



March 7, 2018

WAI-2018-027

Mr. Jaren B. Glover, Contracting Officer
U.S. Department of Energy
Office of River Protection
Post Office Box 450, MSIN H6-60
Richland, Washington 99352

Dear Mr. Glover:

CONTRACT NUMBER DE-EM0003722 – WASTREN ADVANTAGE INC. HANFORD
LABORATORY SUBMITTAL OF THE REVISED VOLUNTARY PROTECTION PROGRAM
ANNUAL REPORT – CALENDAR YEAR 2017

Reference: Letter WAI-2018-021, S. L. Kon to J. B. Glover, *Wastren Advantage Inc. Hanford
Laboratory Submittal of the Voluntary Protection Program Annual Report – Calendar Year
2017*, dated February 15, 2018.

This letter formally transmits Revision 1 of the Wastren Advantage Inc. Hanford Laboratory's (WHL) Voluntary Protection Program (VPP) Annual Report for Calendar Year 2017 to ORP for ultimate submittal to Mr. Brad K. Davy of DOE - Headquarters, Office of Health, Safety and Security. Transmittal of this report is to amend the previously submitted report in order to accurately document WHL's injury/illness incident rates based on feedback received from Mr. J. W. Swartz (ORP) during his semi-annual surveillance of our injury/illness case management.

Please replace the originally submitted report with Revision 1 and forward to DOE-HQ VPP. Should you have any questions regarding the results of this report, please contact Mr. W. J. Leonard, ES&H Manager, at (509) 373-1820.

Sincerely,

S. L. Kon
WHL Laboratory Manager

Enclosure

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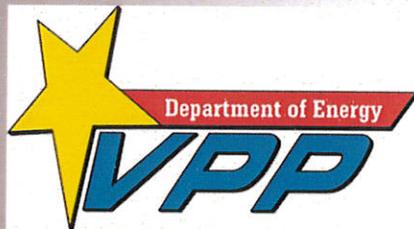
WAI-2018-027

Enclosure

WAI Hanford Laboratory (WHL)
Laboratory Analysis and Testing Services (LATS)
CY 2017 Voluntary Protection Program Annual Report,
Revision 1

Consisting of 45 pages including this coversheet

Wastren Advantage Inc.
Hanford Laboratory
Voluntary Protection
Program Annual Report
CY 2017, Rev.1



Wastren Advantage Inc. Hanford Laboratory

Voluntary Protection Program Annual Report

Calendar Year 2017, Rev. 1

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**Wastren Advantage Inc. Hanford Laboratory
Voluntary Protection Program Annual Report
Calendar Year 2017, Rev. 1**

A. SUMMARY

The Wastren Advantage Inc. Hanford Laboratory (WHL) completed its second full year since it transitioned from the previous analytical services contractor on November 22, 2015. WHL continued many of the same procedures, staff, programs, and safety initiatives to continuously improve safety performance, as well as improve our Integrated Safety Management System (ISMS) programs and processes. WHL continued to work on improving the Safety Culture through employee involvement in various aspects of our Safety and Health (S&H) programs with the ultimate goal of achieving zero injuries and illnesses, as well as identifying and eliminating or mitigating hazards in the workplace. While the ultimate goal of zero injuries and illnesses is the target, continuous improvement in WHL's Safety Culture continues to be the focus for the coming year.

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

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

WHL's managers and employees continuously assess their workplace through the performance of hazards analysis, monthly safety inspections, and periodic laboratory room inspections to proactively identify areas of concern and take prompt action to correct identified safety and

health issues. Their commitment and ownership of their safety and the safety of their co-workers is demonstrated on a daily basis and at all levels of the organization. This was self-evident when the 222-S Laboratory was declared a U.S. Department of Energy (DOE) VPP Star Site in 2008 and recertified as a DOE VPP Star Site in 2011 and again in 2014. Employees at the 222-S Laboratory received a DOE VPP Legacy of Stars Award at the 2016 VPPPA National Conference, denoting four straight years of meeting the Star of Excellence Criteria. WHL entered Interim VPP Star Status upon assuming the contract, and applied for VPP certification as a Star Site in August 2017. A DOE-HQ VPP Star Site certification on-site review is scheduled for September 2018. WHL was also recognized as one of America's Safest Companies by EHS Today Magazine in September 2017.

This year's VPP Annual Report includes information relating to the VPP self-assessment, VPP campaigns, outreach activities, observations, procedure reviews, and results from the VPP Safety Culture survey. This report also includes a copy of a letter from the Hanford Atomic Metal Trades Council (Appendix B) endorsing WHL's continued involvement in the DOE VPP Program by stating "With the award of the 222-S Laboratory contract to Wastren Advantage Inc. – Hanford Laboratory (WHL) the Council has been assured that WHL has committed to pursue safety and health excellence through the DOE Voluntary Protection Program."

1. WHL CY 2017 Accomplishments:

- WHL had no Lost Workday cases in CY 2017.
- Our Zero Accident Council (ZAC) and VPP Steering Committee Co-Chairs launched ZAC/VPP Awareness Campaigns that encompass various awareness activities for presentation, implementation, employee involvement, and feedback opportunities. The following is a list of the campaigns in 2017:
 - Stretch & Flex – a lunchtime stretch program
 - WHL Safety Slogan Contest
 - Weekly Safety Start Newsletter
- The CY 2016 VPP Annual Report was completed and sent to DOE-Headquarters (HQ) in February 2017.
- The CY 2017 Safety Improvement Plan was developed and all actions entered into the internal tracking system (See Section C.3).
- The CY 2018 Safety Improvement Plan was developed and these actions were combined with the FY 2018 ISMS Performance Objectives, Measures, and Commitments (POMCs).
- Continued improvements of Corrective Action Management System – implementation and training on a new corrective action management web-based system.
- Employees participated in monthly safety inspections in support of the Washington River Protection Solutions 222-S Complex Monthly Health and Safety Inspection Program.

Through these inspections, employees helped to identify and correct a variety of health and safety issues identified throughout CY 2017.

- Conducted 10 Operational and Emergency Preparedness Drills to train and develop employee proficiency to properly respond to laboratory upset conditions.
- FY 2017 ISMS/QA Declaration, ISMS Description, and FY 2017 Performance Objectives, Measures, and Commitments (POMCs) were approved by DOE-Office of River Protection (ORP).
- Completed assessments and surveillances on the Worker Safety and Health Program, Safety and Health Training and Information, PPE Use, Respiratory Protection Program, and the Operating Experience Program.
- Participated in the 2017 Safety Connect (formerly known as the Hanford Health and Safety Exposition.)
- Participated in the 2017 Tri-Cities Connect, a forum to support an effective transfer of knowledge and recruit job seekers in collaboration with science, technology, engineering, and mathematics (STEM), trade/craft and apprenticeship organizations.
- Submitted an application for VPP STAR status to DOE as part of the transition from the previous contractor.
- Received recognition as one of America's Safest Companies by EHS Today Magazine.





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

Employees are challenged on a daily basis to perform work safely and to stop work whenever an adverse condition is identified. Employees perform periodic workplace safety inspections and participate in safety committees such as the ZAC, Chemical Hygiene Committee, and the ALARA committee, focusing on identified issues and developing corrective actions to improve safety for themselves and their co-workers. Through safety initiatives, committees, inspections, and communications, employees are actively involved and encourage fellow employees to perform activities that achieve safety objectives in order to modify their behaviors to improve the overall Safety Culture within WHL.

B. CONTRACTOR INCIDENCE RATES

WHL had two Recordable / Restricted workday injury cases reported in CY 2017. WHL had no Lost Workday Cases in CY 2017. At the end of CY 2017, WHL had worked a total of 100,152 hours and gone 31 days without a Recordable or DART case. WHL has no sub-contractor hours.

The number of occupational first aid cases was 5 in CY 2015, 6 in 2016, and 9 in CY 2017. First aid cases ranged from potential chemical exposure, strains, simple cuts/lacerations, and bruises. Of the 20 cases reported during the past three years, only two cases resulted in temporary restrictions but did not prevent injured employees from performing routine job functions or fulfilling their normally assigned duties.

1. Industry Average Comparison

WHL’s North American Industry Classification System (NAICS) code is 562, “Remediation and Other Waste Management Services”. Table 1 represents the CY 2015 and CY 2016 industry incident rates for Remediation Services (CY 2017 incident rates are not yet published). Table 2 represents the three-year injury/illness incident rates for WHL. The three-year combined total man-hours worked were 307,122. The three-year average TRC rate was 1.95, well below the 2016 industry average of 4.2. The DART case rate was also 1.95, which is below the BLS average of 2.7. The CY 2015 and CY 2016 TRC case rate is well below the industry averages (0 cases in 2015 and 1 case in 2016). The CY 2017 TRC case rate is 3.99, which is 5% below the industry 2016 TRC rate. Being a small company, even 1 recordable event can have a significant impact on the overall case rate. Appendix A, *VPP Annual Report Supplemental Worksheet* is

attached as part of the submittal of this annual report as required by the U.S. Department of Energy Voluntary Protection Program, Part II: *Procedures Manual*.

Table 1. NAICS 562 Industry Average						
	NAICS Code	Total Recordable Cases	Cases with Days Away, Transfer or Restriction			Other Recordable Cases
			Total	Days Away	Transfer or Restricted	
2015 Industry Average	562	5.4	3.7	2.1	1.5	1.7
2016 Industry Average	562	4.2	2.7	1.4	1.3	1.5

* Case information for NAICS 562 for companies with 50-249 employees.

Table 2. OSHA Recordable Injury/Illness Case Rates				
	2015*	2016	2017	3-Year Total
TRC # of Cases	0	1	2	3
DART # of Cases	0	1	2	3
Number of Hours Worked	109,627	97,343	100,152	307,122
TRC Rate	0.00	2.05	3.99	1.95
DART Case Rate	0.00	2.05	3.99	1.95
Number of Employees	53	54	61	
Rate is Number of Cases Per 200,000 Hours Worked				

*Contract was awarded to WHL on November 22, 2015. Statistics used for 2015 include the hours worked under previous contractor.

