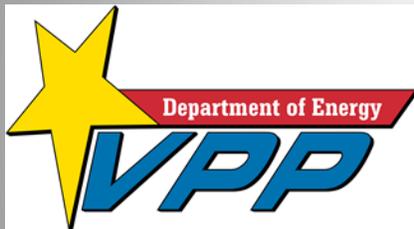


Wastren Advantage
Inc. Hanford
Laboratory Voluntary
Protection Program
Annual Report –
CY 2016



Wastren Advantage Inc. Hanford Laboratory

Voluntary Protection Program Annual Report

Calendar Year 2016

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Wastren Advantage Inc. Hanford Laboratory Voluntary Protection Program Annual Report Calendar Year 2016

A. SUMMARY

The Wastren Advantage Inc. Hanford Laboratory (WHL) completed its first full year since it transitioned from the previous analytical services contractor (Advanced Technologies and Laboratories International, Inc. – ATL) 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 received this accolade as the only independent small business prime contractor to DOE at that time to achieve VPP Star status. WHL entered Interim VPP Star Status upon assuming the contract, and intends to apply for VPP certification as a Star Site in 2017. 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.

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 ISMS/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 2016 Accomplishments:

- WHL had one Recordable / Restricted Workday case reported in CY 2016 (February 8, 2016). WHL had no Lost Workday cases in CY 2016. At the end of CY 2016, WHL had worked 81,645 hours and gone 327 days without a Recordable or DART case.
- 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 2016:
 - Hierarchy of Controls
 - Stretch & Flex – a lunchtime stretch program
 - Employee Recognition
 - Eyes on Safety – Identification of Hazards in a Laboratory
- The CY 2015 VPP Annual Report was completed and sent to DOE-Headquarters (HQ)
- The CY 2016 Safety Improvement Plan was developed and all actions entered into the internal tracking system (See Section C.3).
- Continued improvements were made to the procedure change process to reduce the backlog and lag time for processing changes.
- 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 2016.
- Conducted 10 Operational and Emergency Preparedness Drills to train and develop employee proficiency to properly respond to laboratory upset conditions.
- FY 2016 ISMS/QA Declaration, ISMS Description, and FY 2016 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, Motor Vehicle Safety, Respiratory Protection Program, Medical Services and First Aid, and the Employee Concerns Program.
- Participated in the annual Hanford Health and Safety Exposition.
- Received the DOE VPP Legacy of Stars Award at the 2016 Annual VPPPA National Conference.
- Developed and implemented a WHL specific Environmental Management System (EMS), conforming to the International Organization for Standardization (ISO) 14001:2004, *Environmental Management Systems – Requirements with guidance for use*.
- Updated/combined the Zero Accident Council and VPP Steering Committee Charters.



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 and its 222-S Laboratory employees had one Recordable / Restricted case reported in CY 2016. WHL had no Lost Workday Cases in CY 2016. At the end of CY 2016, WHL had worked 81,645 hours and gone 327 days without a Recordable or DART case. WHL has no sub-contractor hours.

The number of occupational first aid cases was 9 in CY 2014, 5 in CY 2015, and 6 in CY 2016. 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 five 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 5629, “Remediation and Other Waste Management Services”. Table 1 represents the CY 2014 and CY 2015 industry incident rates for Remediation Services (CY 2016 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 331,893. The three-year average TRC rate was 0.6 and the DART case rate was 0.6, well below the 2015 industry average of 2.9 and 1.8 respectively. The CY 2014 and CY 2015 TRC case rate is well below the industry averages (0 cases in 2014 and 2015). The CY 2016 TRC case rate is 2.05, which is 29% below the industry 2015 TRC 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 5629 Industry Average						
	NAICS Code	Total Recordable Cases	Cases with Days Away, Transfer or Restriction			Other Recordable Cases
			Total	Days Away	Transfer or Restricted	
2014 Industry Average	5629	3.2	2.1	1.3	0.8	1.1
2015 Industry Average	5629	2.9	1.8	1.0	0.7	1.1

Table 2. OSHA Recordable Injury/Illness Case Rates				
	2014*	2015*	2016	3-Year Total
TRC # of Cases	0	0	1	1
DART # of Cases	0	0	1	1
Number of Hours Worked	124,923	109,627	97,343	331,893
TRC Rate	0.00	0.00	2.05	0.6
DART Case Rate	0.00	0.00	2.05	0.6
Number of Employees	71	53	54	
Rate is Number of Cases Per 200,000 Hours Worked				

*Contract was awarded to WHL on November 21, 2015. Statistics used for the 2014/2015 dates include the hours worked under previous contractor.

