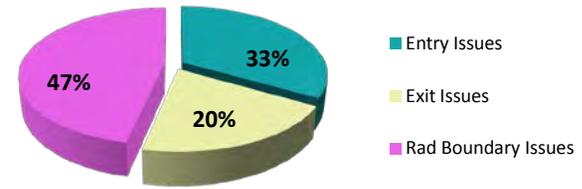
Projects / By Types

This chart represents incidents where entry/exit controls were not followed which could have resulted in a negative consequence. CHPRC averages 7,000 radiological entries per month.

Contamination Control Missed Entry/Exit Controls by Project (Oct 2011 - Sep 2012)



Contamination Control Missed Entry/Exit Controls by Type (Oct 2011 - Sep 2012)



Analysis: One missed entry issue was reported in September. PFP workers performed work activities without wearing lapel air samplers required by the RWP. An event investigation was performed and actions were taken to prevent recurrence. ACES restrictions were applied to the involved workers until one-on-one discussions with the PFP RadCon Manager were held to ensure workers understand the importance of meeting RWP requirements.

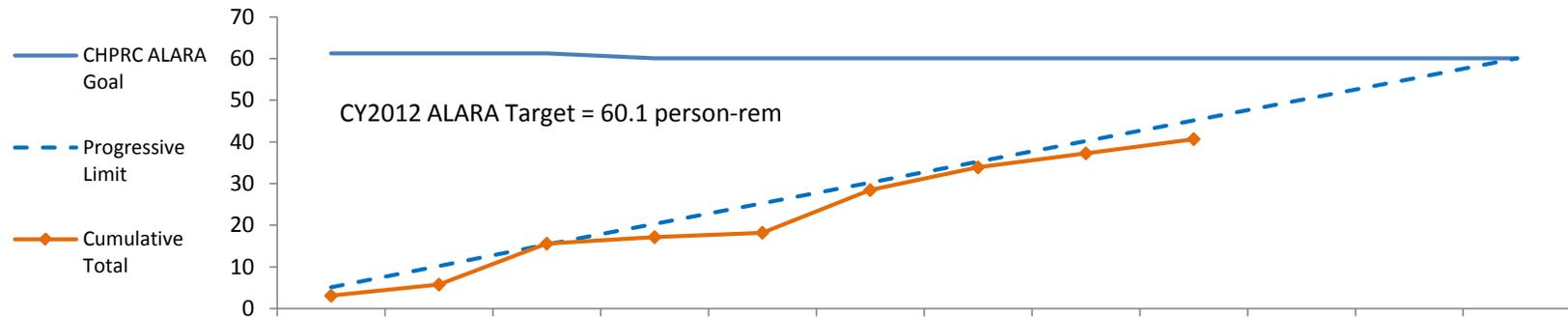
Action: Continue management focus on entry and exit processes to ensure work practices meet expectations.

Goal	Zero Events
Blue	0 - 1
Green	2 - 3
Yellow	4 - 6
Red	≥ 7

Based on Events

POC: SHS&Q / K. McLain

CHPRC Collective Dose (ALARA)



	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12
PFP Monthly							3.12	2.49	3.31			
PFP Cumulative			8.13			18.11	21.23	23.72	27.03			
D&D Monthly							0.42	0.15	0.07			
D&D Cumulative			1.18			1.94	2.36	2.51	2.58			
W&F Monthly							1.91	0.73	0.04			
W&F Cumulative			0.94			3.06	4.97	5.70	5.74			
S&G Monthly							0.00	0.00	0.00			
S&G Cumulative			0.13			0.00	0.00	0.00	0.00			
Total							5.45	3.37	3.42			
Cumulative Total	3.06	5.74	15.57	17.13	18.19	28.43	33.88	37.25	40.67			

Definition

Target ALARA Goals: Collective dose will be compared to the CHPRC ALARA Target of 60.1 person-rem for CY2012.

ALARA Exposure Goals by Project:
 D&D = 3.6 person-rem
 PFP = 50.0 person-rem
 S&GW = 0.1 person-rem
 W&F = 5.3 person-rem

CY2012 ALARA Target was based on the CHPRC Project ALARA Goals

Dose values are assigned on an ~6 week lag and will be updated as TLD results are available.

Analysis / Action

Analysis: CHPRC tracks dose received in the Projects on a daily basis, compiles the results at the company level weekly, and evaluates collective dose against the ALARA target on a quarterly basis. September exposure data is an estimation based on supplemental dosimetry data. The progressive limit is a strict assumption that dose will be received at a uniform rate each month across PRC projects without considering fluctuations in work load, planned activities, resources or unplanned schedule delays. During the Company Level ALARA Meeting it was determined that grading of this metric will occur once per quarter when TLD data is available. It takes approximately 6 weeks for TLD data to be available, the prior quarter results will be updated at that time.

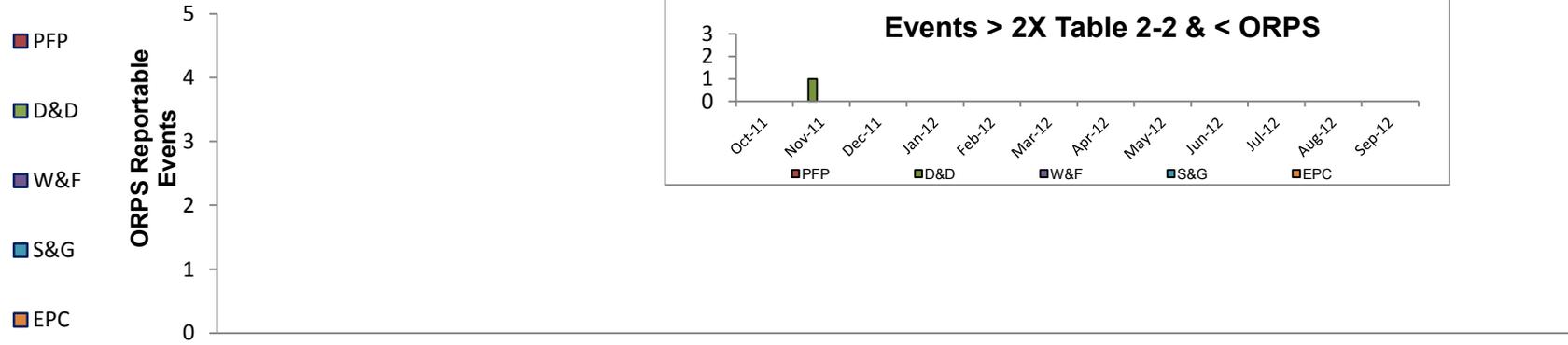
Two Administrative Control Level (ACL) extensions were approved at PFP in September. A total of 6 ACLs have been approved for CY12 to support RMA/RMC line work activities.

Goal	60.1 person-rem	This information is evaluated quarterly for percentage of deviation from target
Blue	0 - ± 10%	
Green	±10 - ± 15%	
Yellow	±15 - ± 25%	
Red	>25%	

Action: Update the September exposure data when the 3rd quarter TLD results are available. Continue to monitor overall progression at the company level. The CHPRC ALARA Target will be evaluated after the 3rd quarter TLD results are received and Project have reviewed their ALARA Goals. An adjustment to the Company ALARA Target will be performed if necessary.

POC: SHS&Q / K. McLain

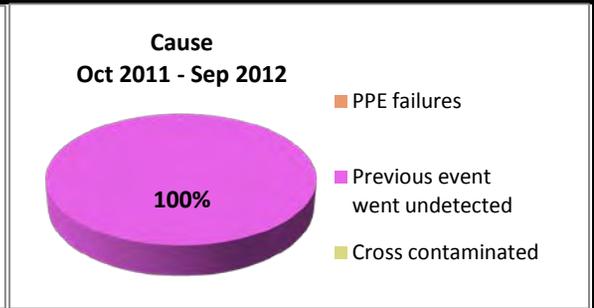
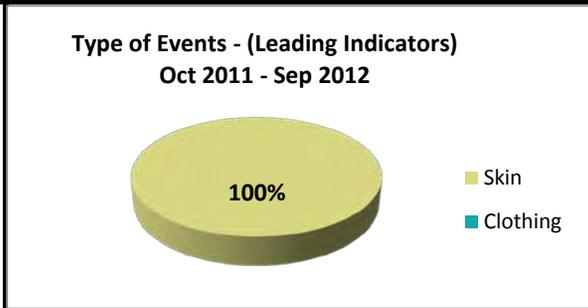
CHPRC Radiological Control Skin/Personal Clothing Contamination



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
ORPS Reportable Events	0											
> 2X Table 2-2 Threshold	0	1	0									
Monthly Total	0	1	0									

Definition
 This indicator measures Personnel (Skin / Personal Clothing) contamination greater than 2X (multiplier) CHPRC-00073, Table 2-2 Total Values and events reported in ORPS Group 6D3. The threshold (2X Table 2-2) events are reported on the inset chart. CHPRC averages 7,000 radiological entries per month.

Cause of Events / Project Locations



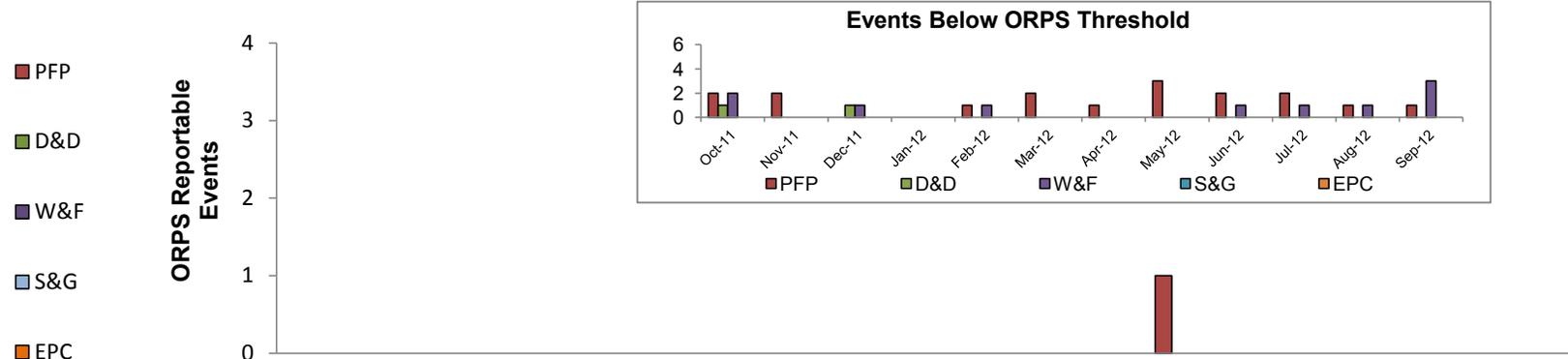
Goal	Monthly Goal	Based on Events
Blue	0	
Green	1 - 2	
Yellow	3 - 5	
Red	≥ 6	

Analysis: No ORPS reportable event has occurred in the past 12 months. The last ORPS reportable Skin or Personal Clothing contamination event occurred in September 2011 at the 4B waste processing area; the last >2X Table 2-2 threshold event was in November 2011 involving pole tool operations at the 105KW Basin.