C. CONTINUOUS IMPROVEMENT

1. Integrated Safety Management System (ISMS) Annual Declaration

There was no formal request from DOE this year for an ISMS Declaration. As part of this year's ISMS/EMS/QA submittal, the final status of the FY 2017 POMCs (see Section D.1) was provided (Reference letter WAI-2017-1031, *WAI Hanford Laboratory Response to the Department of Energy Request for the Status of Fiscal Year 2017 Safety Performance Objectives, Measures, and Commitments and Plan to Approve Fiscal Year 2018 Performance Objectives, Measures, and Commitments, dated October 31, 2017*). As part of the submittal for FY 2018, a set of tailored criteria included POMCs, along with the VPP Safety Improvement Plan action items (see Section D.2) which were transmitted to DOE-ORP for approval (Reference letter WAI-2017-115, *WAI Hanford Laboratory Response to the Department of Energy Request for the Fiscal Year 2018 Performance Objectives, Measures, and Commitments, dated January 3, 2018*). DOE-ORP subsequently approved the WHL FY 2018 POMCs (Reference letter 18-SHD-0002, *Approval of Fiscal Year 2018 Performance Objectives, Measures, and Commitments dated January 17, 2018*).

Based on the annual review of ISMS, EMS, and QA, as well as other internal assessments and surveillances, ORP external assessments, other applicable data sources, and continuous improvement initiatives, WHL concluded that its ISMS, EMS, and QA Programs continue to be effectively implemented.

2. Voluntary Protection Program (VPP) / Zero Accident Council (ZAC)

VPP Continuous Improvement is sought and implemented as prescribed in WHL-MP-1023, *Voluntary Protection Program (VPP)/Zero Accident Council (ZAC) Charter*. The VPP/ZAC is based on interactions with the workforce and with management. The combined VPP/ZAC Team monthly meetings focus on identification and resolution of health and safety issues and identification of opportunities for improving the program through the development of VPP/ZAC Awareness Campaigns.

Campaigns for 2017 included continuation of the lunchtime Stretch & Flex program, a safety slogan contest ("Tomorrow – Your Reward for Working Safely Today"), and a larger campaign to implement a Weekly Safety Start newsletter. The Weekly Safety Start is used by the first line managers on the first day of the week during morning turnover meetings, to discuss various safety topics and components of VPP and ISMS.



The monthly VPP/ZAC meeting is also used to status the Safety Improvement Plan, assessing the actions in progress to determine their continued validity and determine if additional actions are needed. Injuries and illnesses are also discussed along with actions taken (or to be taken) and feedback is provided by employees regarding any additional actions that might be needed. Additionally, this meeting discusses the results of any industrial hygiene (IH) chemical sampling activities; as well as reviewing the status of safety issues and concerns documented on the Safety Issues Log for any new and completed items. A summary of these topics are documented in meeting minutes and disseminated to all WHL employees. Lastly, this monthly meeting is used

to identify/recognize employees (in accordance with WHL-312-2.25, *Employee Recognition Program*) who have actively participated in WHL's Health and Safety Programs, earning STARZ points that enable them to earn STARZ Certificates and gift cards as a reward for their contribution to WHL's Safety Culture. Individual or team Significant Part Of The Team (SPOTT) Awards are also given during this meeting to recognize employees who've demonstrated extra effort, exceptional team building and mentoring, production of quality and timely deliverables, and those who have lead process improvement initiatives. Quality Assurance Superior Achievement Reward (QASAR) awards are also given during this meeting to recognize employees who have demonstrated a commitment to quality.

3. Voluntary Protection Program (VPP) Annual Review

WHL's overall VPP is evaluated in several ways throughout the year using several methods:

- VPP Self-Assessment: A VPP self-assessment is conducted each year by members of the VPP/ZAC. The company evaluates their program against the five tenets and 32 sub-elements, using the Hanford Site VPP Self-Assessment standardized process. Each sub-element is scored on a 1-10 scale, then rolled-up to determine an overall grade for each element. The assessment is used to identify both noteworthy practices and opportunities for improvement. WHL conducted a VPP Self-Assessment during August and September 2017, and the results are discussed in more detail in Section F.1.
- Safety Culture Survey: A VPP survey was created and is taken during Hanford Employee General Training (HGET) each year by employees who have worked at WHL for over a year. This VPP Survey allows employees to rate the five tenets of VPP – Management Leadership; Employee Involvement; Worksite Analysis; Hazard Prevention and Control, and; Safety and Health Training. Results were taken into account during the VPP Self-Assessment, and are summarized in Section F.2.
- Safety Improvement Plan (SIP): The VPP/ZAC develops a SIP at the beginning of each calendar year, and each improvement opportunity is tracked to completion through WHL's corrective action management system. Actions are developed using the results of the VPP and ISMS self-assessments and surveys. The CY 2017 SIP and status as well as the new CY 2018 SIP are included in the section D.3 and D.4 below.



D. GOALS AND OBJECTIVES

1. FY 2017 Performance Objectives, Measures, and Commitments

Goals and objectives were developed for FY 2017 as part of the ISMS/QA Effectiveness Review Declaration to continuously improve programs and foster new initiatives for both management and employees to achieve the desired goal of zero injuries and illnesses in an effort to continuously improve the Safety Culture. Goals and objectives were tracked and monitored. Table 3 is a brief summary of each goal and the results obtained in FY 2017.

Table 3. WHL FY 2017 Performance Objectives, Measures, and Commitments (POMCs)

Table 3. WHL FY 2017 Performance Objectives, Measures, and Commitments (POMCs)						
Area	Safety					
Safety	Safety					
SC-1	WHL Performance Objective – Achieve Excellence in Safety Performance					
	ID No.	Performance Commitment	ID No.	Performance Measure	Goal – FY 2017	New/ Retained
	SC-1.1	Maintain TRC to levels below EM Goals	SC-1.1.1	Measure OSHA recordable injuries. Rate is equal to the number of cases per each 200,000-hour period, multiplied by number of hours worked.	Demonstrate a positive trend in reducing 3 year rolling average TRC rate with a stretch goal of <1.1 per 200,000 hours worked.	R
STATUS: Met						
February 2016 was the first TRC injury/illness for WHL since taking over the contract and associated operations in November 2015. Subsequent to the TRC case in February 2016, WHL had worked 19 consecutive months without a TRC injury/illness, thus meeting the objective of the Goal for a positive trend in reducing the rolling average TRC rate. Unfortunately, during the last month of FY 2017 a WHL employee experiencing pain in their shoulders and arms received treatment beyond first aid, resulting in a Recordable case. This resulted in the Stretch Goal not being met. At the end of FY 2017 WHL's TRC case rate was 2.02. While the Stretch Goal was not met, the TRC case rate of 2.02 was less than the industry average of 2.9 (reference NAICS 5629).						
	SC-1.2	Maintain DART to levels below EM Goals	SC-1.2.1	Measure OSHA injury cases classified as Days Away, Restricted or Transferred (DART). Rate is equal to the number of cases per each 200,000 hour period, multiplied by number of hours worked.	Demonstrate a positive trend in reducing the 3 year rolling average DART rate with a stretch goal of <0.6 per 200,000 hours worked.	R
STATUS: Met						
February 2016 was the first DART case for WHL since taking over the contract and associated operations in November 2015. Subsequent to the DART case in February 2016, WHL had worked 19 consecutive months without a DART case, thus meeting the objective of the Goal for a positive trend in reducing the rolling average DART case rate. Unfortunately, during the last month of FY 2017 a WHL employee experiencing pain in their shoulders and arms was given a work restriction, resulting in a DART case. This resulted in the Stretch Goal not being met. At the end of FY 2017 WHL's DART case rate was 2.02. While there was no specific goal for Lost Workday Cases (Days Away), it's important to note that WHL employees have worked 679 days without a lost workday injury/illness.						
SC-2	WHL Performance Objective – Continue to improve WHL's Safety Culture and maintain a Safety Conscious Work Environment					
	SC-2.1	Evaluate and improve ergonomics within the 222-S Laboratory and office areas.	SC-2.1.1	Conduct ergonomic evaluations to identify ergonomic issues requiring action to prevent injury.	Complete at least 2 evaluations and implement recommendations or corrective actions, as reported by evaluator.	R

STATUS: Met						
A total of 11 office ergonomic evaluations and 2 laboratory process ergonomic evaluations were completed during FY 2017.						
	SC-2.2	Continue promotion of worker led safety teams to identify & mitigate workplace hazards & carry out program improvements.	SC-2.2.1	Participate in DOE-HQ's VPP Program.	Complete 2 VPP Campaigns to emphasize the 5 tenets of VPP.	R
STATUS: Met						
A VPP campaign was completed on recognizing safety hazards in the workplace. Another VPP Campaign was initiated to develop a new WHL Safety Slogan "TOMORROW - Your Reward for Working Safely Today!" As part of a larger VPP Campaign item, WHL initiated a Weekly Safety Start, which is used by the first line managers on the first day of the week during morning turnover meetings, to discuss various safety topics and components of VPP and ISMS.						
			SC-2.2.2	Develop the CY 2017 Safety Improvement Plan (SIP).	CY 2017 SIP actions developed and added to CAMPATS.	R
STATUS: Met						
The CY 2017 SIP was developed and approved by the VPP Zero Accident Council and the associated 18 actions were entered into CAMPATS. Reference Condition Report CR-2017-0020 initiated on 2/28/17.						
			SC-2.2.3	Support WRPS/222-S in the performance of the Monthly Safety Inspections.	At least 2 WHL employees participation in the Monthly Safety Inspections.	R
STATUS: Met						
A schedule was developed which identified a minimum of two WHL employees to participate in the monthly 222S Safety Inspection, in addition to the routine participation by the WHL ES&H Program Lead. WHL participated with WRPS in every monthly safety inspection conducted in FY 2017.						
		Evaluate and improve training, staffing, and methods of communication to improve safety performance.	SC-2.2.4	Evaluate staffing levels to ensure sufficient resources are available to complete work, allow for work assignment rotation, and training.	Issue the results of the evaluation, including any actions taken or planned.	N

STATUS: Met

In the 1st quarter of FY 2017 WHL's staffing levels were evaluated to validate resource needs to support safe, effective execution of 222-S Lab activities. Additionally, a time allocation survey was conducted to identify distribution of time for Chemists and Chem-Techs. WHL staffing levels have been increased above the minimum DOE contract requirements (to 55 FTEs) and there is an ongoing effort to hire a QA manager. Also, due to additional anticipated work scope, WHL plans to hire additional Chemists (5) and Chem-Techs (3). Initial and cross-training are being performed to add organizational depth in key positions, and WHL is reorganizing Analytical Operations to facilitate more effective execution of analytical work activities. These activities continued into the 2nd quarter of FY 2017.

In the 2nd quarter of FY 2017, WHL offered specific training programs focusing on the theory and technical applications utilized in the laboratory. Specific focus was placed on GCMS and ICPMS. In addition, the QA department began a monthly presentation to analytical staff focusing on good laboratory practices and quality assurance fundamentals. Ethics training specific to laboratory operations was also presented to the staff. Additional training seminars are in the process of being developed for FY18.