C. CONTINUOUS IMPROVEMENT

1. Integrated Safety Management System (ISMS) Annual Declaration

The scope of the annual ISMS/VPP/WSHP/QA review included all activities managed by WHL. The set of tailored criteria included performance objectives, measures, and commitments (POMCs), along with the Safety Improvement Plan action items. The results of this fiscal year's 2016 ISMS/QA effectiveness review declaration was documented and transmitted to DOE-ORP on October 31, 2016 (Reference letter WAI-2016-115, *Contract Number DE-EM003722 – WAI Hanford Laboratory Response to the US Department of Energy Request for Fiscal Year 2016 Annual Integrated Safety Management System and Quality Assurance Effectiveness Review Declaration*). As part of this ISMS/QA submittal, the status of the FY 2016 POMCs (see Section D.1) was finalized. WHL developed the FY 2017 POMCs (see Section D.2) and transmitted them to DOE-ORP for approval (Reference letter WAI-2016-115).

Based on this annual review and other internal assessments and surveillances, ORP external assessments, other applicable data sources, and continuous improvement initiatives, WHL concluded that its ISMS and Quality Assurance (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. This meeting is also used to status the Safety Improvement Plan, assessing the actions in progress to determine their continued validity and determine if additional actions are needed. Injuries and illnesses are also discussed along with actions taken (or to be taken) and feedback is provided by employees regarding any additional actions that might be needed. Additionally, this meeting discusses the 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 July and August 2016, 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 and on the Hanford Site 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 evaluated in detail in the ISMS & VPP Safety Culture and Safety Conscious Work Environment Assessment. Survey results for FY 2016 are summarized in Section F.2.
- **ISMS & VPP Safety Culture and Safety Conscious Work Environment (SCWE) Assessment:** The ISMS assessment for FY 2016 was performed using DOE G 450.4-1C, *Integrated Safety Management System Guide - Attachment 10, "Safety Culture Focus Areas and Associated Attributes"*. The information gathered was primarily used to determine the effectiveness of WHL's ISMS, including its Safety Culture/SCWE and VPP. The assessment evaluates the results of a Safety Culture/SCWE Survey, which has five primary focus areas: Leadership, Employee/Worker Engagement, Organization Learning, Safety Conscious Work Environment, and Organizational Outcomes. The report also evaluates the results of the VPP Safety Culture Survey. The assessment is used to identify opportunities for improvement. A summary of the assessment results are provided in F.3.
- **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 2016 SIP and status as well as the new CY 2017 SIP are included in the section D.3 and D.4 below.

D. GOALS AND OBJECTIVES

1. FY 2016 Performance Objectives, Measures, and Commitments

Goals and objectives were developed for FY 2016 as part of the Annual 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 2016.