Action: No skin/clothing contamination events have occurred since November, 2011. Proper work planning and hazard controls have been effective in preventing these events. Emphasis in these areas will ensure continued good performance.

POC: SHS&Q / K. McLain

CHPRC Operational Radiological Contamination Spread



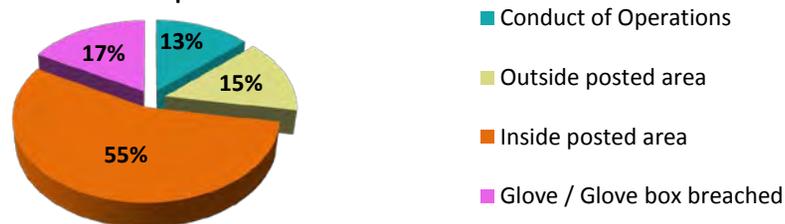
	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	1	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
ORPS Reportable Events	0											
Below ORPS Threshold	5	2	2	0	2	2	1	3	3	2	2	4

Definition

This chart represents issues identified involving contamination spread events. Though not considered contamination spread, glovebox glove breaches will be tracked conservatively. Events below the ORPS threshold are tracked on the inset chart. (Legacy Contamination is tracked separately).

Analysis / Action

**Contamination Spread Events - (Leading Indicators)
Oct 2011 - Sep 2012**



Analysis: Four contamination spread events below the ORPS reportable threshold occurred in September. At W&F, contamination was encountered performing work on the evaporator heat exchanger and the evaporator heater at ETF; contamination was also detected while performing surveillance activities in PUREX. At PFP, contamination was encountered after a glovebox separation. An event occurred in August at CWC involving box 231ZDR-11 but was not reported until September; the chart has been updated.

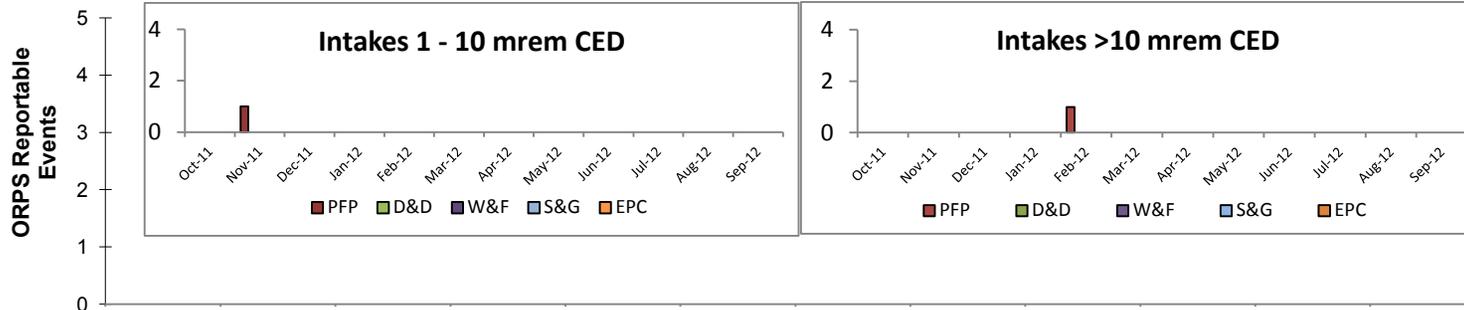
Action: When contamination was encountered in unexpected locations, SWIMS was initiated with personnel receiving follow-up surveys. When allowed, decontamination was performed to reduce contamination levels. No skin/clothing contamination events occurred as a result of these events.

Goal	Zero Events	Based on ORPS reportable events
Blue	0 - 1	
Green	2 - 3	
Yellow	4 - 7	
Red	> 7	

POC: SHS&Q / K. McLain

CHPRC Unplanned Radiological Dose/Intakes

- PFP
- D&D
- W&F
- S&G
- EPC

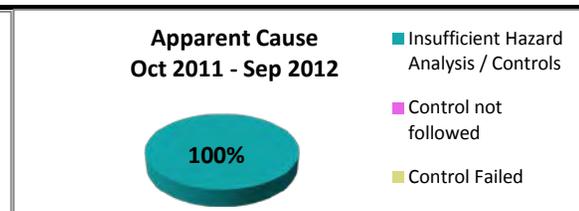
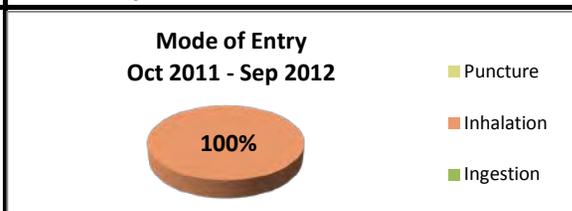


	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	0	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
ORPS Total (≥ 500 mrem)	0											
Intakes > 10 mrem CED	0	0	0	0	1	0						

Definition

Unplanned Radiological Dose Exceeding an administrative control level. Unplanned radiological Intakes greater than 500 mrem CED listed as an ORPS Reportable Event. Intakes ≥ 1 - <10 mrem and >10 mrem CED are tracked on the inset charts. Pie charts display the percentage of non-zero dose events during the previous twelve months classified using the mode of entry and apparent cause categories.

Mode of Entry and Cause



Analysis: CHPRC tracks internal dose assignments at or above the 1 mrem CED threshold as a leading indicator (see inset charts). No events have occurred in the past 7 months. Two events are displayed in the inset charts: ≥ 1 - 10 mrem data point is a result of three workers each assigned 1 mrem from an elevated air sample while performing an onion-skin replacement at PFP in Nov., 2011; >10 mrem data point is a result of four workers assigned dose (2-15 mrem each) from a contamination spread in the duct level at PFP in Feb., 2012.

Action: The last event with assigned dose >1 mrem occurred in February, 2012. Hazards analysis prior to work being performed and implementation of controls has been effective in minimizing the occurrence and severity of events. Emphasis in these areas will ensure continued good performance.

Goal	≤ 2 intake events > 10 mrem CED	Goal is based on annual events
Blue	0 - 2	
Green	3 - 4	
Yellow	5 - 6	
Red	≥ 7	

POC: SHS&Q / K. McLain

		6 – Environmental Program	
Previous Performance	Elements		Current Performance Actions
<p>Aug-2012 →G Jul-2012 →G Jun-2012 →G</p> <p><u>Status from previous month</u></p> <p>Compliance deadlines and obligations continue to be met. The program remains Green, but potential formal non-compliance allegations may change status.</p> <p>No response from Ecology on the CWC Box integrity assessment.</p>	<p><u>Program Summary Statement</u> Compliance deadlines and obligations continue to be met. The program remains Green.</p> <p><u>Performance Measures</u></p> <ul style="list-style-type: none"> Spills: There were no reportable spills during September. There were 9 non-reportable spills, 7 of which were oil-based lubricants, 2 solid materials. No enforceable Tri-Party Agreement (TPA) milestones were missed during September. No new NOV's were received during the month. On 10/28/2012, RL received Inspection Reports for the CWC Box and the 2011 WRAP Drum Leak. Both reports allege violations, but did not contain any formal NOV. Discussions will occur between RL, CHPRC and Ecology. Enforcement actions are anticipated as a result of these reports. Asbestos program improvements have continued with site walk-down of some 100K areas, and preparation of NESHAPs training material. No word on results of EPA August inspection/visit. Additional information on removal practices were sent to EPA. EPA NESHAPs personnel are expected to visit Hanford on 10/18/2012. There were two required notifications initiated during September, both to WDOH: an unanticipated cask vent at CSB and a change in inspection date for REDOX. <p><u>Assessment Activity</u></p> <ul style="list-style-type: none"> A surveillance was performed to verify accuracy of information regarding documentation of Asbestos Containing Materials left in-place during demolition of buildings and structures by the CHPRC D4 organization. One finding was noted regarding lack of a rigorous system for management of D4 work packages. An OFI was also identified related to submittal of documentation into the Integrated Document Management System (IDMS). No new issues were identified in the following assessments: A 10% review of Waste Information Data System (WIDS) records to determine whether files within the WIDS library have been successfully scanned into IDMS; PFP environmental radiological releases; Radioactive Waste Storage at WFMP. <p><u>Issues Management</u> There are 4 open Adverse CRs in this area.</p>		<p>Sep-2012 →G</p> <p>Actions taken/planned for performance improvement:</p> <ul style="list-style-type: none"> Prepare analysis of Ecology (EC&) inspection Reports. Discuss reports and issues with ECY. Implement asbestos program improvements, provide training.

6 – Environmental Program

Previous Performance	Elements	Current Performance Actions		
	<p><u>Feedback (includes externally identified issues)</u> September OA reports included 10 issues in this area: 1 event, 2 findings and 7 observations. Delivered OA reports are reviewed for any appropriate action.</p> <p><u>Reportability (Open NTS and/or ORPS issues)</u></p> <table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">CR-2012-0815</td> <td> Potential failure to obtain a required certification (CIH) to leave non-friable asbestos in place during demolition of 1717K (ORPS) <ul style="list-style-type: none"> • Last action scheduled for completion December 2012 </td> </tr> </table>	CR-2012-0815	Potential failure to obtain a required certification (CIH) to leave non-friable asbestos in place during demolition of 1717K (ORPS) <ul style="list-style-type: none"> • Last action scheduled for completion December 2012 	
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CHPRC Notice of Violations

- PFP
- D&D
- W&F
- S&G
- EPC



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	0
D&D	0	0	0	0	2	0	0	0	0	0	0	0
W&F	0	0	0	0	0	0	0	0	0	0	0	0
S&G	0	0	0	0	0	0	0	0	0	0	0	0
EPC	0	0	0	0	0	0	0	0	0	0	0	0
12 mo. Cum. NOVs	0	0	0	0	2							
Number of Inspections	2	0	0	2	3	4	2	2	3	4	3	3

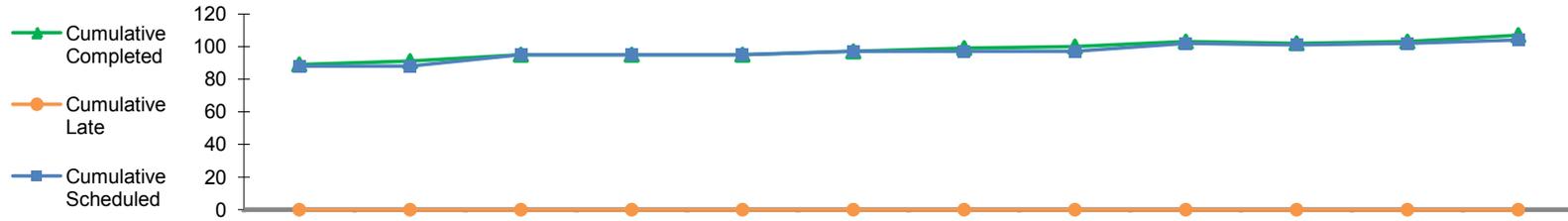
Definition	Analysis / Action
Regulatory inspections resulting in a Notice of Violation (Excludes Nuclear, DOT or Waste shipments/packaging).	<p>Analysis: There were three inspections in September. On September 11, EPA Region 10 and Ecology participated in a joint tour with RL, CHPRC and WCH of RCRA TSD units and other Hanford Site areas. September 12 – 13 the annual Hanford Facilities RCRA Permit General Inspection of the Columbia River shoreline was completed (this is a RCRA permit required inspection that Ecology is invited to attend). On September 17, Ecology conducted an inspection focusing on 2404WB and CWC building roof leaks.</p> <p>EM-RL--CPRC-SNF-2012-0004: Notice of Violation from U.S. Environmental Protection Agency Related to Staged Debris at 100K Area Note: NOV Transmitted to CHPRC March 14, 2012</p> <p>EM-RL--CPRC-SNF-2012-0005: Notice of Violation from U.S. Environmental Protection Agency Related to Removal of Nonfriable Asbestos at 100K Area Note: NOV Transmitted to CHPRC March 13, 2012</p>

Goal	Zero Events	Goal is an Annual Indicator	Action: No actions required at this time.
Blue	0		
Green	1		
Yellow	2		
Red	≥ 3		

POC: Environmental / R. Engelmann

JSV

CHPRC TPA Milestones



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Cumulative Late	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative Scheduled	88	88	95	95	95	97	97	97	102	101	102	104
Cumulative Completed	89	91	95	95	95	97	99	100	103	102	103	107
Non-Enforceable Scheduled	0	2	2	0	1	1	0	0	0	0	1	3
Non-Enforceable Completed	0	0	1	0	1	1	0	0	0	1	0	0

Definition

Number of missed TPA enforceable milestones in approved baseline.