In the 3rd quarter of FY 2017 WHL continued to evaluate changes in resource needs. As a result, (4) additional Chemists ((2) – Radiochemistry Chemists / (2) – Inorganic Chemists), and (3) – Chemical Technologists ((1) – Hotcell / (1) – Sample Custodian / (1) – Organic Team) were hired. Additionally, WHL posted another Chemist position and anticipates hiring additional Chem-Techs. Resource needs and anticipated impacts will continue to be evaluated and necessary adjustment implemented to ensure continued safe delivery of quality analytical data/results to our clients.

By the end of the 4th quarter of FY 2017 WHL continued to evaluate analytical Lab resource needs. The most recent review resulted in the hiring of two additional analytical Chemists (start date: 10/9/17), as well as posting three new Chemical Technologist positions. WHL anticipates hiring an analytical manager, and onboarding the QA Manager in January of 2018. The WHL analytical teams were reorganized to help create more operational efficiencies. WHL will continue to cross-train incumbent employees to allow for work assignment rotation and ultimately create more organizational flexibility which will minimize the impact of resource changes. Furthermore, organizational demographics were evaluated and revealed that over 65% of WHL employees are between the ages of 45 and 65 years with the average age being 49 years old. All aspects of laboratory operations will continue to be evaluated to ensure that WHL is being as proactive as possible in addressing anticipated staffing needs to ensure sufficient resources are available to complete analytical operations, allow for work assignment rotation and training.

			SC-2.2.5	Establish expectations (including dates) for the complete implementation of WHL-312-2.23, <i>Performance Appraisal Process</i> . Consider adding safety and health accountability into personnel appraisals.	Complete implementation of the Performance Appraisal Process.	N
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STATUS: Met

WHL-312-2.23 was revised at the end of FY 2016 for implementation in FY 2017. Employee Performance Appraisals were completed in December/January of FY 2017 and included safety and health accountability expectations/performance objectives. The continued use of the Performance Appraisal Process will be ongoing in FY 2018 and beyond.

			SC-2.2.6	Submit recurring tasks related to communications into CAMPATS to ensure web-based information is updated in a timely manner.	Conduct periodic reviews of the WHL website and ensure information is accurate and up to date.	N
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STATUS: Met

A yearly surveillance to verify the accuracy of the WHL intranet web pages was done in May 2017. In addition, an analysis was conducted to periodically review the web pages to ensure the data is up-to-date on a more frequent basis. Web page owners were identified. A semi-annual review was initiated by the WHL Website Administrator and tracked via a recurring CAMPATS action [ACT-2017-0107]. Emails were sent out to individual web page owners to review their web page(s) and provide feedback and needed changes to the Website Administrator.

			SC-2.2.7	Obtain feedback from employees for ways to improve communication of safety and health information.	Provide the results of the feedback, including actions taken or planned.	N
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STATUS: Met

A variety of actions were taken by 12/28/16 to improve communications with employees regarding occupational injuries, event investigations, operational drills, standing orders, and lessons learned. ZAC members provided feedback on communication mechanisms:

- 1) As part of the monthly VPP/ZAC meetings, any new occupational injuries are discussed along with potential causes and LL to prevent recurrence.
- 2) Event Investigation results are also shared at the VPP/ZAC meetings as well as disseminated to employees via required reading or to their managers who disseminate them as required. Also, all Event Investigation Reports are made available on the WHL website under ES&H/Event Investigation Reports.
- 3) Standing Orders (now referred to as Timely Orders - TO's) are communicated to applicable employees by their managers who then are required to have employees sign to signify that they've received and understood the TO's. Also, all open TO's are periodically reviewed with applicable employees as part of their morning turnover meetings at least weekly. These TO's are available to all employees on the WHL website under ES&H/Procedures.
- 4) Operational Drill Reports are sent to the applicable managers to disseminate results to their employees. Also, all Operational Drill Reports are posted on the WHL website under ES&H/Emergency Preparedness.
- 5) Operating Experience Bulletins/Notices (Lessons Learned) are discussed at the VPP ZAC meetings, as well as sent to managers for further dissemination, sent directly to applicable employees, or included as Required Reading, by the Operating Experience Program Lead.
- 6) Blips - previously used to focus on laboratory Radiological Practices, Conduct of Analytical Operations, Safety and Quality issues/practices, and for communicating other information to raise awareness and continuously improve performance will continue to be used to improve communications with employees. Blips will be added to the WHL Operating Experience Program (WHL-312-10.05) in early FY 2018.

			SC-2.2.8	Engage WRPS management to discuss WRPS delivery of ventilation alarm/response communications to ensure initial response announcements are delivered in a timely fashion.	Provide the results of the discussions, including actions taken or planned.	N
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STATUS: Met

WHL senior management discussed the delivery of ventilation alarm/response communications with WRPS senior management to ensure initial response announcements are delivered in a timely fashion. Alarm response/communication deficiencies were also discussed with WRPS management. WRPS management revised the PA announcement requirements/message to address these issues. WHL and WRPS monitored performance throughout FY 2017 and ultimately agreed that notable improvement had been observed regarding facility announcements during abnormal operating conditions. WHL will continue to monitor performance and provide feedback to WRPS to continuously improve communications during emergency/abnormal events.

			SC-2.2.9	Update training course # 172033, WHL Health and Safety Program – CBT.	Complete updates and issue revised training Course #172033.	
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STATUS: Met

On 12/9/16 computer based training course 172033, *WHL Health and Safety Program*, Revision 7 was issued and the associated Training Activity Sheet was updated. This revised CBT training includes an overview of WHL's ISMS, VPP, and WSHP and the associated implementing procedures.

			SC-2.2.10	Establishing a mechanism for trending the underlying causes/reasons for employees who have recently left WHL for other employment opportunities to determine if any actions can be taken to improve staff retention.	Provide the results of the evaluation, including actions taken or planned.	
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STATUS: Partially Met

An *optional* exit interview questionnaire was developed to help track reasons for employees leaving WHL, as well as to provide an opportunity for feedback from employees regarding their employment experience with WHL. Exit interviews were initiated in FY 2017 and will continue in order to compile information for the evaluation.

			SC-2.2.11	Reallocate resources to facilitate WHL's Training Program.	Ensure adequate resources are provided to facilitate WHL's Training Program, including Training Scheduling and Records Management.	
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STATUS: Met

In early FY 2017 two analytical administrative assistants (primary and backup) were hired to facilitate training program needs including but not limited to management of training documents/records as well as tracking and scheduling of required training activities. Near the end of FY 2017 one of the administrative assistants accepted employment with another site contractor. The WHL Operations Manager, Laboratory Manager, and Human Resources are reevaluating the administrative assistant position/job functions to determine the necessary skills/abilities needed to best support the 222-S Lab moving forward. The administrative assistant job function is expected to be revised, and the position posted during the first quarter of FY 2018. In the meantime, the remaining administrative assistant and the Training Manager will ensure actions are taken to conduct Training Program activities, including training scheduling and records management.

			SC-2.2.12	Communicate to all employees (as a refresher and for those new to the company) the existence of the Safety Logbook for anonymously reporting issues of concern.	Issue the communication to all employees regarding the existence and location of the Safety Logbook for anonymously reporting issues of concern.	N
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STATUS: Met

A communication was sent to all employees on October 25, 2016 about how to report a safety concern. It included a reminder about the Safety Issue Logbook and how to report an issue anonymously. A second communication was issued on March 22, 2017 regarding the Safety Issues Logbook and other ways of employees can report safety issues.

			SC-2.2.13	Develop training / orientation for all employees on the use of WHL Corrective Action System (CAMPATS).	Complete training / orientation of all employees on CAMPATS.	
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STATUS: Met

CAMPATS briefings were given to employees on the use of CAMPATS. Two different types of briefings were provided: one was for Chemical Technologists, as they are very unlikely to be assigned corrective actions, but need to know how to enter and look up issues in CAMPATS; the other briefing was for everyone else and was more detailed (e.g. it covered action planning). The briefings for Chemical Technologists were completed on 9/6/17 and 9/13/17. The other briefings took place on 9/12/17 and 9/14/17. Employees who were not able to attend briefings were assigned the briefing material via Required Reading. Completion of Required Reading was confirmed by the Training Department on 9/27/17.

	SC-2.3	Ensure compliance with the Worker Safety and Health Programs.	SC-2.3.1	Conduct assessments of the elements of the WSHP.	Complete at least 2 assessment of the elements of the WSHP.	N
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STATUS: Met

A WSHP - Respiratory Protection Program Assessment (PA-WH-16-012) was completed in October 2016. An assessment on Safety and Health Training and Information (PA-WH-17-004) was completed on June 5, 2017. And, surveillance on the use of Personal Protective Equipment in the laboratory (SR-ES-17-020) was completed on September 6, 2017.

Area	Environmental Management					
EM	WHL Performance Objective – Maintain an ISO 14001 compliant Environmental Management System (EMS)					
	ID No.	Performance Commitment	ID No	Performance Measure	Goal – FY 2016	New/ Retained
	EM-1.1	Assess the Environmental Management System Program.	EM-1.1.1	Assess the status of the EMS as part of the annual Management Review.	Issue the EMS Management Review Results.	N