Table 3. WHL LATS FY 2016 Performance Objectives, Measures, and Commitments (POMCs)						
Area	Safety					
Safety	WHL Performance Objective – Achieve Excellence in Safety Performance					
SC-1	ID No.	Performance Commitment	ID No	Performance Measure	Goal – FY 2016	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.	N
STATUS: <i>Not Met</i> - WHL had one recordable injury in FY16 (in February) and ended FY 16 with a TRC rate of 2.40. While this is above the EM goal, it's important to note that for a small business with few work hours, a single recordable case can instantly result in this goal not being met. The goal language listed here was negotiated with ORP under the previous contract.						
	SC-1.2	Maintain DART to levels below EM Goals	SC-1.2.1	Measures OSHA injury cases classified as Days Away, Restricted or Transferred (DART). Rate is equal to the number of cases per each 200,000 hour period, multiplied by number of 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.	N
STATUS: <i>Not Met</i> - WHL had one DART case in FY16 (in February) and ended FY 16 with a DART case rate of 2.40. While this is above the EM goal, it's important to note that for a small business with few work hours, a single DART case can instantly result in this goal not being met. The goal language listed here was negotiated with ORP under the previous contract.						
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.	N
STATUS: <i>Met</i> - Twenty office work stations and one laboratory process were evaluated for ergonomic conditions between February and September, 2016. Recommendations have been and continue to be implemented.						
	SC-2.2	Continue promotion of worker led safety teams to identify & mitigate workplace hazards & carry out program improvements.	SC-2.2.1	Streamline and combine the Zero Accident Council and VPP Steering Committees based on the recommendation from the DOE-HQ VPP Star Recertification assessment.	Issue a combined ZAC and VPP Steering Committee Charter.	N

Table 3. WHL LATS FY 2016 Performance Objectives, Measures, and Commitments (POMCs)

STATUS: <i>Partially Met</i> - The charter for the combined ZAC/VPP Committee has been created, is in the approval workflow process, and is expected to be issued early in the 1 st quarter of FY 2017.						
			SC-2.2.2	Participate in DOE-HQ's VPP Program.	Complete 2 VPP Campaigns to emphasize the 5 tenets of VPP.	N
STATUS: <i>Met</i> - Three VPP campaigns were complete in FY2016. Topics included: Use of the Hierarchy of Controls, the Employee Recognition Program, and implementation of the Stretch and Flex program.						
			SC-2.2.3	Develop the CY 2016 Safety Improvement Plan (SIP).	CY 2016 SIP actions developed and added to CAMPATS.	N
STATUS: <i>Met</i> - The CY 2016 SIP was created as part of the Annual VPP Report that was developed and sent to DOE-HQ VPP. The SIP was added to CAMPATS as Condition Report CR-2016-0022.						
			SC-2.2.4	Support WRPS/222-S in the performance of the Monthly Safety Inspections.	At least 2 WHL employees participation in the Monthly Safety Inspections.	N
STATUS: <i>Met</i> - WHL had a minimum of 2 employees (and often times 3) who participated in the Monthly Safety Inspections within the 222-S Complex every month in FY 2016. See the Monthly Safety Inspection Reports for the names of those WHL employees who participated.						
	SC-2.3	Ensure compliant Integrated Safety Management System and Worker Safety and Health Programs.	SC-2.3.1	Evaluate the WHL ISMS and make changes as appropriate.	Revise the WHL ISMS Description, WHL-MP-1009, and submit to ORP for approval.	N
STATUS: <i>Met</i> - The ISMS Description was revised as part of the ISMS annual assessment. WHL-MP-1009 was approved internally by WHL and is being formally transmitted to ORP for approval as part of the ISMS / QA Declaration of Effectiveness.						
			SC-2.3.2	Evaluate the WHL WSHP and make changes as appropriate.	Revise the WHL WSHP Description, WHL-MP-1037, and submit to ORP for approval.	N
STATUS: <i>Met</i> - The Worker Safety and Health Program (WHL-MP-1037) was revised and internally approved by WHL. The revision was submitted to DOE ORP for approval in July 2016 (reference letter WAI-2016-016).						
Area	Environmental Management					
EM						
EM-1	WHL Performance Objective – Implement an Environmental Management System (EMS)					
	ID No.	Performance Commitment	ID No	Performance Measure	Goal – FY 2016	New/ Retained
	EM-1.1	Develop an Environmental Management System Program.	EM-1.1.1	Develop an Environmental Management Policy.	Issue the EM Policy.	N
STATUS: <i>Met</i> - WHL-POL-015, <i>Environmental Management Policy</i> was developed, approved, and released on 12/16/2015.						
			EM-1.1.2	Develop an EMS Description Management Plan.	Issue the EMS Description.	N
STATUS: <i>Met</i> - WHL-MP-1044, <i>Environmental Management System Description</i> was development, approved, and released on 5/18/16.						
			EM-1.1.3	Develop an EMS Training and Communications Plan.	Issue the EMS Training and Communications Plan.	N
STATUS: <i>Met</i> - WHL-MP-1046, <i>EMS Communications and Training Plan</i> was development, approved, and released on 5/18/16.						
			EM-1.1.4	Develop EMS Aspects, Objectives, and Targets.	Issue EMS Aspects, Objectives, and Targets.	N