Statistics through FY 2011 included both enforceable (Interim and major milestones) and non-enforceable (target dates, TPA commitment dates, and proposed milestones) in the 'completed' statistics. Due to FY12 and outyear funding constraints, several milestones and target due dates were proposed for extension negotiations. The decision was made to not propose extensions for any non-enforceable dates; therefore, these will no longer be included in the statistics for completed milestones in FY12 and beyond. They will continue to be tracked, and to be managed contractually between CHPRC and RL.

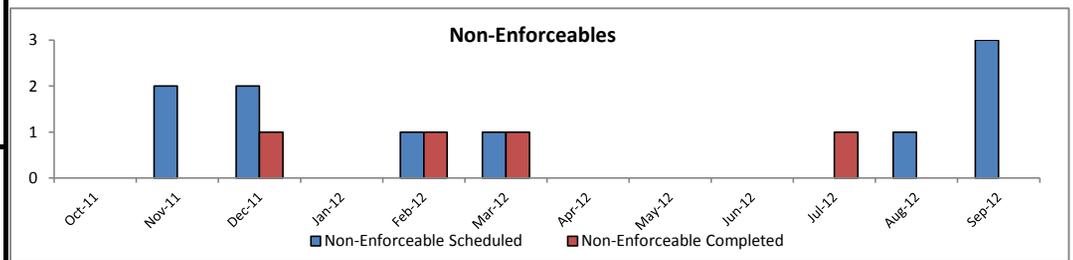
Goal	Zero Missed	Annual Goal Based on missed TPA milestones
Blue	0	
Green	1	
Yellow	2	
Red	≥ 3	

Analysis / Action

Analysis: No enforceable TPA milestones were missed during September 2012. Two milestones due in 2016 and 2017 (M-091-44Q and M-091-44R) were completed in 2011, and noted in Project Manager Meeting minutes. Formal documentation of the completion of these milestones was only recently made from RL to Ecology. The CHPRC project has indicated in the PMB that these milestones were complete in May 2011 and August 2011, respectively. They have been added to the cumulative completed milestone count.

At risk milestone: None
Several TPA Milestones within the scope of the CHPRC contract are being renegotiated with between the Tri-Parties due to significantly reduced funding forecast for FY 2013 and beyond.

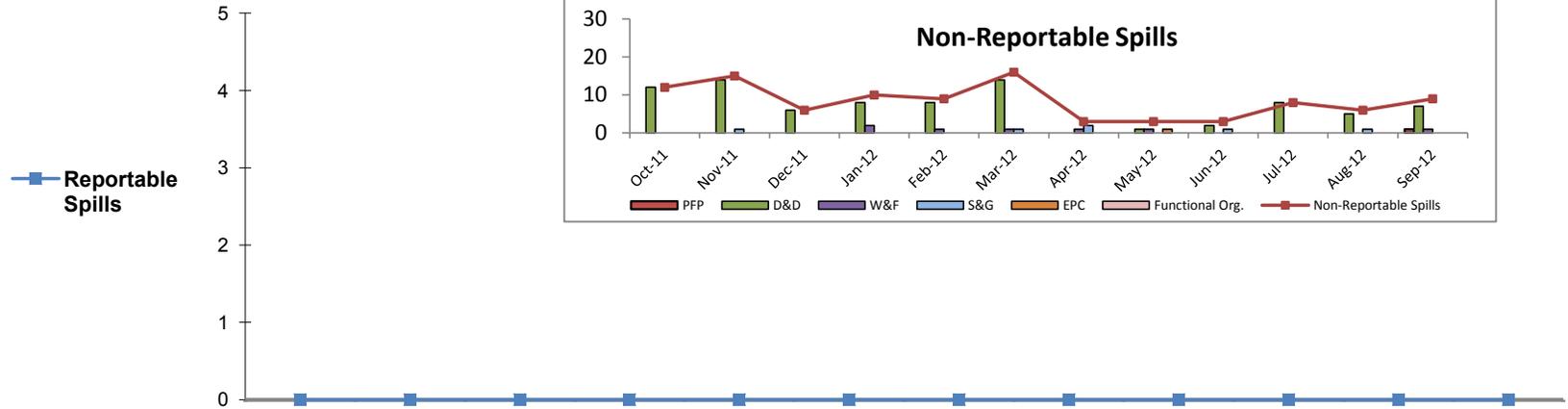
Non-Enforceables were broken out as of FY12 and are tracked separately below.



POC: Environmental / R. Engelmann

JSV

CHPRC Environmental Spills



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	0	0	0	0	0	0	0	0	0	0	0	1
D&D	12	14	6	8	8	14	0	1	2	8	5	7
W&F	0	0	0	2	1	1	1	1	0	0	0	1
S&G	0	1	0	0	0	1	2	0	1	0	1	0
EPC	0	0	0	0	0	0	0	1	0	0	0	0
Functional Org.	0	0	0	0	0	0	0	0	0	0	0	0
Non-Reportable Spills	12	15	6	10	9	16	3	3	3	8	6	9
Reportable Spills	0	0	0	0	0	0	0	0	0	0	0	0

Definition
Environmental spills reportable to Washington State Dept. of Ecology

Analysis / Action
Analysis: There were no spills that required reporting to outside regulatory agencies during September 2012. Listed below are nonreportable spills for September 2012 that are tracked per PRC-PRO-EP-40270.

- Fuels (gasoline, diesel) – ~1.5 gallons
- Lubricants/Oils/hydraulic fluids – ~17 gallons
- Antifreeze – NA
- Wastewaters/Well/Groundwater – NA
- Chemicals (e.g., toxics, corrosives) – Ice melt ~15 lb.
- Radionuclides - NA
- Air emissions – NA
- Other - Asbestos Containing materials - < 0.5 lb.

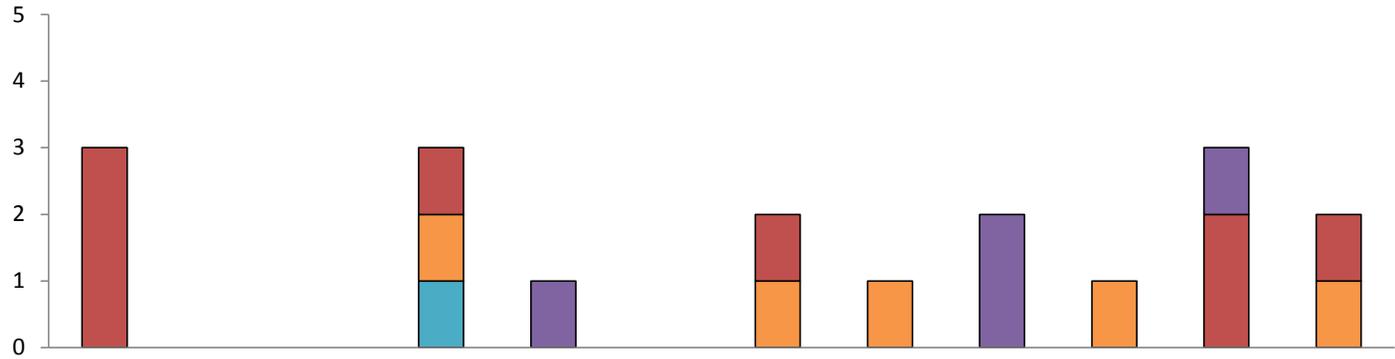
Action: Will continue to monitor.

Goal	Reportable Spills	Goal is based on number of spills
Blue	0	
Green	1 - 2	
Yellow	3 - 4	
Red	≥ 5	

POC: Environmental / R. Engelmann POMC

External Regulatory Notifications

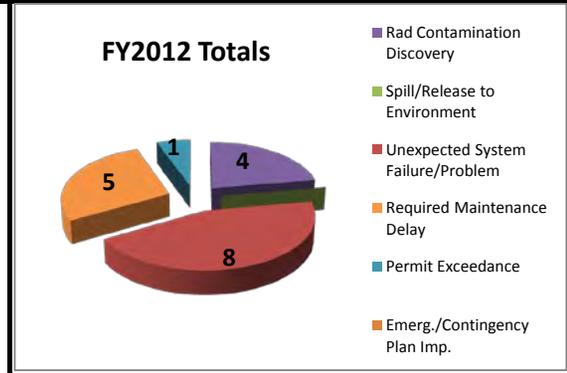
- Rad Contamination Discovery
- Spill/Release to Environment
- Unexpected System Failure/Problem
- Required Maintenance Delay
- Permit Exceedance
- Emerg./Contingency Plan Imp.



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Rad Contamination Discovery	0	0	0	0	1	0	0	0	2	0	1	0
Spill/Release to Environment	0	0	0	0	0	0	0	0	0	0	0	0
Unexpected System Failure/Problem	3	0	0	1	0	0	1	0	0	0	2	1
Required Maintenance Delay	0	0	0	1	0	0	1	1	0	1	0	1
Permit Exceedance	0	0	0	1	0	0	0	0	0	0	0	0
Emerg./Contingency Plan Imp.	0	0	0	0	0	0	0	0	0	0	0	0
Monthly Total Regulatory Notifications	3	0	0	3	1	0	2	1	2	1	3	2

Definition
 REQUIRED Environmental Notifications to external regulatory agencies such as Washington State Department of Health (WDOH), Washington State Department of Ecology (Ecology), Environmental Protection Agency (EPA).
 Notifications for power outages are not listed in this metric.

Analysis / Action
ORPS Reportables: None
Non-ORPS: A total of 18 required notifications were initiated October 2011 through September 2012.
9/27/12 – Notification provided to Washington State Department of Health for unanticipated venting event involving an MCO cask at CSB (required maintenance delay).
9/27/12 – Notification provided to Washington State Department of Health for delay at REDOX completing monthly and annual preventative maintenance (unexpected system failure/problem).