STATUS: Met						
The Annual EMS Management Review was conducted on March 21, 2017 and documented on Meeting Minutes and an attached PowerPoint presentation and attendance roster. At the request of WHL, Mission Support Alliance conducted an independent audit of the WHL EMS Management Review Process at the end of April (ref. NSA-17-0190-16). The audit concluded that the EMS Management Review conformed to ISO 14001:2004 and there were no Findings or Opportunities for Improvement. Additional information regarding the EMS Management Review was documented in the FY 2016 Annual Management Review Assessment Report, MA-MU-16-001.						
			EM-1.1.2	Conduct an assessment of the EMS Policy.	Issue the EMS Policy assessment report.	N
STATUS: Met						
In lieu of an assessment of the EMS Policy, WHL enlisted Mission Support Alliance to conduct an independent audit, NSA-16-0113-16, <i>WHL Procurement and Disposition of Office Supplies and ADP Equipment</i> . This assessment was completed on October 3, 2016. The results of this assessment identified no Findings and 2 Opportunities for Improvement (create metrics for monitoring procurement; revise WHL-312-1.17, <i>Procurement and Disposition of Office Supplies and ADP Equipment</i> to fix two minor issues identified during the assessment), both of which have been completed. The assessment of the EMS Policy will be conducted in FY 2018.						
			EM-1.1.3	Conduct an EMS – Universal Waste Program Assessment.	Issue the Universal Waste Program assessment report.	N
STATUS: Met						
An assessment, SR-ES-17-016, <i>EMS Surveillance of Universal Waste and Recycling</i> was completed on July 11, 2017. The results indicated that WHL was actively and compliantly participating in the Universal Waste and Recycling program. Minor issues were identified with WRPS implementing procedures and this information was forwarded to them for follow-up action.						
	EM-1.2	Complete implementation of the Multiple Procedure Chemical Compatibility Review process as part of the FY 2017 Objectives and Targets Achievement Plan.	EM-1.2.1	Meet with WRPS and WHL staff to communicate the new MPCCR process and its benefits and resolve any remaining issues of concern.	Implement the new MPCCR process and cancel related Operator Aids.	N
STATUS: Partially Met						
Much was done throughout FY 2017 to implement the new MPCCR process including; Briefed all analytical staff regarding the MPCCR process and goals for implementation; An MPCCR Pilot Program was developed and implemented to provide proof of concept; Training was provided to all analytical staff; A total of six procedures were identified as requiring revision to include MPCCR requirements and expectations (4 of the 6 procedures have been changed and released); 13 MPCCRs were created and approved as part of the MPCCR Pilot Program; and, 13 Operator Aids are prepped for cancellation. While WHL was confident that the pilot was successful and were prepared for full implementation, WRPS had concerns resulted in the remaining two procedures not being approved which resulted in this performance objective implementation being delayed into FY 2018. WHL is working to resolve the remaining WRPS concerns and is scheduled to conduct a Demonstration Pilot in November 2017. This POMC will be carried over into FY 2018.						
Area	Quality Assurance					
QA						
QA-1	WHL Performance Objective – Continue to make improvements in Quality Programs					
	ID No.	Performance Commitment	ID No	Performance Measure	Goal – FY 2016	New/ Retained
	QA-1.1	Assess the responsiveness of functions to identify adverse conditions.	QA-1.1.1	Develop the FY17 assessment schedule and monitor the performance of scheduled assessments.	Issuance of FY17 assessment schedule and metrics to monitor the performance of scheduled assessments.	R

STATUS: Met						
<p>A FY 2017 assessment schedule was created and approved. WHL performed 1 management review, 5 method assessments, 7 program assessments, 24 surveillances, 1 independent assessment, and 92 operational awareness assessments. This year's 130 internal assessments demonstrate a significant increase from last year's 81 internal assessments. These assessments resulted in 15 findings, 22 observations, and 32 suggestions/opportunities for improvement. The assessment results and associated issues were put into WHL's Corrective Action Management System (CAMPATS) for action planning and tracking purposes.</p> <p>Metrics were developed in FY 2017 to monitor performance on a quarterly basis. This metric monitored the number of assessments planned vs. the number of assessments completed per quarter. The results for FY 2017 were: Q1 = 119%, Q2 = 85%, Q3 = 97%, and Q4 = 88%.</p>						
	QA-1.2	Improve report reissue metrics.	QA-1.2.1	Monitor the reasons why analytical reports require reissue.	Maintain or reduce the number of reissued reports to < 20 in FY 2017.	R
STATUS: Met						
<p>WHL has met the goal of less than 20 reissued reports for FY 2017 with only 13 reissued reports for the fiscal year.</p>						
	QA-1.3	Ensure the continuing suitability & effectiveness of laboratory goals, policies, practices, staff, operations, & processes.	QA-1.3.1	As required by ISO 17025 conduct a comprehensive Management Review of Programs.	Issuance of the Management Review assessment report.	R
STATUS: Met						
<p>The Management Review was conducted to evaluate the period of performance from contract assumption (11/22/15) through the end of FY 2016. Assessment Report MA-MU-16-001, <i>2016 Annual Management Review</i> was issued on 4/11/2017 and was included in the AIHA-IHLAP reaccreditation application. The FY 2017 Management Review has been placed on the assessment schedule with a start date of 11/14/2017 and an end date of 1/31/2018.</p>						
			QA-1.3.2	Evaluate the WHL QAPP and make changes as appropriate.	Revise WHL-MP-1011, Quality Assurance Project Plan for 222-S Laboratory.	N
STATUS: Met						
<p>WHL-MP-1011 was evaluated, changes submitted, and Revision 13-1 of the Quality Assurance Project Plan (QAPP) was issued on 12/21/2016. This change did not represent a full revision, thus the periodic review date (PRD) remained as 4/25/2017. The QAPP was fully evaluated as part of the PRD completed by 4/25/2017 resulting in additional changes being made, including: The low level standard (LLS) for inductively coupled plasma (ICP) only needs to be ran at the beginning of the run; Section 9.3 Data Review - Data reviewers must have the original data owner correct mistakes; Section 9.4.1 Report Format III now has the minimal reporting requirements described by HASQARD; Section 9.4.2.m Duplicate results must be discussed in the narrative for Format IV reports; Section 9.4.4 Title changed to <i>Immediate/Preliminary Reporting</i>. All of these changes were part of Revision 13-2 of the QAPP issued on 9/28/2017.</p>						
			QA-1.3.3	Evaluate the WHL IHQAPP and make changes as appropriate.	Revise WHL-MP-1029, Industrial Hygiene Quality Assurance Project Plan for 222-S Laboratory.	N
STATUS: Met						
<p>WHL-MP-1029 was evaluated as part of an Industrial Hygiene Program Assessment that was performed in the first quarter of FY 2017 and the IH QAPP PRD due date of 2/23/2017. As a result of the IH Program Assessment and PRD, a new revision to WHL-MP-1029, Rev. 10-0 was released on 4/10/2017. The revision included changes resulting from the IH Program Assessment, updated AIHA policy modules, and the inclusion of sample stability/analysis requirements. Another evaluation of the IH QAPP was in progress at the end of FY 2017 during the desk audit portion of the FY 2017 IH Program Assessment and resulted in additional changes being submitted to include quality criteria for the new Thermal Desorption Analysis work scope. A revision to WHL-MP-1029 is expected to be released in early FY 2018.</p>						

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	QA-1.4	Continuously improve WHL's issues management system.	QA-1.4.1	Effectively manage open corrective actions.	Maintain or reduce the overdue corrective action rate to ≤ 10%.	R
STATUS: Not Met						
The overdue corrective action rate was 35.4% as of 9/30/17. This high delinquency rate is predominately due to significant changes in company resources during FY 2017. Actions are being taken to fill open positions to increase staffing in order to reassign and redistribute corrective actions to new and existing employees. This POMC will be carried over in FY 2018 and will be a point of emphasis for management in the next fiscal year and beyond.						
Area	Operations					
OP						
OP-1	WHL Performance Objective - Improve Conduct of Operations Program to enhance excellence in safety and human performance					
	ID No.	Performance Commitment	ID No	Performance Measure	Goal – FY 2016	New/ Retained
	OP-1.1	Improve Conduct of Operations performance.	OP-1.1.1	Evaluate compliance with Conduct of Operations requirements.	Completion of at least 2 Conduct of Operations Assessments.	R
STATUS: Met						
Conduct of Operations: Operating Experience Program Assessment, PA-OT-17-001 was completed on 1/31/2017 Conduct of Operations: On-Shift Training Program Assessment, PA-OT-17-002 was completed on 3/30/2017 Conduct of Operations: Operator Aid Annual Review, SR-ES-17-021 was completed on 9/26/17						
			OP-1.1.2	Conduct Human Performance Improvement Training for new employees.	Completion of HPI training to all newly hired employees.	N
STATUS: Met						
On March 8, 2017 course WHL001, <i>Human Performance – A Strategic Approach</i> was conducted for all new and current employees who had not previously received training in Human Performance Improvement techniques to reduce the potential for human error related events.						
	OP-1.2	Improve employee proficiency in responding to laboratory upset conditions.	OP-1.2.1	Each Analytical Team will conduct one Operational Drill per quarter.	Approve and disseminate the Operational Drill Report to applicable personnel for Lessons Learned.	R
STATUS: Partially Met						
With 3 analytical teams, each managed by Analytical First Line Managers, a total of 12 Operational Drills were expected in FY 2017. This POMC was only partially met with a total of 9 Operational Drills and 1 limited emergency preparedness exercise performed in FY 2017 that included drills associated with radiological skin contamination, chemical spills/exposures, fire and associated evacuation, and injured/ill employees in the lab.						
<ol style="list-style-type: none"> 1. WHL-ODA-101016 2. WHL-ODT-101416 3. WHL-ODA-102516 4. WHL-ODT-062917 5. WHL-ODT-070617 6. WHL-ODT-082417-1 7. WHL-ODT-082417-2 8. WHL-ODT-082417-3 9. WHL-ODT-082417-4 10. EM-222S-FD-2017-05-01 						
	OP-1.3	Improve compliance with procedures.	OP-1.3.1	Conduct Procedure Compliance Assessments and provide feedback/mentoring.	Completion of at least 6 Procedure Compliance Assessments.	R

STATUS: Met

A total of 6 method assessments were conducted in FY 2017 to assess procedure compliance to 7 different procedures, provide feedback/mentoring, and identify opportunities for improvement to procedures.

1. MT-QA-16-002 – Method Assessment of LA-523-140
2. MT-HC-16-003 – Method Assessment of ATS-LO-100-107
3. MT-IO-17-001 – Method Assessment of LA-325-109
4. MT-QA-17-002 – Method Assessment of LQ-510-103
5. MT-IO-17-003 – Method Assessment of LA-506-103
6. MT-IO-17-004 – Method Assessment of LA-503-157
7. MT-HC-17-005 – Method Assessment of ATS-LO-161-172 and LO-080-112

OP-1.4	Improve Radiological Work Practices in Fume Hoods.	OP-1.4.1	Conduct radiological work practice assessments of employees working in fume hoods using the Fume Hood Use Checklist and provide feedback/mentoring to employees based on the results.	Completion of at least 6 Fume Hood Use Checklists.	R
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STATUS: Partially Met

A total of 5 Fume Hood Use Checklists were conducted in FY 2017 assess employee radiological work practices when working in fume hoods and provide feedback/mentoring.