Table 3. WHL LATS FY 2016 Performance Objectives, Measures, and Commitments (POMCs)

STATUS: Met - WHL EMS Aspects were identified and ranked with the significant Aspects identified. Two Objective and Target Achievement Plans were developed and approved: 2016-OBJ-01-TAR-01 for recycling a waste minimization – approved and issued on 5/3/16. 2016-OBJ-02-TAR-01 Remove Operator Aids used for combining waste streams and replace with the Multiple Procedure Chemical Compatibility Review - MPCCR process – approved and issued on 9/7/16.						
			EM-1.1.5	Validate the EMS Program conforms to ISO 14001:2004.	Issue an EMS Program Assessment Report.	N
STATUS: Met - An EMS Program Assessment was performed and issued on 5/18/16 (Reference PA-OT-16-006). This was followed by an independent audit conducted and issued by MSA on 6/13/16 to validate that WHL’s EMS conforms to ISO 14001:2004 (Reference NSA-16-0049). Subsequently, ORP Environmental Compliance Division conducted an assessment to further validate conformance of WHL’s EMS and issued assessment report S-16-ECD-WAI-001 on 9/22/16.						
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 FY16 assessment schedule and monitor the performance of scheduled assessments.	Issuance of FY16 assessment schedule and metrics to monitor the performance of scheduled assessments.	N
STATUS: Met - WHL adopted and updated the previous contractors’ assessment schedule. The final quarterly assessment scheduling meeting was held on 9/29/2016 to plan for FY2017. The current metric for the end of FY 16 showed a scheduled assessment completion rate of 77.1%.						
	QA-1.2	Improve report reissue metrics.	QA-1.2.1	Monitor the reasons why analytical reports require reissue.	Completion of a management assessment on reporting data, to include an evaluation of main sources of reissue.	N
STATUS: Met – Monitoring was conducted quarterly on the reasons why analytical reports required reissue. This was conducted using the quarterly QARM (Quality Assurance Report to Management) which includes an evaluation of the program ARRACFTS (Analytical Report Reissue and Customer Feedback Tracking System). Quarterly results are also updated and presented on the monthly report to DOE-ORP. In addition to this, a Management Assessment/review is completed annually which also reviews ARRACFTS metrics. This will be included in the FY 2016 Management Review to be conducted in the 1 st quarter of FY 2017. WHL issued 215 reports in FY 2016 (~53 per quarter), with a total of 6 reports requiring reissue in all of FY 2016. WHL has an internal goal of less than 5 reissued reports per quarter. During FY 2016 reissued reports were evaluated and it was determined that 1 was the result of Chain of Custody error, 3 were due to data quality, 1 was the result of an incorrect date, and 1 was the result of incorrect qualifier flag.						
	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.	N
STATUS: The Management Review is performed annually, typically after the last quarter of the Fiscal Year. As such, this commitment will be carried over on the list of FY2017 POMCs to perform the Management Review for FY 2016 in the 1 st quarter preceding the date the contract was fully implemented (November 22, 2016).						
			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 - WHL-MP-1011 was evaluated, revised, approved, and released for use on 4/25/2016. Subsequently, an ESL (Evaluated Supplier List) audit was performed by MSA - Acquisitions Verification Services on WHL which included a review of WHL-MP-1011. Requested changes from the audit have been listed in WHL’s corrective action management system under condition report ID: CR-2016-0048.						