POC: Environmental / R. Engelmann

		7 – Performance Assurance			
Previous Performance		Elements		Current Performance Actions	
Aug-2012	→G	<u>Program Summary Statement</u> Metrics and assessment results are continuing to show sustained good performance. Ten new external lessons learned were communicated and are being addressed in the CR system.		Sep-2012	→G
Jul-2012	→G			<u>Performance Measures</u> <ul style="list-style-type: none"> Assessment Performance CRs: While the number of CRs originating from self-assessments decreased this month, the trend in the ratio of self-assessment continues to be positive. Assessment Scheduling: 100% of all scheduled assessments and required assessments were completed during the month. Cause Evaluation and Plan Quality: Seven CRs were reviewed in September for cause evaluation and plan quality, with the trend line remaining above the goal of 90%. Overall CR Distribution: There were 226 CRs submitted during the month, with the ratio of CH identified CRs at 85% and remaining above the 75% goal. The backlog of active Significant and Adverse CRs continues to decline. Error Precursors: This metric, based on Significant and Adverse CR data, reflects that Inaccurate Risk Perception and Interpretation Requirements stand out as the most frequently cited precursors over a rolling 12-month period. Procurement QA: One QL-1 procurement related QA Nonconformance Report was initiated by Acquisition Verification Services this month documenting 2 filters that did not meet acceptable tolerance (out of square). One QL-1 field NCR (non procurement related) was initiated during the month. 	Actions taken/planned for performance improvement: <ul style="list-style-type: none"> FY2013 Performance, Metrics, Objectives and Commitments are under development.
Jun-2012	→G				
		<u>Assessment Activity</u> <ul style="list-style-type: none"> The Nuclear Safety and Performance Evaluation Board (NSPEB) evaluated the Plutonium Finishing Plant (PFP) Closure Project. The scope of the evaluation included regulatory compliance, self-assessment effectiveness, and overall operational practices and how they support continuous improvement for all of the CHPRC organizations, facilities and activities. Issues identified have been entered into CHPRC’s Condition Reporting & Resolution System. A DWF&RS management assessment was conducted at the Sludge Treatment Project (STP) to identify potential weaknesses based on trending of project assessments, surveillances, and condition reports. Issues and improvement opportunities were identified in the areas of Safety, Operations, Work Control, Emergency Preparedness, Radiological Control, and Lockout/Tagout. 			

7 – Performance Assurance

Previous Performance	Elements	Current Performance Actions																				
	<ul style="list-style-type: none"> A PFP Effectiveness Review was conducted to determine if preventive actions have been successful in changing behaviors of Field Work Supervisors and work teams related to following Technical Work Document work instructions when performing work in the field. The review indicated the actions taken have continued to reduce the rate of failure to comply with work instructions; however, they have not been completely effective and follow-up actions have been added to the CR. An Effectiveness Review was conducted of actions associated with Procedure/Training Implementation related to deficiencies at PFP involving the Radiological Work Process. No issues were identified, and a follow-up assessment was recommended in 3 months to evaluate effectiveness of the change management process after more run-time has been achieved. No discrepancies were identified in the following assessments: Effectiveness of the Operating Experience Program; QC check of the Well Access List at S&GRP against actual conditions at the well site(s); Implementation of Suspect/Counterfeit Item Controls at S&GRP; Suspect/Counterfeit Item Controls at SWOC. <p><u>Issues Management</u> There are 2 open Adverse CRs in this area.</p> <p><u>Feedback (includes externally identified issues), Lessons Learned</u> September OA reports included 4 issues in this area: 2 findings and 2 observations. One good work practice was also identified. Delivered OA reports are reviewed for any appropriate action.</p> <p>Listed below are CRs initiated for review of External lessons learned and trend CRs.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CR Number</th> <th style="text-align: left;">CRs on External Lessons Learned (3 months)</th> </tr> </thead> <tbody> <tr> <td>*CR-2012-2703</td> <td>LLNL Conference Room Chair Fails Unexpectedly</td> </tr> <tr> <td>*CR-2012-2677</td> <td>CPSC Alert – Club Car Recalls Golf Carts and Utility Vehicles due to Fuel Leak and Fire Hazard</td> </tr> <tr> <td>*CR-2012-2612</td> <td>Lessons Learned from SRR Readiness Reviews</td> </tr> <tr> <td>*CR-2012-2611</td> <td>JLG Safety Notice – LiftPod Platform Gate Hinge Replacement</td> </tr> <tr> <td>*CR-2012-2594</td> <td>Miller Harness D-Ring Notice</td> </tr> <tr> <td>*CR-2012-2589</td> <td>Planning and Informal Punch List Led to Contamination Identified Outside Posted Area</td> </tr> <tr> <td>*CR-2012-2564</td> <td>Legrand Wiremold Recalls Power Strips Due to Electric Shock Hazard</td> </tr> <tr> <td>*CR-2012-2526</td> <td>Batteries Plus Expands Recall of Battery Packs Used with Cordless Tools Due to Explosion Hazard</td> </tr> <tr> <td>*CR-2012-2525</td> <td>DeVilbiss Air Power Co Recalls Air Compressors Due to Fire Hazard</td> </tr> </tbody> </table>	CR Number	CRs on External Lessons Learned (3 months)	*CR-2012-2703	LLNL Conference Room Chair Fails Unexpectedly	*CR-2012-2677	CPSC Alert – Club Car Recalls Golf Carts and Utility Vehicles due to Fuel Leak and Fire Hazard	*CR-2012-2612	Lessons Learned from SRR Readiness Reviews	*CR-2012-2611	JLG Safety Notice – LiftPod Platform Gate Hinge Replacement	*CR-2012-2594	Miller Harness D-Ring Notice	*CR-2012-2589	Planning and Informal Punch List Led to Contamination Identified Outside Posted Area	*CR-2012-2564	Legrand Wiremold Recalls Power Strips Due to Electric Shock Hazard	*CR-2012-2526	Batteries Plus Expands Recall of Battery Packs Used with Cordless Tools Due to Explosion Hazard	*CR-2012-2525	DeVilbiss Air Power Co Recalls Air Compressors Due to Fire Hazard	
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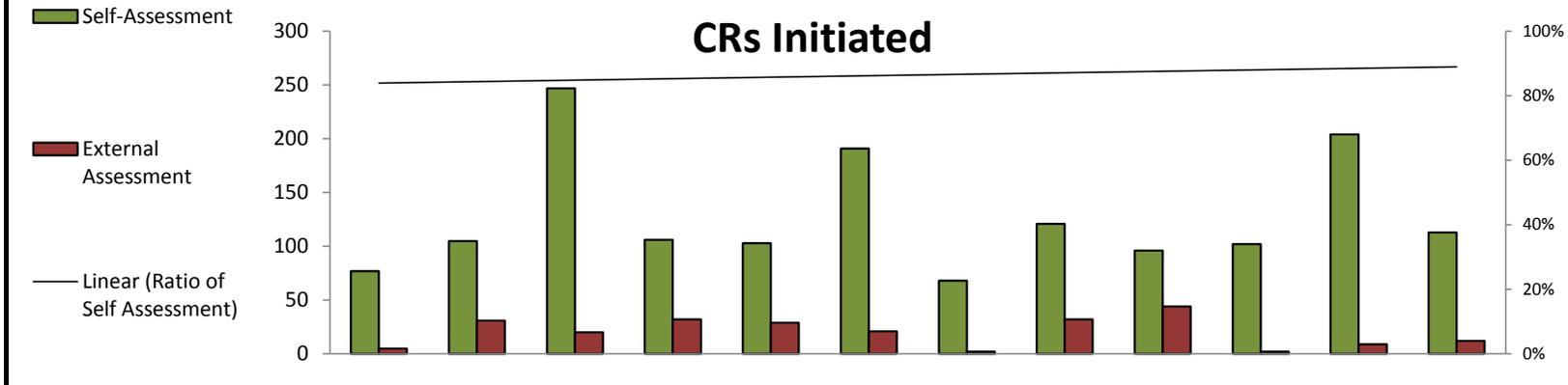
7 – Performance Assurance

Previous Performance	Elements		Current Performance Actions
	*CR-2012-2501	DOE Operating Experience 3 – Safety Concern: Occurrences of Crushing Injuries to Operators of Industrial Equipment	
	CR-2012-2409	Five Things to Help You Recognize a Changed Condition	
	CR-2012-2361	Counterfeit Fire Sprinkler	
	CR-2012-2321	Product Safety Notice – Notice of Potential Unsafe Condition	
	CR-2012-2229	EFCOG Best Practice 134 – Historical Hazard Identification Process for D&D	
	CR-2012-2141	Guardian Fall Protection – Swivel Snaphook Inspection Notification	
	CR-2012-2062	Molenaar Recalls Folding Step Stools Due to Fall Hazard	
	CR-2012-2059	Alltrade Tools Recalls Kawasaki Cordless Drill Due to Burn Hazard	
	CR-2012-2058	Ineffective Communication Leads to Subcontractors’ Recurring Failure to Recognize Silica as a Hazard During the Work Planning Process	
	CR-2012-2057	Product Recall/Stop Use – 3M Series Self Retracting Lanyards	
	CR-2012-2022	Overheated Connection Caused by Equipment Modification	
	CR-2012-1998	Bosch Recalls SkilSaw Miter Saws Due to Laceration Hazard	
	CR-2012-1975	Lock-Out Devices on Single Pole Breakers May Not Ensure a Positive Lock-Out	
	* = new this report		
	CR Number	Trend CRs (12 months)	Type
	*CR-2012-2534	CHPRC MOP Organizational Behavior Observation Checklist, as Currently Utilized, is of Questionable Value	Monitoring
	*CR-2012-2494	Repetitive Issues – Access/Identification of Unprotected/Exposed Electrical Terminals	Adverse
	CR-2012-2443	Work Processes not in compliance with CHPRC Engineering and QA requirements	Monitoring
	CR-2012-2243	Review of Emergency Preparedness Trend Data indicates a weakness in Response Resources during drill conduct	Monitoring
	CR-2012-2242	Review of Emergency Preparedness Trend Data indicates a weakness in Communication during drill conduct	Monitoring
	CR-2012-2199	Review of Emergency Preparedness Trend Data indicates a weakness in Event Classification Timeliness during drill conduct	Monitoring
	CR-2012-2070	Potential Emerging Trend in Hazardous Energy Control Issues at D&D	Emerging
	CR-2012-2049	Progress Review May be Warranted to Evaluate Overall Performance	Emerging
	CR-2012-1976	Waste Management at S&GRP	Emerging
	CR-2012-1669	200W P&T – Pipefitter contacted Sodium Nitrate Solution while performing maintenance	Monitoring
	CR-2012-1687	Unauthorized change incorporated in K Basin SAR-062 revision 17	Monitoring
	CR-2012-1392	Trend identified related to inconsistent use and understanding of reference use procedures	Emerging
	CR-2012-1171	Management of Radioactive Areas	Monitoring
	CR-2012-1170	Management of Radioactive Areas	Monitoring
	CR-2012-1168	Management of Radioactive Areas	Monitoring