1. FH-IO-16-005
2. FH-OR-17-001
3. FH-ST-17-002
4. FH-OR-17-003
5. FH-RC-17-004

2. FY 2018 Performance Objectives, Measures, and Commitments and Safety Improvement Plan

Goals and objectives were developed for FY 2018 as part of the initiative to improve ISMS, EMS, and QA programs and foster new initiatives for both management and employees to achieve the desired goal of zero injuries and illnesses in an effort to continuously improve the Safety Culture. Table 4 shows FY 2018 POMCs that were approved by DOE-ORP. The format changed slightly from previous years to make it easier to read. To avoid duplication of effort, the 2018 Safety Improvement Plan goals are incorporated as part the POMCs. These are denoted with a (SIP) designation under the 'Measure' column.

Table 4. WHL FY 2018 Performance Objectives, Measures, and Commitments (POMCs)

Performance Objective / Goal	Tracking Number	Measure	Commitment	Closure Evidence	Status
O1 - Reduce occupational injuries/illnesses	POMC-2018-001	Demonstrate a positive trend in reducing the 3 year rolling average TRC rate with a stretch goal of <1.1 cases per 200,000 man-hours worked.	Reduce or maintain Injury/Illness Total Recordable Case (TRC) rates at or below the EM goal.	FY 2018 year-end performance indicator comparing performance to the commitment.	Pending
	POMC-2018-002	Demonstrate a positive trend in reducing the 3 year rolling average DART case rate with a stretch goal of <0.6 cases per 200,000 man-hours worked.	Reduce or maintain Injury/Illness Days Away, Restricted, or Transferred (DART) case rates at or below the EM goal.	FY 2018 year-end performance indicator comparing performance to the commitment...	Pending

<p>O2 - Improve ergonomics within the 222-S Laboratory and office areas to reduce the potential for Musculoskeletal Disorders</p>	<p>POMC-2018-003</p>	<p>Offer ergonomic work station evaluations to all new employees. Complete at least 4 evaluations and implement recommendations or corrective actions, as reported by the Ergonomics Evaluator. (SIP)</p>	<p>Evaluate and improve ergonomics within the 222-S Laboratory and office areas. (SIP)</p>	<p>Closure statement describing the actions taken and date of completion (copies of the ergo evaluations are sensitive and available from the ES&H Program Lead).</p>	<p>Pending</p>
<p>O3 - Continue promotion of worker led safety teams to identify & mitigate workplace hazards & carry out program improvements</p>	<p>POMC-2018-004</p>	<p>Complete 5 VPP Campaigns to emphasize the 5 tenets of VPP. (SIP)</p>	<p>Participate in DOE-HQ's VPP Program and prepare for the upcoming VPP Certification in September 2018. (SIP)</p>	<p>Copies of the VPP Campaigns.</p>	<p>Pending</p>
<p>POMC-2018-005</p>	<p>POMC-2018-005</p>	<p>Schedule at least 2 WHL employees participation in each Monthly Safety Inspection. (SIP)</p>	<p>Support WRPS/222-S in the performance of the Monthly Safety Inspections. (SIP)</p>	<p>Copy of the CY 2018 WHL Monthly Safety Inspection Participation Schedule</p>	<p>Pending</p>
<p>POMC-2018-006</p>	<p>POMC-2018-006</p>	<p>Send employee(s) to the Region X and National VPPPA Conference for safety training, networking, and to benchmark safety best practices. (SIP)</p>	<p>Support employee involvement in the VPP program. (SIP)</p>	<p>Closure statement indication employees attended the Region X and National VPPPA conferences.</p>	<p>Pending</p>

	<p>POMC-2018-007</p>	<p>Ensure a representative from each organization is identified as a member of the VPP/Zero Accident Council and encourage all available employees to attend the monthly VPP/ZAC meetings. (SIP)</p>	<p>Promote participation in the VPP/ZAC Monthly meetings. (SIP)</p>	<p>VPP/ZAC membership roster showing representatives from each organization and a calendared notice or communication to all employees announcing the location, date, and time of the monthly VPP/ZAC meetings.</p>	<p>Pending</p>
	<p>POMC-2018-008</p>	<p>Provide time for employees to participate in planning and attend the Safety and Health Expo. (SIP)</p>	<p>Encourage participation in Safety and Health programs. (SIP)</p>	<p>Roster showing members of the Safety and Health Expo planning committee and roster showing employee attendance at the Expo.</p>	<p>Pending</p>
	<p>POMC-2018-009</p>	<p>Management/leadership visit workers in the field (Lab) at least once per quarter. (SIP)</p>	<p>Improve trust and communication between management/leadership and employees. (SIP)</p>	<p>A copy of the schedule showing management/leadership scheduled to visit the Lab.</p>	
<p>O4 - Improve training, staffing, and methods of communication to improve safety performance.</p>	<p>POMC-2018-010</p>	<p>Provide staffing sufficient to accomplish analytical operations, allow worker rotation, and complete training. (SIP)</p>	<p>Evaluate staffing levels to ensure sufficient resources are available to complete analytical work, allow for work assignment rotation, and training. (SIP)</p>	<p>Closure statement describing the results of the evaluation and actions taken or planned to ensure adequate staffing for conducting analytical operations, including worker rotations and allow for completion of training.</p>	<p>Pending</p>
	<p>POMC-2018-011</p>	<p>Complete evaluation of the implementation of the Performance Appraisal Process for all exempt and non-bargaining unit staff.</p>	<p>Evaluate WHL-312-2.23, <i>Performance Appraisal Process</i> to determine what (if any) action will be taken to provide exempt and non-bargaining unit staff annual performance appraisals.</p>	<p>Closure statement describing the results of the evaluation and actions taken or planned to change or implement the performance appraisal process.</p>	<p>Pending</p>

	<p>POMC-2018-012</p>	<p>Develop and present briefing material on basic hazard recognition as it relates to safety and health inspections. (SIP)</p>	<p>Provide information to employees participating in monthly safety and health inspections on basic hazard recognition. (SIP)</p>	<p>Closure statement describing the action(s) taken to brief employees on basic hazard recognition</p>	<p>Pending</p>
	<p>POMC-2018-013</p>	<p>Reallocate or acquire resources to facilitate WHL's Training Program. (SIP)</p>	<p>Ensure adequate resources are provided to facilitate WHL's Training Program, including Training Scheduling and Records Management. (SIP)</p>	<p>Closure statement describing the action(s) taken to provide adequate resources to administer WHL's training program.</p>	<p>Pending</p>
	<p>POMC-2018-014</p>	<p>Modify Training Activity Sheet(s) for one-time safety and health training identified as needing refresher training. (SIP)</p>	<p>Evaluate the need for refresher training for one-time safety and health training courses (e.g. LWHA, Chemical Hygiene Plan, HPI). (SIP)</p>	<p>Closure statement describing the action(s) taken to modify training to require refresher training - including the course number.</p>	<p>Pending</p>
	<p>POMC-2018-015</p>	<p>Complete evaluation of the feasibility of offering First Aid/AED training to all employees on a voluntary basis. (SIP)</p>	<p>Evaluate the feasibility of offering First Aid/AED training to all employees on a voluntary basis. (SIP)</p>	<p>Closure statement describing the results of the evaluation and (if applicable) actions taken or planned to provide First Aid/AED training to employees who volunteer.</p>	<p>Pending</p>
<p>O5 - Ensure compliance with Worker Safety and Health Programs</p>	<p>POMC-2018-016</p>	<p>Complete WSHP Assessment Reports and include a listing of any findings and/or observations.</p>	<p>Complete at least 2 assessments of the elements of the WSHP.</p>	<p>Closure statement describing the Elements of the WSHP assessed, date of completion, and the assessment report numbers.</p>	<p>Pending</p>

<p>O6 - Improve leadership capabilities for senior management, first line managers, and select high potential employees.</p>	<p>POMC-2018-017</p>	<p>Complete Leadership training for senior management, first line managers, and select high potential employees.</p>	<p>Conduct Leadership training for senior management, first line managers, and select high potential employees.</p>	<p>Closure statement describing the Leadership training conducted, date performed, and roster showing personnel who attended the training.</p>	<p>Pending</p>
<p>O7 - Maintain an ISO 14001 compliant Environmental Management System (EMS)</p>	<p>POMC-2018-018</p>	<p>Complete EMS Assessment Reports and including a listing of any findings and/or observations.</p>	<p>Complete assessments of the elements of the EMS (Management Review, EMS Policy, EMS Planning, EMS Checking).</p>	<p>Closure statement describing the Elements of the EMS assessed, date of completion, and the assessment report numbers.</p>	<p>Pending</p>
<p>O8 - Continue improvements to Quality Assurance Programs</p>	<p>POMC-2018-019</p>	<p>Issuance of FY 2018 assessment schedule and metrics to monitor performance with >80% of scheduled assessments completed in FY 2018.</p>	<p>Develop the FY2018 assessment schedule and monitor the performance of scheduled assessments.</p>	<p>Closure statement describing the results of the FY 2018 assessment schedule performance, including the % of completed assessments.</p>	<p>Pending</p>
	<p>POMC-2018-020</p>	<p>Maintain the number of reissued analytical reports to < 20 in FY 2018.</p>	<p>Maintain analytical report reissue metrics.</p>	<p>Closure statement describing the results of the FY 2018 reissued analytical report performance.</p>	<p>Pending</p>

<p>O9 - Continue Conduct of Operations Program improvements to enhance excellence in safety and</p>	<p>POMC-2018-021</p>	<p>Complete Management Review and issuance of the Assessment Report as required by ISO 17025.</p>	<p>Ensure the continuing suitability & effectiveness of laboratory goals, policies, practices, staff, operations, & processes in accordance with ISO 17025.</p>	<p>Closure statement describing the completion of the Management Review, date completed, and the assessment report number.</p>	<p>Pending</p>
	<p>POMC-2018-022</p>	<p>Results of the evaluation of the QAPP and issuance of the revised WHL-MP-1011, if required.</p>	<p>Evaluate the WHL QAPP and make changes as appropriate.</p>	<p>Closure statement describing the results of the evaluation of the QAPP and a copy of the revised WHL-MP-1011, if changes were required.</p>	<p>Pending</p>
	<p>POMC-2018-023</p>	<p>Results of the evaluation of the IHQAPP and issuance of the revised WHL-MP-1029, if required.</p>	<p>Evaluate the WHL IHQAPP and make changes as appropriate.</p>	<p>Closure statement describing the results of the evaluation of the IHQAPP and a copy of the revised WHL-MP-1029, if changes were required.</p>	<p>Pending</p>
	<p>POMC-2018-024</p>	<p>Corrective Action Delinquency Rate ≤ 10% at the end of FY 2018.</p>	<p>Maintain or reduce the overdue corrective action rate to ≤ 10%.</p>	<p>Closure statement describing the end of FY 2018 corrective action delinquency rate and a copy of the metrics for FY 2018.</p>	<p>Pending</p>
	<p>POMC-2018-025</p>	<p>Complete at least 2 Conduct of Operations Assessments.</p>	<p>Evaluate compliance with Conduct of Operations requirements.</p>	<p>Copies of the Conduct of Operations Assessment Reports.</p>	<p>Pending</p>
	<p>POMC-2018-026</p>	<p>Complete HPI training for all newly hired employees.</p>	<p>Conduct Human Performance Improvement Training for new employees.</p>	<p>Copy of course completion roster.</p>	<p>Pending</p>

human performance	POMC-2018-027	Each Analytical Team will conduct one Operational Drill per quarter (starting in FY 2018, 2nd quarter). (SIP)	Improve employee proficiency in responding to laboratory upset conditions. (SIP)	Copy of the Operational Drill Report.	Pending
	POMC-2018-028	Each Analytical Team will conduct 2 procedure compliance assessments.	Improve compliance with procedures.	Copy of the Procedure Compliance Assessment Report.	Pending
	POMC-2018-029	Each Analytical Team will conduct 2 Fume Hood Use Checklists.	Improve Radiological Work Practices in Fume Hoods.	Copy of the completed Fume Hood Use Checklist.	Pending