Table 3. WHL LATS FY 2016 Performance Objectives, Measures, and Commitments (POMCs)

			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
<p>STATUS: Met - WHL-MP-1029 was evaluated as part of the AIHA external audit and was revised, approved, and issued on 4/21/16. WHL has been re-accredited through 12/1/2017.</p>						
	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%.	N
<p>STATUS: Met – WHL ended FY 2016 with a corrective action overdue rate of 3.7%.</p>						
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.	N
<p>STATUS: Met - PA-SS-15-009, Timely Orders Assessment was completed on 1/26/16, with no findings and one observation. The observation included revision of WHL-312-11.18, Timely Orders, to incorporate direction to FLMS to ensure they identify affected workers and document their receipt and understanding of relevant Timely Orders. This action was completed on 3/29/2016.</p> <p>SR-ES-16-005, Operator Aid Annual Review was completed, approved, and submitted to QA for record on 9/27/2016. There were no findings and no observations.</p>						
	OP-1.2	Improve employee proficiency in responding to laboratory upset conditions.	OP-1.2.1	Conduct a monthly Operational Drill.	Approve and disseminate the Operational Drill Report to applicable personnel for Lessons Learned.	N
<p>STATUS: Partially Met – While the desired number of Operational Drills was not achieved, efforts continue to further develop WHL's newly implemented Operational Drill Program. This commitment will be carried over into the FY 2017 POMCs. The drills performed and listed below were approved and disseminated to applicable personnel for Lessons Learned:</p> <ol style="list-style-type: none"> Operational Drill ATL-ODL-102915, Injured Employee in Radiation Control Area, Limited Scope, completed on 10/29/15. Operational Drill ATL-ODT-102915, Sulfuric Acid Splash Soaks Through Worker's Sleeve, Table Top completed on 10/29/15. Operational Drill WHL-ODL-122115, Small Concentrated HF Spill, Limited Scope, completed on 12/21/15. Operational Drill WHL-ODA-011316, Chemical Exposure to Employee During Filtering Activity, Limited Scope, completed on 1/13/16. Operational Drill WHL-ODA-021716, Response to Potential Chemical Exposure During Sample Shipment Preparation Activities, Limited Scope, completed on 2/17/2016. Operational Drill WHL-ODL-042016, Employee Overheats and Passes Out at Desk in Lab, Limited Scope, competed on 4/20/2016. Operational Drill WHL-ODL-051316, Employee Found Unconscious on the Floor, Limited Scope, completed on 5/13/2016. Operational Drill WHL-ODA-060116, Response to Ill Employee and Ambulance Transport, Limited Scope, completed on 6/1/2016. 						
	OP-1.3	Improve compliance with procedures.	OP-1.3.1	Conduct Procedure Compliance Assessments.	Completion of at least 6 Procedure Compliance Assessments.	N

Table 3. WHL LATS FY 2016 Performance Objectives, Measures, and Commitments (POMCs)