7 – Performance Assurance

Previous Performance	Elements			Current Performance Actions
	CR-2012-1135	Work Package Closure	Monitoring	
	CR-2012-1134	Compatibility/Consistency between Work Documents	Monitoring	
	CR-2012-1044	Need for evaluation of “soft-sided” radiological containment materials	Emerging	
	CR-2012-1011	Chemical Management Program – improvement opportunities	Monitoring	
	CR-2012-1010	Inter- and Intra-project expectations	Monitoring	
	CR-2012-0947	Refueling portable equipment at 100K results in recurring fuel spills. Identified during ECO monthly walk-down	Emerging	
	CR-2012-0875	Training Needs Analysis for partial body entries was not conducted in accordance with PRC-PRO-TQ-40165	Monitoring	
	CR-2012-0865	EPC Chemical inventories need updating	Adverse	
	CR-2012-0822	PAPR filter knocked off unit in 234-5Z room 230B	Monitoring	
	CR-2012-0795	Unexpected Radioactive contamination spread during HC-21C glovebox separation	Emerging	
	CR-2012-0768	DOE-RL FR observed foreign material control issues at 105KW	Monitoring	
	CR-2012-0489	Issues identified during spill prevention walk-down at 100K	Monitoring	
	CR-2012-0419	Drift in Cause Evaluation and Plan Quality Score	Monitoring	
	CR-2011-3551	Potential Emerging Trend: D&D Project Chemical Management Concerns	Emerging	
	CR-2011-3232	Observation of Entry/Exit activities with focus on Contamination Control and Partial Entry Activities	Emerging	
	CR-2011-3195	Ensure Normal Operating Conditions will not cause Crit. Safety Nonconformance	Monitoring	
	* = New this report			
	<u>Reportability (Open NTS and/or ORPS issues)</u>			
	CR-2012-2419	Suspect Counterfeit Eye Bolts Identified (ORPS)		
		<ul style="list-style-type: none"> Issue undergoing analysis/action plan development 		

Assessment Performance CRs Initiated



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Self-Assessment	77	105	247	106	103	191	68	121	96	102	204	113
External Assessment	5	31	20	32	29	21	2	32	44	2	9	12
Total	82	136	267	138	132	212	70	153	140	104	213	125
Ratio of Self Assessment	94%	77%	93%	77%	78%	90%	97%	79%	69%	98%	96%	90%
NSPEB Observations	0	0	0	0	0	0	0	18	23	30	24	0
NSPEB Findings	0	0	0	0	0	0	0	36	26	55	12	0
NSPEB Concerns	0	0	0	0	0	0	0	1	0	2	0	0

Definition

This chart shows the count of Condition Reports (CR) identified in CRRS as originating from self-assessment and external assessments. The percentage of self-assessments is compared to the total population.

This chart presents data resulting from only formal assessment processes. CR counts are a subset of the total number of CRs initiated during the reporting period and cannot be compared to the data provided in chart "Overall Significance Level."

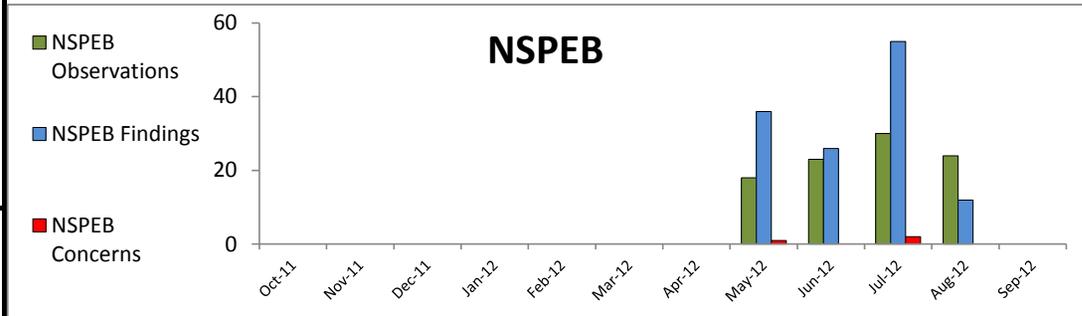
"External" Doc Types: EXT, HQ, RL

"Self-Assessment" Doc Types: DR, IA, MA, MOP, SR, WSA

Goal	Percentage	Based on CR Screening Date
Blue	≥ 70%	
Green	60% - 69%	
Yellow	50% - 59%	
Red	< 50%	

Analysis/Action

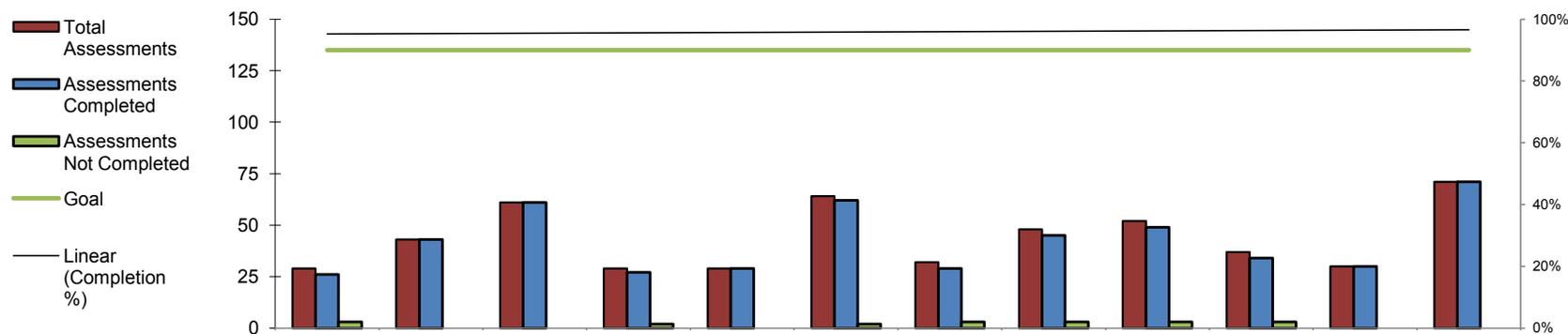
Analysis: While the number of CRs originating from internal assessments decreased this month, the "Ratio of Self Assessment" trend continues in a positive direction. Many of the self-assessments conducted in September were focused on Safety Management Program lines of inquiry. The number of OFIs from external assessments increased; half of these CRs resulted from an RL Surveillance of Radiological Control Work Practices on Backshift at PFP.



POC: SHS&Q / M. Hassell

JSV

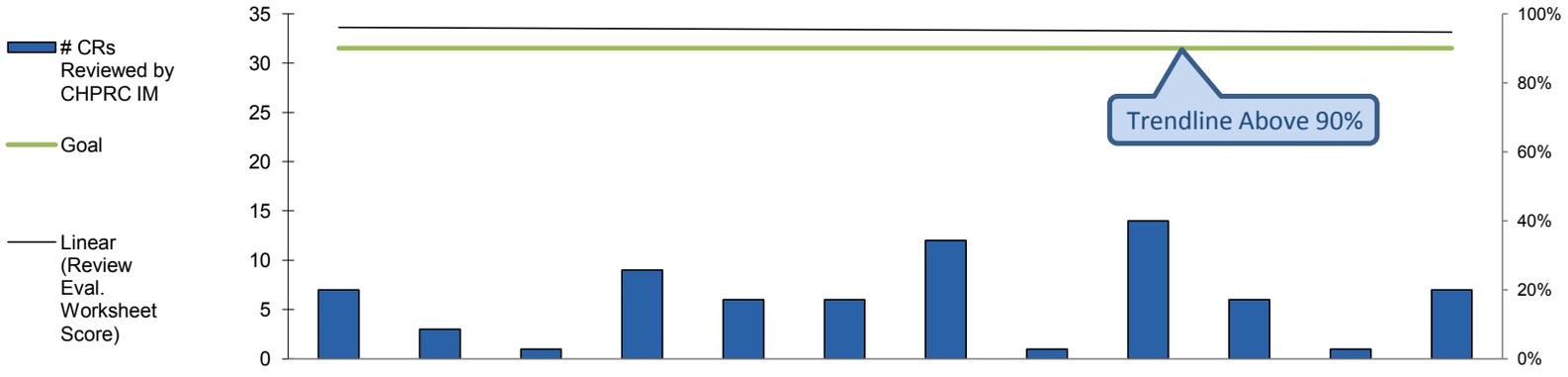
CHPRC Assessment Scheduling



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Total Assessments	29	43	61	29	29	64	32	48	52	37	30	71
Assessments Completed	26	43	61	27	29	62	29	45	49	34	30	71
Assessments Not Completed	3	0	0	2	0	2	3	3	3	3	0	0
Completion %	90%	100%	100%	93%	100%	97%	91%	94%	94%	92%	100%	100%
Required Assessments	17	17	35	18	17	37	12	29	29	19	15	51
Required Completed	16	17	35	17	17	35	11	26	26	18	15	51
Required Not Completed	1	0	0	1	0	2	1	3	3	1	0	0
Required Completion %	94%	100%	100%	94%	100%	94%	92%	90%	90%	95%	100%	100%

Definition		Analysis / Action	
Assessments Completed. "Required" is an assessment required by contract, directive, law, regulation, code, procedure, safety management program, or a commitment in the condition reporting system.		Analysis: 100% of scheduled assessments were completed in September 2012.	
Goal	90% Complete	Goal is based on completion	Action: No further action warranted.
Blue	100%		
Green	≥ 90% < 100%		
Yellow	≥ 80% < 90%		
Red	< 80%		
POC: SHS&Q / M. Hassell			JSV

Cause Evaluation and Plan Quality



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Formal CAP Submitted	1	0	0	0	1	0	0	0	0	1	0	0
Formal CAP Rejected	0	0	0	0	1	0	0	0	0	0	0	0
# CRs Reviewed by CHPRC IM	7	3	1	9	6	6	12	1	14	6	1	7
Review Eval. Worksheet Score	100.0%	97.0%	95.0%	90.0%	98.3%	92.5%	90.4%	100.0%	94.0%	95.0%	98.0%	94.0%

Definition
DOE-RL may require CHPRC to submit Corrective Action Plans for review and approval. These are shown on the first two lines of data above. The goal for these data is 0 rejections.

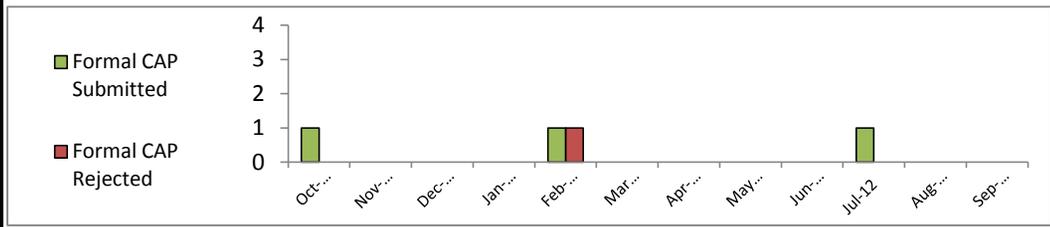
CHPRC Issues Management reviews all Significant and Adverse CRs for quality of analysis and adequacy of corrective action plans. This performance indicator captures the number reviewed and average Worksheet score.