3. CY 2017 Safety Improvement Plan (SIP)

The ZAC and VPP Steering Committee concentrated efforts on health and safety issues that affected all employees. The CY 2017 SIP included related POMC improvement items, as well as actions that were derived from the 2016 VPP Safety Culture Survey results. Discrete tasks were outlined for employees to assist in accomplishing the POMC goals and objectives for both program development and program execution in the field. Table 5 shows the SIP and status of actions at the completion of CY 2017.

Table 5. Safety Improvement Plan (SIP) - 2017	
Safety Vision:	Objectives:
Safe, compliant, efficient, and quality sample analyses.	<ol style="list-style-type: none"> 1. Increase management and employee teamwork to promote health and safety. 2. Increase employee participation in safety inspections and safety committees 3. Improve communication of lessons learned, event investigations, and operational drill results to employees. 4. Demonstrate continuous improvement of organizational practices to ensure Integrated Safety Management System (ISMS) and Voluntary Protection Program
Safety Philosophy:	
Provide quality analytical services to our customers while protecting the environment, safety, and health of employees and the public.	
Safety Goal:	
Injury free 24/7 through the application of good safety practices at work and at home.	

Management Leadership

A Build Trust and Communication

Goal 1: Improve communication with staff members to include occupational injuries, event investigations, operational drills, and associated lessons learned.

Actionee: ES&H Manager and First Line Managers

Final Status: A variety of actions have been taken or are in place to improve communications with employees regarding occupational injuries, event investigations, operational drills, standing orders, and lessons learned. ZAC members provided feedback on communication mechanisms:

- 1) As part of the monthly VPP/ZAC meetings, any new occupational injuries are discussed along with potential causes and LL to prevent recurrence.
- 2) Event Investigation results are also shared at the VPP/ZAC meetings as well as disseminated to employees via Required Reading or to their managers who disseminate them as required. Also, all Event Investigation Reports are made available on the WHL website under ES&H/Event Investigation Reports.
- 3) Standing Orders (now referred to as Timely Orders - TO's) are communicated to applicable employees by their managers who then are required to have employees sign to signify that they've received and understood the TO's. Also, all open TO's are periodically reviewed with applicable employees as part of their morning turnover meetings at least weekly. These TO's are available to all employees on the WHL website under ES&H/Procedures.
- 4) Operational Drill Reports are sent to the applicable managers to disseminate results to their employees. Also, all Operational Drill Reports are posted on the WHL website under ES&H/Emergency Preparedness.

Table 5. Safety Improvement Plan (SIP) - 2017

5) Operating Experience Bulletins/Notices (Lessons Learned) are discussed at the VPP ZAC meetings, as well as sent to managers for further dissemination, sent directly to applicable employees, or included as Required Reading, by the Operating Experience Program Lead.

6) Blips - previously used to focus on laboratory Radiological Practices, Conduct of Analytical Operations, Safety and Quality issues/practices, and for communicating other information to raise awareness and continuously improve performance will continue to be used to improve communications with employees. Blips will be added to the WHL Operating Experience Program (WHL-312-10.05) in early FY 2018.

Goal 2: Laboratory Manager to attend Analytical Team morning turnover meetings to interact with employees and provide feedback on issues of concern.

Actionee: Laboratory Manager

Final Status: On September 19, 2016, a new laboratory manager joined the Wastren Hanford Laboratory. The new management approach was to focus on effective communication among all staff - which would include attending daily staff briefings. Since this issue was identified under the previous management structure, it was determined that new management would respond accordingly in the corrective action management system.

Since September 21st, 2016, the Laboratory Manager has been routinely attending the analytical team morning meetings on a rotational basis each week. A minimum of two meetings are attended each week - with an emphasis to attend each department meeting on a bi-weekly basis. Special focus is given to areas that require additional oversight or issue resolutions.

Goal 3: Management / Leadership visit workers in the field (in the CA) once per Quarter.

Actionee: Laboratory Management

Final Status: Senior Leadership is in the laboratory at a minimum of once per quarter.

B Improve Safety & Health Accountability

Goal 1: Add safety and health goals and accountability into performance appraisals for managers and supervisors.

Actionee: Laboratory Manager

Final Status: WHL-312-2.23, *Performance Appraisal Process*, was revised at the end of FY 2016 for implementation in FY 2017. Employee Performance Appraisals were completed in December/January of FY 2017 and included safety and health accountability expectations/performance objectives. The continued use of the Performance Appraisal Process will be ongoing in FY 2018 and beyond.

C Support to the VPP Program

Goal 1: Send employee(s) to the Region X and National VPPPA Conference for safety training, networking, and to benchmark safety best practices.

Actionee: ES&H Manager

Final Status: Reflective of WHL Senior Management's support of the VPP Program, our ZAC Chair and VPP Coordinator were sent to this years' VPP Region X conference in Spokane WA, May 16-18, 2017 and the ESH&Q Manager and VPP Management Sponsor was sent to the VPPPA National Conference (Safety +) in New Orleans, LA, August 28 - September 1, 2017.

Table 5. Safety Improvement Plan (SIP) - 2017

Employee Involvement

A Promote participation in the VPP/ZAC Monthly Meetings

Goal 1: Ensure a representative from each organization/analytical team is identified, and encourage all available employees to attend the monthly ZAC/VPP meetings.

Actionee: ES&H, QA, and First Line Managers

Final Status: Notifications for monthly ZAC meetings are put into the Safety Start and are announced at the morning meetings. The roster was also reviewed several times throughout the year to verify representatives from each of the various groups were identified.

B Encourage participation in Safety and Health Programs

Goal 1: Encourage employee participation in annual Health and Safety Expo. Provide time to participate in planning and attending the Expo.

Actionee: First Line Managers

Final Status: Employees were encouraged to volunteer to participate in 2017 Safety Connect (previously known as the Health and Safety Expo) by email on March 30, 2017. WHL sponsored an interactive booth with displays on liquid nitrogen, extension tools, and making 'GAK'. Employees were provided two hours to attend the 2017 Safety Connect.

Worksite Analysis

A Promote participation in the Monthly Safety Inspection Program

Goal 1: Schedule employees to Team with WRPS and participate in the monthly safety inspections to analyze worksite conditions.

Actionee: ES&H Manager and First Line Managers

Final Status: A schedule was developed which identified a minimum of two WHL employees to participate in the monthly 222S Safety Inspection, in addition to the routine participation by the WHL ES&H Program Lead. WHL participated with WRPS in every monthly safety inspection conducted in FY 2017.

B Conduct ergonomic evaluations to analyze worksite conditions

Goal 1: Perform at least two ergonomic evaluations of the lab or office areas and initiate action to correct less than adequate worksite conditions.

Actionee: ES&H Safety Professional

Final Status: A total of 11 office ergonomic evaluations and 2 laboratory process ergonomic evaluations were completed during FY 2017.

Hazard Prevention and Control

A Evaluate occupational injury/illness trends

Goal 1: Conduct monthly trending of occupational injuries/illnesses to identify potential adverse trends requiring corrective action, and to implement hazard prevention and control measures to prevent or reduce the potential for recurrence.

Actionee: ES&H Case Manager

Table 5. Safety Improvement Plan (SIP) - 2017

Final Status: Trending is completed monthly and injury/illness information is posted and available on bulletin boards and the WHL website. Results were also presented at an all employee meeting in October 2017, with emphasis on hand injuries and falls from chairs.

B Communicate expectations regarding reporting of abnormal conditions or events, including near misses.

Goal 1: Communicate the expectations of reporting conditions or events, including near misses.

Actionee: Lab Operations Manager

Final Status: Discussions regarding reporting abnormal conditions or events are regularly communicated during morning turnover meetings, safety meetings, and all employee meetings.

Safety and Health Training

A Improve proficiency in responding to laboratory upset conditions

Goal 1: Conduct at least one Operational Drill per quarter involving a laboratory upset condition.

Actionee: Analytical First Line Managers

Final Status: With 3 analytical teams, each managed by Analytical First Line Managers, a total of 12 Operational Drills were expected in FY 2017. This POMC was only partially met with a total of 9 Operational Drills and 1 limited emergency preparedness exercise performed in FY 2017 that included drills associated with radiological skin contamination, chemical spills/exposures, fire and associated evacuation, and injured/ill employees in the lab.

1. WHL-ODA-101016
2. WHL-ODT-101416
3. WHL-ODA-102516
4. WHL-ODT-062917
5. WHL-ODT-070617
6. WHL-ODT-082417-1
7. WHL-ODT-082417-2
8. WHL-ODT-082417-3
9. WHL-ODT-082417-4
10. EM-222S-FD-2017-05-01

B Improve training access and tracking

Goal 1: Evaluate feasibility of adding WHL on-line training to the AGET process.

Actionee: Training Manager

Final Status: Not completed

Goal 2: Update training course #172033, WHL Health and Safety Program

Actionee: ES&H Manager

Final Status: On 12/9/16 computer based training course 172033, *WHL Health and Safety Program*, Revision 7 was issued and the associated Training Activity Sheet was updated. This revised CBT training includes an overview of WHL's ISMS, VPP, and WSHP and the associated implementing procedures.

Goal 3: Provide HPI briefings for new employees and employees not familiar with it.