<p>STATUS: Partially Met – While the desired number of procedure compliance assessments were not achieved, this commitment will be carried over into the FY 2017. The completed FY 2016 assessments are as follows:</p> <ol style="list-style-type: none"> 1. Method Assessment MT-ST-15-006, LR-549-101, Rev. 8-1, <i>Preparation of Copper Sulfate Reference Electrodes</i> was completed on 10/14/15 2. Method Assessment MT-IO-15-054, LA-533-117, Rev. D-0, <i>Ammonia Vapor Tube Preparation and Analysis by Ion Chromatography</i>, was completed on 10/28/15. 3. Method Assessment MT-IO-15-056, LA-378-105, Rev. G-0, <i>Determination of Iodine-129 in Soil</i>, was completed on 10/8/15. 4. Method Assessment MT-RC-15-057, LA-220-103, Rev. L-1, <i>Strontium-90 in Leachates of Soil, Vegetation, Air Filters and Other Solid Samples</i> was completed on 10/15/2015. 5. Method Assessment MT-ST-16-001, ATS-LO-090-101, Rev. DG-1, <i>222-S Laboratory Sample Receiving and Custodianship</i> was completed on 2/24/16. 						
	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.	N
<p>STATUS: Met – While the desired number of Fume Hood Use Checklist assessments were not achieved, many of the single checklists completed covered multiple Rooms and Hoods, thus accomplishing the objective of this commitment. Due to the desire to continue to monitor and mentor staff on Fume Hood Use and radiological and chemical work practices, this commitment will be carried over into FY 2017. The completed FY 2016 assessments are as follows:</p> <ol style="list-style-type: none"> 1. Fume Hood Use Assessment FH-RC-16-001, Room 2H, Hood 1, Room 4J, Hood 5, Room 4C, Hood 12 was completed on 1/21/16. 2. Fume Hood Use Assessment FH-HC-16-002, Room 4J, Hood 10 and 12 was completed on 4/26/2016. 3. Fume Hood Use Assessment FH-OR-16-003, Room 4A, Hood 11, Room 4B, Hood 2, Room 4H, Hood 1, 2, 4, and 5, Room 4C, Hood 4 was completed on 7/28/2016. 4. Fume Hood Use Assessment FH-HC-16-004, Room 11A, Hood 3 was completed on 9/21/2016. 						
	OP-1.5	Improve the Conduct of Training.	OP-1.5.1	Evaluate the Training Program effectiveness to identify areas for improvement.	Conduct an assessment of the Training Program and develop a Corrective Action Plan.	N
<p>STATUS: Met – The Training Program Assessment PA-TR-16-002 was completed on 9/9/16 and the results were entered into CAMPATS (Reference CR-2016-0083) to action plan the Opportunities for Improvement.</p>						

2. FY 2017 Performance Objectives, Measures, and Commitments

Goals and objectives were developed for FY 2017 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 2017 POMCs which were approved by DOE-ORP.

Table 4. WHL LATS FY 2017 Performance Objectives, Measures, and Commitments (POMCs)

Area	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
	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
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
	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
			SC-2.2.2	Develop the CY 2017 Safety Improvement Plan (SIP).	CY 2017 SIP actions developed and added to CAMPATS.	R
			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
		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

Table 4. WHL LATS FY 2017 Performance Objectives, Measures, and Commitments (POMCs)

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

Table 4. WHL LATS FY 2017 Performance Objectives, Measures, and Commitments (POMCs)

			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.	
	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

Area	Environmental Management					
EM						
EM-1	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
			EM-1.1.2	Conduct and assessment of the EMS Policy.	Issue the EMS Policy assessment report.	N
			EM-1.1.3	Conduct an EMS – Universal Waste Program Assessment.	Issue the Universal Waste Program assessment report.	N
	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

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
	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

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	QA-1.3	Ensure the continuing suitability & effectiveness of laboratory goals, policies, practices, staff, operations, & processes.	QA-1.3.1	As required by ISO 17025 conduct a comprehensive Management Review of Programs.	Issuance of the Management Review assessment report.	R
			QA-1.3.2	Evaluate the WHL QAPP and make changes as appropriate.	Revise WHL-MP-1011, Quality Assurance Project Plan for 222-S Laboratory.	N
			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
	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
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
			OP-1.1.2	Conduct Human Performance Improvement Training for new employees.	Completion of HPI training to all newly hired employees.	N
	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
	OP-1.3	Improve compliance with procedures.	OP-1.3.1	Conduct Procedure Compliance Assessments and provided feedback/mentoring.	Completion of at least 6 Procedure Compliance Assessments.	R
	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

3. CY 2016 Safety Improvement Plan (SIP)

The ZAC and VPP Steering Committee concentrated efforts on health and safety issues that affected all employees. The CY 2016 SIP included related POMC improvement items from the annual ISMS/QA Declaration as well as actions that were derived from the 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 2016.

Table 5. Safety Improvement Plan (SIP) - 2016	
Safety Vision:	Objectives:
Safe, compliant, efficient, and quality sample analysis.	<ol style="list-style-type: none"> 1. Increase management & 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 were taken by 12/28/16 to improve communications with employees regarding occupational injuries, event investigations, operational drills, standing orders, and lessons learned.

- 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 Investigations 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 the 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 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) - 2016

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.