Analysis / Action
Analysis: Seven Apparent Cause Analyses were reviewed and scored with feedback provided. The average score was 94% with a high score of 100% and a low of 85%. The trend line remains above the goal of 90%.

No formal CAPs were submitted to DOE-RL and none were rejected this month.

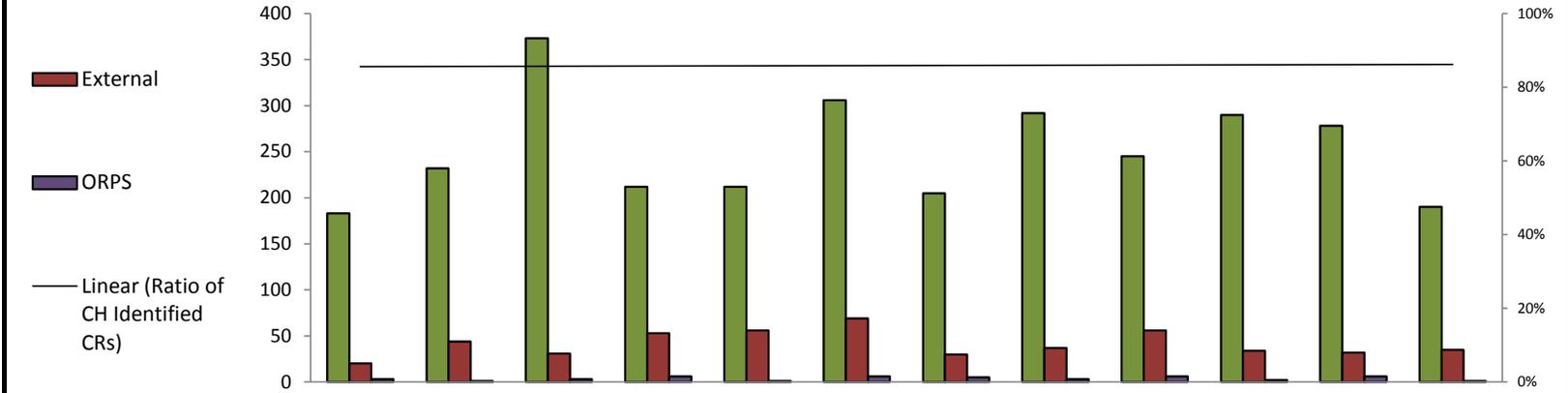
Action: Monitor scores and continue to provide feedback as appropriate.

Goal	Score	Notes
Blue	90%	Goal is based on a percentage
Blue	≥ 90%	
Green	≥ 80% < 90%	
Yellow	> 70% < 80%	
Red	≤ 70%	



POC: SHS&Q / M. Hassell JSV

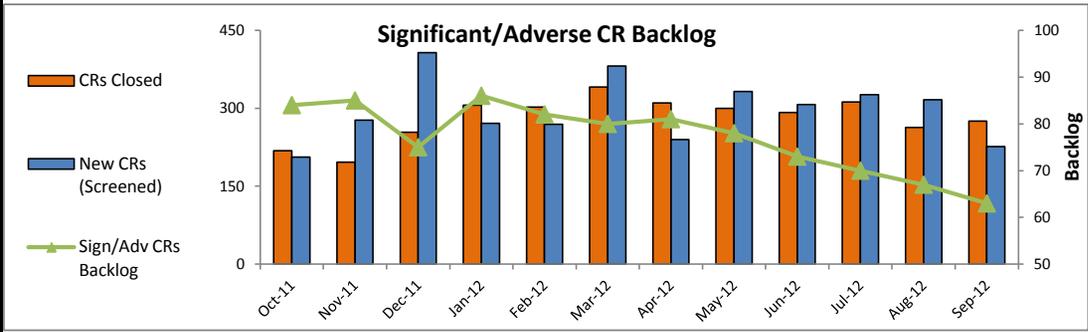
Overall CR Distribution



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Internal	183	232	373	212	212	306	205	292	245	290	278	190
External	20	44	31	53	56	69	30	37	56	34	32	35
ORPS	3	1	3	6	1	6	5	3	6	2	6	1
Total	206	277	407	271	269	381	240	332	307	326	316	226
Ratio of CH Identified CRs	90%	84%	92%	80%	79%	82%	88%	89%	82%	90%	90%	85%
New CRs (Screened)	206	277	407	271	269	381	240	332	307	326	316	226
CRs Closed	218	196	254	306	302	341	310	300	292	312	263	275
Sign/Adv CRs Backlog	84	85	75	86	82	80	81	78	73	70	67	63

Definition
 This metric tracks all CHPRC CRs entered into CRRS in three categories: Internally identified, Externally identified, and ORPS reportable. The ORPS reportable data are provided for information and is included in the Internal data for purposes of determining the monthly ratio.

Analysis/Action
Analysis:
 CHPRC internal identification of issues remains above the goal of 75%. The number of internally identified CRs was affected by the self-assessment focus on Safety Management Program lines of inquiry. The backlog of Significant and Adverse CRs continues to decline.
Action: The overall trend is consistent with the goal. Continue to monitor.

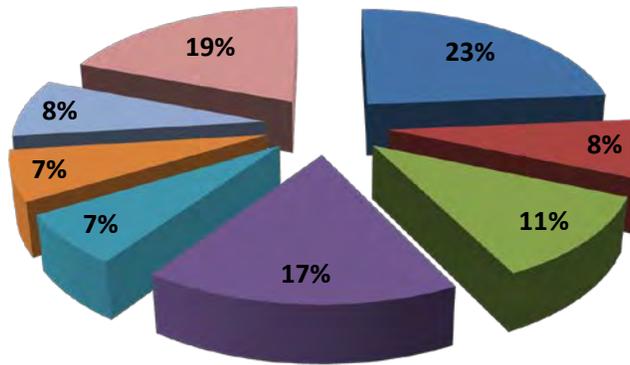


Goal	75%	
Blue	>75%	Goal is based on CRs Identified Monthly
Green	65% - 74%	
Yellow	55% - 64%	
Red	<55%	

POC: SHS&Q / M. Hassell JSV

Error Precursors

- Interpretation Requirements
- High Workload
- Mental Shortcuts (Biases)
- Inaccurate Risk Perception
- Unfamiliar with Task/First Time
- Unexpected Equipment Conditions
- Unclear Goals, Roles, or Responsibilities
- Other (Habit Patterns, "Can Do", Fatigue, Mindset, Time Pressure, Workarounds, Confusing Displays/Procedures, Stress)



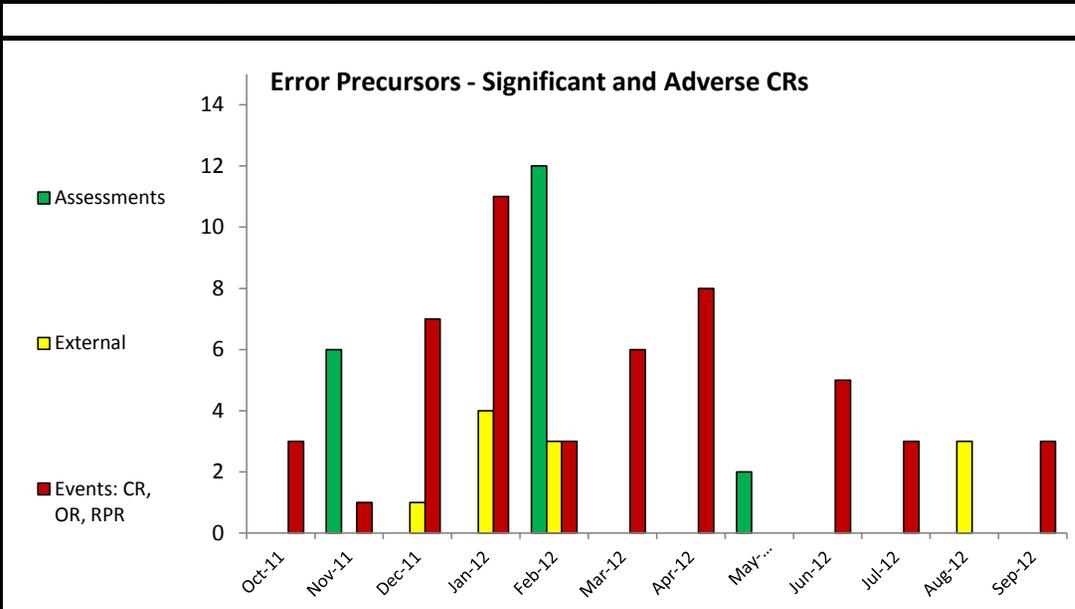
	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
Assessments: SHIRL, SI, SO, DRIL, FPA, MA, MOP, PJR, SR, Trend,	0	6	0	0	12	0	0	2	0	0	0	0
External: HQ, RL, EXT (DOH,	0	0	1	4	3	0	0	0	0	0	3	0
Events: CR, OR, RPR	3	1	7	11	3	6	8	0	5	3	0	3
Total	3	7	8	15	18	6	8	2	5	3	3	3
Percentage Self-Assessments	0%	86%	0%	0%	67%	0%	0%	100%	0%	0%	0%	0%

Definition

Pie chart: Error Precursors for each population. Precursors determined using DOE G231.1-2, Attachment 5.
 Data based on CAP Submittal Date as noted in CRRS.
 Bar chart: Assess. (SHIRL, SI, SO, DRIL, FPA, MA, MOP, PJR, SR, TREND, and WSA); External (HQ, RL, and EXT); and Events (CR, OR, and RPR) per month.

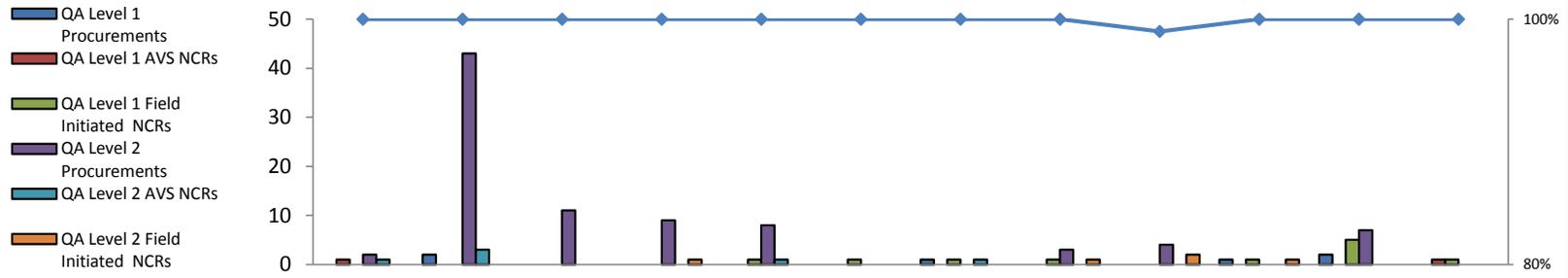
Analysis: This metric provides an evaluation of error precursors accumulated over a rolling 12-month period. This perspective provides insight to the most common error precursors associated with CHPRC work, honing the error precursor focus for future assessments. Inaccurate Risk Perception and Interpretation Requirements stand out as the most frequently cited precursors.