Table 5. Safety Improvement Plan (SIP) - 2017

Actionee: Training Manager

Final Status: On 3/8/17 course WHL001 (formally ATL001), "Human Performance Improvement Training" was provided to all employees who've had this course added to their training plans but had not yet received this training.

Goal 4: Provide training / orientation for employees on the use of CAMPATS.

Actionee: Training Manager

Final Status: CAMPATS briefings were given to employees on the use of CAMPATS. Two different types of briefings were provided: one was for Chemical Technologists, as they are very unlikely to be assigned corrective actions, but need to know how to enter and look up issues in CAMPATS; the other briefing was for everyone else and was more detailed (e.g. it covered action planning). The briefings for Chemical Technologists were completed on 9/6/17 and 9/13/17. The other briefings took place on 9/12/17 and 9/14/17. Employees who were not able to attend briefings were assigned the briefing material via Required Reading. Completion of Required Reading was confirmed by the Training Department on 9/27/17.

C Reinforce employee knowledge of VPP Tenets to prepare for on-site review in 2018

Goal 1: Issue at least two campaigns related to VPP Tenets.

Actionee: ZAC Co-leaders and VPP Coordinators

Final Status: The Lunchtime Stretch and Flex program was continued into 2017. A VPP Campaign was initiated to develop a new WHL Safety Slogan "TOMORROW - Your Reward for Working Safely Today!" As part of a larger VPP Campaign item, WHL initiated a Weekly Safety Start, which is used by the first line managers on the first day of the week during morning turnover meetings, to discuss various safety topics and components of VPP and ISMS.

4. CY 2018 Safety Improvement Plan

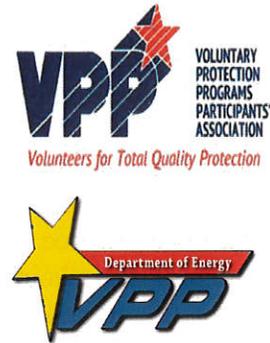
The CY 2018 SIP was derived from the most recent VPP Self-Assessment and VPP Safety Culture Survey. Instead of a separate plan or document, SIP actions were included as part of the ISMS POMCs submittal to DOE-ORP. Table 4 in Section D.2 shows the POMCs for FY 2018, with specific Safety Improvement Plan Items denoted with “SIP”. POMCs/SIP actions are entered into the Corrective Action Management System for tracking purposes.

E. MENTORING AND OUTREACH

1. Mentoring

- VPPPA Region X and National VPPPA Conference

Employees attended the VPPPA Region X Conference in Spokane, Washington and the 33rd Annual National VPPPA Safety and Health Conference in New Orleans, Louisiana in 2017. This afforded employees the opportunity to share ideas and obtain mentoring on a variety of topics associated with ISMS and VPP, as well as attend the DOE VPP Workshop.



- Hanford Site VPP Champions Committee



The WHL VPP Coordinator attends the monthly Hanford Site VPP Champions Committee meetings. Involvement in the Hanford Site VPP Champions Committee has enabled WHL to partner with the other Prime Contractors to glean VPP lessons learned, share VPP awareness campaign ideas, and learn ways to improve the VPP Self-Assessment.

2. Community Outreach

WHL employees live, work, and raise their families in the communities where the company does business. WHL considers it the company's responsibility to devote resources to improving the quality of life in these communities. Employee's sponsor many activities throughout the year, at the same time volunteering hours and personal resources in support of a variety of community service activities throughout the Benton and Franklin Counties. Some of these activities include the following:

- 2017 Safety Connect

Employees participated in the 2017 Safety Connect (formerly the Health and Safety Expo) where ~20,000 attendees interfaced with Hanford Site employees and vendors at the Trade Recreation and Agriculture Center (TRAC) Facility in Pasco, Washington. This community outreach is filled with workplace and home safety information, daily vehicle crash demonstrations, along with a variety of new and innovative products from the vendors; it provides educational information and fun for the whole family. The WHL booth featured demonstrations, safety tools, and hands on science. WHL employees entertained many with liquid nitrogen as they froze roses, spun ping pong balls, created ice balloons, and pounded nails with bananas.



WHL also had an interactive display of some of the extension tools used in a radiological lab environment to reduce exposure/dose. This included tweezers, tongs, a shielded sample carrier, and custom jigs used to hold/move small containers. Feedback from someone at another Hanford facility was very positive. He was excited to see our sample cap removal tool, and planned to implement it at his site. A miniature ‘manipulator’ arm inside of a Plexiglas box also allowed others to experience what it is like to try and move objects inside of a hot cell.



The WHL display also included hands-on chemistry, where kids (and kids-at-heart) got to make some Gak (aka Flubber) to take home. WHL employees put ingredients into baggies, and the kids got to do the mixing to create their own long chain polymers. There was normally a line of people around the corner waiting patiently to come play at the booth.

This community outreach was a great way to connect with other Hanford employees and the

community at large, sharing the importance of our mission, safety, science, and Wastren’s role at the 222-S Hanford Laboratory.

- 2017 Connect Tri-Cities

WHL also participated in the 2017 Connect Tri-Cities. The Connect Tri-Cities goal is to collaborate with community and nation-wide stakeholders to support an effective transfer of knowledge and recruit job seekers in collaboration with science, technology, engineering, and mathematics (STEM), trade/craft and apprenticeship organizations. The objectives are to best position our eligible workforce for retirement and attract the next generation workforce to join our community and execute Hanford’s cleanup mission. WHL chemists provided technical assistance during scientific stage demonstrations, including liquid nitrogen, hydrogen filled balloons, and a vortex cannon. WHL also had an interactive booth featuring liquid chromatography demonstrations.

- American Red Cross

This past year employees at the 222-S Laboratory enthusiastically facilitated and participated in one successful blood drive, collecting 22 pints of blood.



- Girl Scouts and Boy Scouts

WHL employees acted as leaders to the youth of the region. Scouting provides education and hands on experience in many areas including first aid, nutrition, fitness, outdoor safety, tool safety, and cyber safety.

WHL employees lend their knowledge and expertise in their areas to pass on the importance of safety in all aspects of our lives.



- Local Schools/Education Programs

Numerous WHL employees devoted time and resources to support science and education in our community. Activities range from fundraising activities, book fair volunteers, acting as judges in science fairs, STEM based activities in the classroom, and serving on the board for Hispanic Academic Achievers Program (supporting minority education).

F. OVERALL ASSESSMENT RESULTS

1. 2017 VPP Self-Assessment

In August and September of 2017, WHL conducted a self-assessment of the organizations’ VPP using the Hanford Site VPP self-assessment standardized process. The assessment is documented in *CY 2017 Voluntary Protection Program Annual Self-Assessment (WA-ES-17-001)*. The evaluation team was comprised of six members including bargaining unit and exempt staff. The experienced assessment team members provided mentoring to the rest of the team on basic assessment techniques, and the standardized VPP assessment protocol.

Documents were reviewed and 25 personnel were interviewed during the assessment process. Reviews were summarized and evaluated by the VPP Assessment Team. Results from the VPP HGET Safety Culture Survey from August 2016 through July 2017 were also taken into account during the evaluation. Each sub-element was scored, and an average for each VPP tenet was determined. The following score scale was used: Poor 0-1, Fair 2-4, Good 5-7, and Excellent 8-10. All tenets scored in the Good or Excellent category (Table 6). Slight improvements were seen in the areas of Management Leadership and Safety and Health Training. Scoring for each sub-element is shown in Table 7. There were no findings, nine noteworthy practices (Table 8), and sixteen opportunities for improvement (Table 9) identified. Results were used during the development of the 2017 Safety Improvement Plan.

Table 6. 2017 VPP Tenet Assessment Score Summary

Tenet	Rating	2017 Score	2016 Score
Management Leadership	Excellent	8.3	7.3
Employee Involvement	Good	7.7	7.7
Worksite Analysis	Excellent	8.5	8.5
Hazard Prevention & Control	Excellent	8.3	8.9
Safety and Health Training	Good	6.3	5.0

Table 7. Self-Assessment Scoring by Sub-Element		
Management Leadership		
1	Policy/commitment	8
2	Goals and objectives	8
3	Planning	8
4	Written safety and health program	10
5	Adequacy	9
6	Responsibilities assigned and communicated	9
7	Responsible personnel have authority	7
8	Line accountability	6
9	Visible management involvement	8
10	Site orientation and accountability	9
11	Subcontractor employee coverage	NA
12	Safety and health program evaluation	9
	Tenet Average	8.3
Employee Involvement		
13	Employees involved with safety decisions	7
14	Employees participate in safety activities	8
15	Employees identify and resolve issues	8
	Tenet Average	7.7
Worksite Analysis		
16	Health and safety surveys	9
17	Potential hazards identified for new systems, equipment, and processes	8
18	Safety inspections process	8
19	System for reporting hazards without fear of reprisal	8
20	Accident investigation system	9
21	Trend analysis to identify problems	9
	Tenet Average	8.5
Hazard Prevention and Control		
22	Certified safety and industrial hygiene professionals	9
23	Appropriate level of hazard control	9
24	Administrative controls	9
25	Programs for reward and discipline	6
26	Ongoing monitoring and preventative/predictive maintenance	NA

Table 7. Self-Assessment Scoring by Sub-Element		
27	System for initiating and tracking hazards	9
28	Emergency response program	7
29	Occupational medical program	9
	Tenet Average	8.3
Safety and Health Training		
30	Managers understand their S&H responsibilities	8
31	Supervisors understand their S&H responsibilities	5
32	Employees are aware of hazards	6
	Tenet Average	6.3

Table 8. Noteworthy Practices Identified in 2017 VPP Self-Assessment	
1	All employees know who to contact about a safety or health concern.
2	A Safety Improvement Plan (SIP) has been prepared in partnership between employees and managers through the VPP/ZAC council.
3	In general employees feel they are empowered to stop/pause work if they think it can be done in a safer or better way.
4	Many personnel have been recognized for S&H participation through STARZ – no single person stands out as doing it all.
5	At least one employee felt that personnel changes have led to more spirited discussions regarding safety issues during the past year.
6	Positive examples of employee involvement making a difference includes the change in PPE (Protech Coveralls/lab coats), higher visibility on the floor tile issue, and the study on use of tungsten holders for dose reduction.
7	Participation in the Safety Connect (EXPO) during 2017 was outstanding – from planning, to working the booth, to post activity feedback.
8	During a recent planned power outage WHL management made a considerable effort to make sure that analytical equipment was shut down or put into a safe condition. Equipment was also identified in a timely manner that would require temporary power during the outage. This was done outside the efforts of WRPS in preparing the facility for a multiple day power outage. When the facility was restored, proper time was given to ensure that equipment was restored and any issues found were communicated to WRPS and WHL for resolution.
9	All analytical procedures have a Laboratory Worksite Hazard Analysis (LWHA). Employees most familiar with the procedure do an excellent job reviewing changes and providing input on the overall “flow” of the procedure. Several procedures have been updated with worker involvement.