Action: Assessors evaluate the error precursors central to CHPRC activities.



POC: SHS&Q / M. Hassell

CHPRC Procurement QA

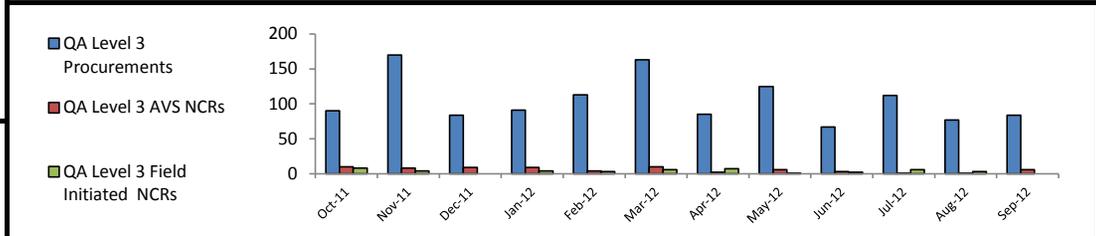


	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
QA Level 1 Procurements	0	2	0	0	0	0	1	0	0	1	2	0
QA Level 1 AVS NCRs	1	0	0	0	0	0	0	0	0	0	0	1
QA Level 1 Field Initiated NCRs	0	0	0	0	1	1	1	1	0	1	5	1
QA Level 2 Procurements	2	43	11	9	8	0	0	3	4	0	7	0
QA Level 2 AVS NCRs	1	3	0	0	1	0	1	0	0	0	0	0
QA Level 2 Field Initiated NCRs	0	0	0	1	0	0	0	1	2	1	0	0
In-Service Compliance Rate	100%	99%	100%	100%	100%							

Definition
 Issues identified as deficient from a QA standpoint. Quality Assurance Level 1 (Safety Class) and Quality Assurance Level 2 (Safety Significant).
 This metric provides a quantity listing of deficient items identified in Safety Class or Safety Significant equipment prior to being placed into service.
 CHPRC Goal - No deficient items utilized .
 EM Goal #5 Performance - >95%.

Analysis / Action
Analysis:
AVS NCR Analysis
 One QL-1 procurement related NCR was initiated by AVS this month. NCR-CHPRC-2012-00000147/Quality Level 1 was written to document that 2 filters inspected by AVS were found to be out of square of the acceptable tolerance (S/N 2003192196 found out of square 1/16" and S/N 2003188941 found out of square 7/16"). The NCR is open.
Field NCR Analysis:
 One QL-1 field NCR was initiated this month (not procurement related). NCR-CHPRC-2012-00000143/Quality Level 1 was written to document that duplicate serial numbers were identified on the following MCO items; one process tube and one locking ring. Resolved "accept as-is." The NCR is closed.
Action: Continue management focus in the workplace.

Goal	100%
Blue	97.5 - 100%
Green	95 - 97.49%
Yellow	92.5 - 94.9%
Red	< 92.5%



POC: SHS&Q / R. Warriner

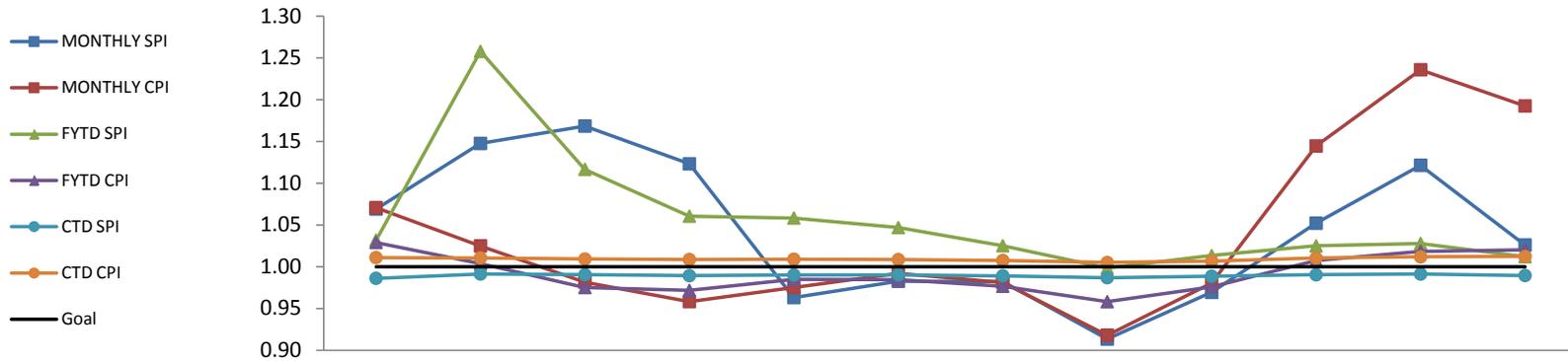
8 – Business Operations

Previous Performance	Elements	Current Performance Actions
Not Scored	<p><u>Program Summary Statement</u> The performance measures in this section are provided as information and are not inclusive of all business operations. Additional Business Operations metrics are currently being considered and/or developed for future inclusion.</p> <p><u>Performance Measures</u></p> <ul style="list-style-type: none"> • There were 759 scheduled training activities completed and 7 no-shows, for a monthly rate of 0.9%. CHPRC’s monthly internal objective is to have less than 2.5% training no-shows. There were 3 HGET/CGET delinquencies. • Medical appointment attendance rate was 95.9%, reflecting a slight increase in the number of no-shows. • The Schedule and Cost Performance metric was first presented in last month’s report. Reversal of recent positive overall trends in schedule and cost performance primarily resulted from unfavorable September schedule variance in two projects (RL-0011 and RL-0012). <p><u>Assessment Activity</u></p> <ul style="list-style-type: none"> • Assessments of Earned Value Management System (EVMS) procedures and guides identified a number of opportunities for improvement related to procedure and documentation updates, training, and process improvements. • Evaluation of PFP facility procurements and acquisitions identified that Commercial Grade Item (CGI) forms used at PFP were not being closed as required. • A Transportation Safety review was performed of the procurement and receipt of radioactive material packaging. Two issues were noted: container information was not provided in the Container Management website for SLB2 packages, and vendor submittal files were not uploaded into the Document Management Control System (DMCS). One OFI was also identified related to the time frame for procurement of spare parts for the SLB2 container. • An evaluation of procurement process improvements at S&GRP noted the guidelines have had positive effects. Several OFIs were provided related to guideline improvements. • No new issues were identified in a review of the Sage Timberline Software Management Plan. <p><u>Issues Management</u> There are no open Adverse or Significant CRs in this area.</p>	<p>Actions taken/planned for performance improvement:</p> <ul style="list-style-type: none"> • Continue to monitor performance. • Work with organizations as needed to resolve issues identified in assessments. • Additional Business Operations metrics are being considered and/or developed.

8 – Business Operations

Previous Performance	Elements	Current Performance Actions
	<p><u>Feedback (including externally identified issues)</u> September OA reports included 2 observations in this area. Delivered OA reports are reviewed for any appropriate action.</p> <p><u>Reportability (Open NTS and ORPS issues):</u> NA</p>	

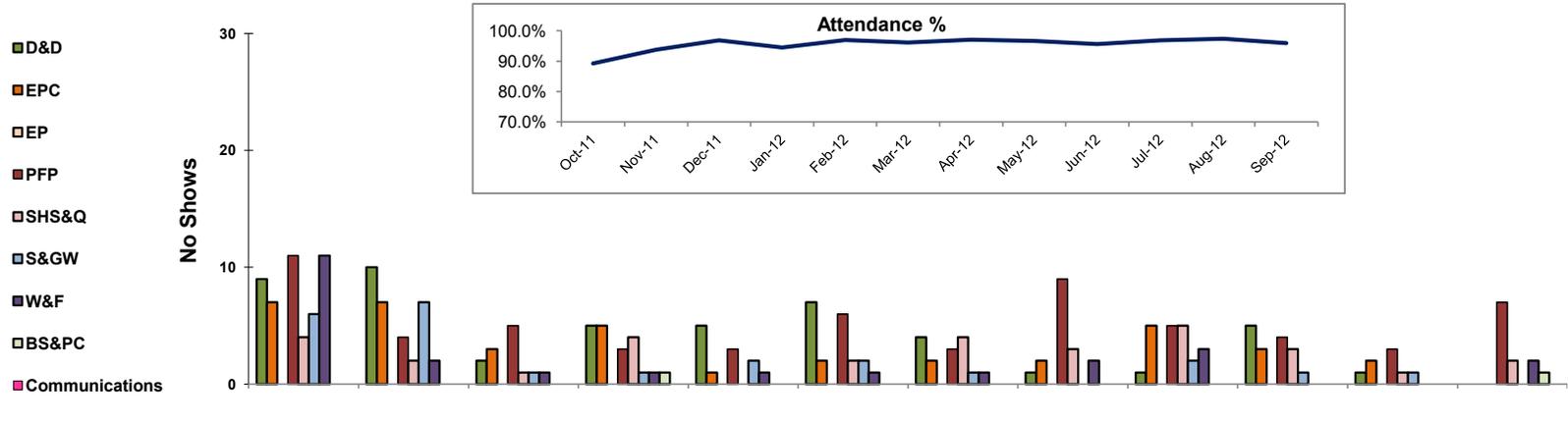
Schedule and Cost Performance



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
MONTHLY SPI (3 mo rolling ave)	1.07	1.15	1.17	1.12	0.96	0.98	0.98	0.91	0.97	1.05	1.12	1.03
MONTHLY CPI (3 mo rolling ave)	1.07	1.02	0.98	0.96	0.98	0.99	0.98	0.92	0.98	1.14	1.24	1.19
FYTD SPI	1.03	1.26	1.12	1.06	1.06	1.05	1.03	1.00	1.01	1.02	1.03	1.01
FYTD CPI	1.03	1.00	0.98	0.97	0.98	0.98	0.98	0.96	0.98	1.01	1.02	1.02
CONTRACT TD SPI	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99	0.99
CONTRACT TD CPI	1.01	1.01	1.01	1.01	1.01	1.01	1.01	1.00	1.01	1.01	1.01	1.01