Table 9. Opportunities for Improvement from 2017 VPP Self-Assessment	
1	WHL should evaluate staffing levels to ensure sufficient resources are available to complete work, allow for work assignment rotation, and training.
2	WHL should consider updating company bulletin boards to clearly delineate it as WHL information, and should include the S&H Policy, goals, and objectives.
3	WHL should consider a modified version of the Lab Qualification Card for administrative personnel.
4	WHL should consider fully implementing the appraisal process for all non-bargaining unit personnel.
5	WHL should consider sending out notifications on when the ZAC meeting minutes are available on line.
6	WHL should consider developing a training course on basic hazard recognition.
7	WHL should consider developing a checklist to aid in starting and shutting down equipment during facility upgrades/outages or after a facility process upset.
8	WHL should consider addressing the disciplinary system with all employees in an interactive forum such as an all employee meeting.
9	WHL should consider providing a budget for ergonomic related equipment.
10	WHL should consider refresher courses for some S&H training (S&H Program, LWHA, HPI, Chemical Hygiene Plan), rather than a one-time only training as a new hire.
11	WHL should consider increasing the number of operational drills conducted through-out the year.
12	WHL should consider offering First Aid/CPR/AED training to all employees on a voluntary basis.
13	WHL should consider increasing training opportunities in the area of Chemical Management.
14	WHL should consider increasing the number of employees that are allowed to provide training to new employees.
15	WHL should consider dividing training into smaller modules to help with retention of information.
16	WHL should consider having every meeting start with a safety topic, eliciting participation from attendees.

Overall, the self-assessment results indicate that WHL has maintained a strong Safety Culture. The employees that were interviewed provided candid responses to the questions and the self-assessment team provided consistent grading based on an evaluation of those responses and documentation review. All five VPP tenets scored a *Good* or *Excellent* rating. There remains room for improvement in each tenet, primarily in the areas of communication and administrative updates of safety and health information. Staffing issues were also identified throughout all tenets, with particular impact on Safety and Health Training. The assessment confirmed WHL has the compliant processes needed to maintain DOE-VPP Star status.

2. Analysis of HGET Voluntary Protection Program Safety Culture Survey Data

A VPP survey was created and is taken during Hanford Employee General Training (HGET) each year by employees who have worked at WHL and on the Hanford Site for over a year; therefore, the participation rate is 100% for employees who meet this criteria. A total of 52 employees completed the survey between August 2016 and July 2017. This VPP Survey rated the five tenets of VPP – Management Leadership; Employee Involvement; Worksite Analysis; Hazard Prevention and Control, and; Safety and Health Training. The mean scores are based on a five-point scale for which “1” is the lowest possible score (strongly disagree) and “5” is the highest possible score (strongly agree).

Table 10 provides the average result for each tenet for FY 2017. Results from FY 2015 and FY 2016 are also included for comparison.

Table 10. VPP Safety Culture Survey Results			
VPP Tenets	FY 2015	FY 2016	FY 2017
Management Leadership	4.0	4.1	4.0
Employee Involvement	4.3	4.2	4.2
Worksite Analysis	4.2	4.1	4.1
Hazard Prevention and Control	4.1	4.1	4.1
Safety and Health Training	4.3	4.2	4.2

The results indicate that WHL continues to demonstrate a positive and strong safety culture with respect to each of the tenets of VPP. All five tenets scored an average of 4 (Agree) or higher. Table 11 provides the results of the VPP Safety Culture Survey, including the questions that support each of the tenets. Also included in the survey are two additional questions relating to the VPP and ISMS programs for comparison. Results were reviewed as part of the annual VPP Self-Assessment, and taken into consideration when identifying opportunities for improvement.

Table 11: HGET VPP/ISMS Safety Culture Survey Responses

		2017
VPP Tenet 1: Management Leadership		
Average Score: 2017 = 4.04		
1	Efforts to improve safety are encouraged, recognized, and responded to.	4.22
2	Your manager demonstrates a commitment that all accidents can be prevented.	4.13
3	Senior management (above your manager) visits your workplace.	3.77
VPP Tenet 2: Employee Involvement		
Average Score: 2017 = 4.20		
4	You are involved in decisions affecting your safety and health.	4.05
5	You are aware of you Safety Councils / Local Safety Improvement Team's activities.	4.29
6	You are knowledgeable of your company's safety and health policies and procedures.	4.28
VPP Tenet 3: Worksite Analysis		
Average Score: 2017 = 4.12		
7	Worksite safety inspections are being conducted in your work area.	4.28
8	Responses to your reports of hazards are timely and adequate.	3.92
9	You have been involved with safety analysis e.g. Automated Job Hazard Analysis (AJHA), Ergonomic Evaluations Pre-Job Reviews Enhanced Work Planning (EWP).	4.16
VPP Tenet 4: Hazard Prevention and Control		
Average Score: 2017 = 4.05		
10	Personal Protection Equipment, work practices and/or engineering controls support your ability to work safely.	4.20
11	Workplace rules and standards are known, understood, and applied consistently.	4.16
12	Equipment in your work area is properly/adequately maintained for safe operation.	3.80
VPP Tenet 5: Safety and Health Training		
Average Score: 2017 = 4.21		
13	You are adequately trained to recognize the hazards you are exposed to and how you can protect yourself.	4.33
14	The safety and health training you receive is appropriate for your job.	4.22
15	I am confident my coworkers know what to do and where to go in an emergency at our work location.	4.07
Additional Questions Relating to VPP and ISMS:		
16	ISMS and VPP function together and provide the framework for safe work performance	4.20
17	You use work-related safety principles when dealing with off-the-job hazards	4.18
Point values: Strongly agree = 5, Agree = 4, Neither Agree or Disagree = 3, Disagree = 2, Strongly Disagree = 1		

3. Annual Review Summary

Results from the VPP Self-Assessment and the VPP Safety Culture Survey, as well as document reviews, interviews, and field observations, showed strong evidence of an effectively implemented ISMS and Voluntary Protection Program. However, it also identified areas to focus on for future improvement. Continuous improvement is always our goal.

G. AWARDS AND RECOGNITION

- EHS Today Magazine – America’s Safest Company September 2017
- DOE VPP Legacy of Stars Award August 2016
- DOE VPP Star of Excellence 2015

APPENDIX A. VPP Annual Report Supplemental Worksheet

Date of Review: January 1 through December 31, 2017

For Calendar Year: 2017

Site Contractor Name /Acronym: Wastren Advantage Inc. Hanford Laboratory / WHL

Site Name: Hanford

Company President/Manager: Susan L. Kon

Company Address: 1955 Jadwin Avenue, Suite 330

Richland, WA 99354-5319

Injury Incidence/Lost Workdays Case Rate (contractor (participant) employees and staff augments)***					
Calendar Year	Hours Worked	TRC Cases	TRC Rate	DART*Cases	DART*Rate
2015	109,627	0	0	0	0
2016	97,343	1	2.05	1	2.05
2017	100,152	2	3.99	2	3.99
3-Year Total	307,122	3	1.95	3	1.95
BLS – 2016 Quartile Data for NAICS** # 562			4.2		2.7
Injury Incidence/Lost Workdays Case Rate (subcontractors)					
Calendar Year	Hours Worked	TRC Cases	TRC Rate	DART*Cases	DART*Rate
2015	N/A	N/A	N/A	N/A	N/A
2016	N/A	N/A	N/A	N/A	N/A
2017	N/A	N/A	N/A	N/A	N/A
3-Year Total	N/A	N/A	N/A	N/A	N/A
BLS - 2015 average for NAICS** # N/A			N/A		N/A
Total Contractor & Subcontractors (3 Years)			N/A		N/A

* Days Away, Restricted or Transferred

** North American Industry Classification System

***BLS Data for Businesses with 50-249 employees

What percentage Above / Below the NAICS TRC Rate for reporting year: 5% below for 2017 and 53% below for the 3-Year Total

Number of Contractor Employees: 61

Number of Subcontractor Employees: None

Union Representative: Name: Ley Temple
 Email: Ley_A_Temple@rl.gov Contact #: 509-373-4203

Contractor VPP POC: Name: Bill Leonard
 Email: W_J_IV_Bill_Leonard@rl.gov Contact #: 509-373-1820

DOE VPP POC Name: Ricky Bang
 Email: Ricky_Bang@orp.doe.gov Contact #: 509-376-4151

APPENDIX B. HAMTC VPP Endorsement Letter



OFFICE OF: PRESIDENT

Hanford Atomic Metal Trades Council

1305 KNIGHT STREET
P.O. BOX 898

RICHLAND, WASHINGTON 99352
PHONE (509) 946-0326



December 7, 2015

Mr. Steven A. Moore, President
and Chief Executive Officer
Wastren Advantage Inc.
1571 Shyville Rd.
Piketon, Ohio 456617

Dear Mr. Moore:

VPP ENDORSEMENT

The Hanford Atomic Metal Trades Council (HAMTC) fully supports and embraces the philosophy and tenets of the Department of Energy (DOE) Voluntary Protection Program (VPP). The Council believes that VPP represents the essential driving force to protect the safety and health of our members. It is only through worker involvement and true partnerships that a safe working environment can be achieved.

With the award of the 222-S Laboratory contract to Wastren Advantage Inc.-Hanford Laboratory (WHL), the Council has been assured that WHL has committed to pursue safety and health excellence through the DOE Voluntary Protection Program.

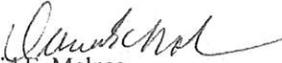
Currently, the 222-S Laboratory proudly displays the DOE VPP Star Status Flag. The employees working for the laboratory, together with management, worked extremely hard to achieve this prestigious recognition. Their hard work and commitment should continue to be recognized by participating in the DOE VPP Program and the integration of this extremely important program into WHL's safety culture.

Therefore, based on WHL commitment to continuing valuable partnerships developed at Hanford, recognition of the past achievements of the Hanford workforce, and the pursuit of excellence in safety and health through DOE VPP, the Council fully supports WHL participation in the DOE VPP Program.

The Council appreciates WHL commitment in providing a safe working environment for the Hanford workforce.

Sincerely,

HANFORD ATOMIC METAL TRADES COUNCIL


David E. Molnaa
President