Definition		Analysis/Action	
SPI=Schedule Performance Index CPI=Cost Performance Index BCWS=Budgeted Cost for Work Scheduled BCWP=Budgeted Cost for Work Performed ACWP=Actual Cost of Work Performed SPI=BCWP/BCWS CPI=BCWP/ACWP Rolling 3 Month=((Month-2)+(Month-1)+Month)/3		Analysis: Reversal of recent positive trends in schedule and cost performance primarily resulted from unfavorable September schedule variance in two projects: • RL-0011 due to performance earned in prior periods on work planned in this month (procure SLB2 containers, PFNW treatment and size reduction of TRU gloveboxes), delays in 234-5Z glovebox removal and process piping removal resulting from stop work on beryllium-related scope, actions required to respond to and mitigate rapid increase in worker radiological dose in Room 235A-2, and more complex or time-consuming scope, or resource availability. • RL-0012 due to delays to Annex Construction due to design changes and a slow start on construction activities by the contractor, KOP work completed ahead of schedule with BCWS being realized in the current month, and delays in completing ECRTS final design due to the large number of RCR comments that required resolution. Cost performance in September reflects favorable cost variance in RL-0013 due to credits for labor rates, MSA rates, and WFO allocations below plan and in RL-0041 due to waste site volumes below plan, coupled with MSA usage less than anticipated. Those favorable cost variances were partially offset by an unfavorable cost variance in RL-0030 due to the 200W P&T project experiencing higher than planned costs for completion of punchlist items, Operations requests for changes, contract closeout and additional contractor claims.	
Goal	≥1.00	3 Month Rolling Average	
Blue	≥1.00		
Green	≥0.95 < 1.00		
Yellow	≥0.90 < 0.95		
Red	<0.90		
POC: Business Services / V. Bogenberger			

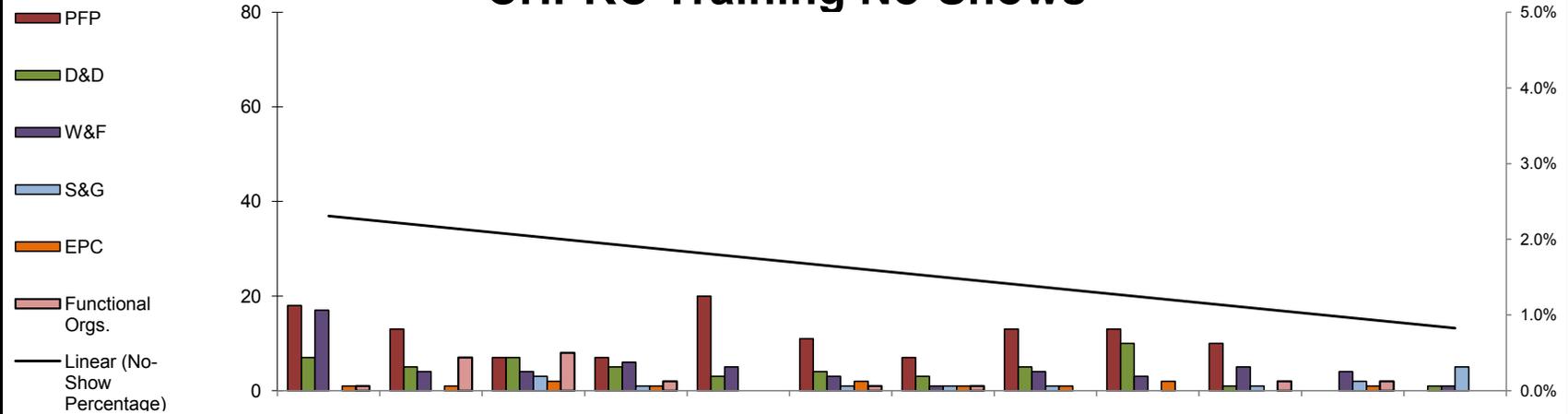
CHPRC Medical Appointment Attendance



	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
D&D	9	10	2	5	5	7	4	1	1	5	1	0
EPC	7	7	3	5	1	2	2	2	5	3	2	0
EP	0	0	0	0	0	0	0	0	0	0	0	0
PFP	11	4	5	3	3	6	3	9	5	4	3	7
SHS&Q	4	2	1	4	0	2	4	3	5	3	1	2
S&GW	6	7	1	1	2	2	1	0	2	1	1	0
W&F	11	2	1	1	1	1	1	2	3	0	0	2
BS&PC	0	0	0	1	0	0	0	0	0	0	0	1
Communications	0	0	0	0	0	0	0	0	0	0	0	0
Total Appointments	448	516	412	361	399	515	520	506	476	514	303	296
Total CHPRC No Shows	48	32	13	20	12	20	15	17	21	16	8	12
Attendance %	89.3%	93.8%	96.8%	94.5%	97.0%	96.1%	97.1%	96.6%	95.6%	96.9%	97.4%	95.9%

Definition	Analysis / Action
Performance Indicator to track number and percentage of CSC No Shows on a Monthly Basis.	<p>Analysis: The company attendance percentage is 95.9. This reflects a slight increase in the number of no shows that occurred during the month of September, 2012. 2 of the "no shows" were subcontractor personnel and 10 were CHPRC personnel. Continued tracking of the no-shows at the project level is essential to keep the numbers low. Failure to attend appointments could significantly impact worker clearances.</p> <p>Action: Communicate to both subcontractors and CHPRC personnel the importance of attending medical appointments to maintain medical qualifications.</p> <p>POC: SHS&Q / M. Hughey</p>

CHPRC Training No-Shows



Data	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12
PFP	18	13	7	7	20	11	7	13	13	10	0	0
Percent Missed	3.9%	2.1%	1.3%	1.0%	2.7%	1.9%	0.5%	1.2%	2.3%	2.5%	0.0%	0.0%
D&D	7	5	7	5	3	4	3	5	10	1	0	1
Percent Missed	3.9%	0.6%	2.3%	1.5%	1.0%	1.3%	0.9%	1.6%	3.5%	0.4%	0.0%	0.7%
W&F	17	4	4	6	5	3	1	4	3	5	4	1
Percent Missed	7.1%	1.2%	1.0%	1.4%	1.4%	0.7%	0.2%	0.1%	0.8%	1.4%	1.4%	0.4%
S&G	0	0	3	1	0	1	1	1	0	1	2	5
Percent Missed	0.0%	0.0%	2.1%	0.6%	0.0%	0.5%	0.6%	0.8%	0.0%	0.9%	1.8%	5.0%
EPC	1	1	2	1	0	2	1	1	2	0	1	0
Percent Missed	1.3%	2.0%	5.0%	0.4%	0.0%	8.7%	3.7%	3.1%	6.3%	0.0%	50.0%	0.0%
Functional Orgs.	1	7	8	2	0	1	1	0	0	2	2	0
Percent Missed	2.0%	2.6%	10.2%	3.8%	0.0%	1.1%	1.5%	0.0%	0.0%	6.7%	6.7%	0.0%
PRC Total No-Shows	44	30	31	22	28	22	14	24	28	19	9	7
No-Show Percentage	3.5%	1.7%	2.1%	1.3%	1.7%	1.4%	0.6%	1.1%	2.0%	1.6%	0.9%	0.9%

Definition	Analysis / Action
Training No-Shows represent the number of CHPRC employees that missed scheduled training during each month.	<p>Analysis: There were 759 scheduled training activities completed and 7 no-shows, for a monthly no-show rate of 0.9%. CHPRC's monthly internal objective is to have less than 2.5% training no-shows. On 9/3/2012, there were 3- HGET/CGET delinquencies. Over the past 7-months, the number of delinquencies has continued to decrease. Each has been reported to the employee and the respective manager. Status will be monitored until each delinquency is resolved.</p> <p>Action: Ensure managers require employees to attend scheduled training, or cancel the training 3 working days prior to the class to avoid no-show charges. Managers should review employee training plans for accuracy and applicability, and eliminate unnecessary training requirements that do not support the work scope assigned.</p>
	POC: Training / R. McKennon

CHPRC Performance Dashboard

September 2012

Performance Indicator	Goal	Jun-12	Jul-12	Aug-12	Sep-12
1. Personnel Safety & Health	→ G				
Total Recordable Case Rate *	< 1.15	0.68	0.69	0.56	0.46
Day Away, Restricted, Transferred Case Rate *	< 0.41	0.20	0.21	0.23	0.20
First Aid Cases	NA	12	16	16	16
2. Industrial Operations	→ G				
Vehicle Safety Events	0	0	0	0	0
Heavy Equipment Events	0	0	0	0	0
Hoisting & Rigging	≤ 1	0	0	0	0
Fall Protection Events - (FY cumulative)	0	1	1	1	1
Fall Protection Issues	NA	0	0	0	0
Fire Protection	NA	0	0	0	0
3. Operations	↘ G				
Transportation	0	0	0	0	0
TSR Violations (12 mo RA)	0	0.00	0.00	0.00	0.08
Criticality Safety	0	0	0	0	0
Potential Safety Analysis Inadequacies-USQD	NA	1	0	1	0
ORPS EM Score	<2.04	1.48	1.68	1.98	1.09
Near Misses (Target-0)	NA	0	0	0	0
EP Drill Performance	<10% late	0%	0%	20%	0%
4. Work Control	→ Y				
CONOPS Procedure Performance	< 12%	33%	35%	44%	30%
Work Management	< 12%	24%	10%	0%	19%
Hazardous Energy - Process Comp. (Elect)	0	1	0	4	0
Hazardous Energy - Process Comp. (Non-elect)	0	0	0	0	0
Hazardous Energy - Below Threshold	≤ 1	2	6	2	0
Hazardous Energy - Hazard Contact (Elect)	0	0	1	0	0
Hazardous Energy - Hazard Contact (Non-elect)	0	0	0	0	0
Initiated vs. Completed Corrective Maintenance *	-20	-3	-6	-6	-1
Preventive Maintenance Overdue and Extended *	NA	123	92	43	57
Corrective Maintenance Backlog *	Decreasing Trend	468	306	245	240
Work Package Closures > 30 Days	TBD	19	73	18	10

Performance Indicator	Goal	Jun-12	Jul-12	Aug-12	Sep-12
5. Radiological Safety	→ G				
RadCon Boundaries (Missed Entry/Exit Rqmt)	0	1	0	2	1
Collective Dose (ALARA) (cumulative)	TBD	28.43	33.88	37.25	40.67
Skin/Clothing Contamination	0	0	0	0	0
Contamination Spread	0	0	0	0	0
Unplanned Dose Intake Events	< 2 events; >10 mrem CED	0	0	0	0
6. Environmental Program	→ G				
Notice of Violations (FY cumulative) *	0	2	2	2	2
TPA Milestones (Late) *	0	0	0	0	0
Environmental Spills - Reportable	0	0	0	0	0
Environmental Spills - Non-Reportable	NA	3	8	6	9
External Regulatory Notifications	NA	2	1	3	2
7. Performance Assurance	→ G				
Assessment Performance - CRs Initiated*	≥ 70%	69%	98%	96%	90%
Assessment Scheduling *	90%	94%	92%	100%	100%
Cause Evaluation & Plan Quality *	≥90% (trend)	94.0%	95.0%	98.0%	94.0%
Overall Significance Level (all CRs) *	Under Revision				
Overall CR Distribution *	75%	82%	90%	89%	85%
Error Precursors	NA	NA	NA	NA	NA
Procurement QA	100%	99%	100%	100%	100%
8. Business Operations	NA				
Schedule Performance Index (SPI)	≥ 1	0.97	1.05	1.12	1.03
Cost Performance Index (CPI)	≥ 1	0.98	1.14	1.24	1.19
Medical Appointment Attendance	NA	95.6%	96.9%	97.4%	95.9%
Training No Shows	NA	28	19	9	7
* Safety Performance Metrics & Objectives / Joint Safety Vision (JSV)					
Performance Level Flags		Excellent	Good	Marginal	Poor