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: Complete - To foster communication and to promote leadership availability to the staff, the Laboratory Manager (LM) routinely attended the analytical team morning turnover meetings. Meetings are scheduled on LM's calendar. On a weekly basis, the Laboratory Manager rotated meeting attendance among the different departments. This interaction not only enabled the LM to familiarize with personnel and operations; but facilitated the opportunity for open discussion of issues and concerns.

Employee Involvement

A Promote participation in the ZAC/VPP Monthly Meetings

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

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

Final Status: Complete - At least one representative from each work group has been identified as a member of the ZAC. Roster was most recently updated November 16, 2016. Calendar notices are issued each month for ZAC members to remind employees. The ZAC meeting schedule is discussed during the morning turnover meeting. New employees are encouraged to attend the ZAC by the ES&H Program Lead.

B Encourage participation in Safety and Quality Programs

Goal 1: Issue a campaign to communicate the STARZ, SPOTT, and QASAR recognition programs to employees (as identified in WHL-312-2.25, *Employee Recognition*) to encourage their participation in Safety and Quality Assurance Programs.

Actionee: VPP Coordinator and ZAC Chair

Final Status: Complete - A campaign to communicate employee recognition awards (STARZ, QASAR, SPOTT) was sent to WHL employees via email on 9/27/16. The campaign was also posted on bulletin boards and on the WHL website under VPP/ZAC information (9/27/16).

Table 5. Safety Improvement Plan (SIP) - 2016

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: Complete - In January 2016 a new WHL Monthly Safety Inspection roster was created and calendared meeting notices were sent out to schedule employees to participate with WRPS in the Monthly Safety Inspection of the 222-S Complex.

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: Complete - Between February and October 26, 2016, twenty-two office workstations and one laboratory process were evaluated for ergonomic hazards. The checklists used during the evaluations are maintained by the ES&H Program Lead in accordance with the procedure (WHL-312-10.06). Summary reports were provided to the affected employee and their manager for implementation of suggested improvement actions.

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

Final Status: Complete – Injury/illness trends were reviewed each month and tracked via recurring actions in CAMPATS.

B Communicate expectations regarding the use of the Hierarchy of Controls

Goal 1: Issue a campaign to communicate the hierarchy of controls to employees to ensure they consider eliminating hazards; substitution for less hazardous techniques or chemicals; identify and implement engineering controls, administrative controls, or personal protective equipment; to prevent workplace exposures and injuries.

Actionee: VPP Coordinator and ZAC Chair

Final Status: Complete - A VPP/ZAC Campaign (2016-002) was emailed to all WHL employees on July 13, 2016. It was also posted on bulletin boards and is available on the WHL website.

Safety and Health Training

A Improve proficiency in responding to laboratory upset conditions

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

Actionee: Analytical First Line Managers

Table 5. Safety Improvement Plan (SIP) - 2016

Final Status: Partially met. Three operational drills were conducted between January and December 2016. In addition, laboratory personnel responded to seven real time events, which were evaluated for appropriate response. Operational Drill WHL-ODL-042016 ("Employee Overheats and Passes Out at Desk in Lab") was completed on 4/20/16. Drill WHL-ODL-051316 was completed on 5/13/16. This drill scenario was for a lab staff member to discover and respond to a co-worker unconscious on the floor. Drill WHL-ODT-101416 was conducted with new employees on 10/14/16. The drill was on responses if a worker spilled concentrated HF on their sleeve.

B Improve employee knowledge of the General Employee Training VPP Safety Culture Survey

Goal 1: Provide a briefing to employees on the various VPP Safety Culture Survey questions employees answer annually as part of General Employee Training to ensure employees have a clear understanding of the intent of the questions, communicate the current trends, and to obtain their feedback on potential improvement actions.

Actionee: ES&H Manager and VPP Coordinator

Final Status: Complete - On 12/19/16 a Required Reading was issued to all employees (reference RR# WSTRN-RR-2016-0007) that included a presentation (Blip) to brief/communicate to employees information about the HGET VPP Safety Culture Survey. Also included was information about the recently conducted Safety Culture and Safety Conscious Work Environment Survey that was conducted as part of the ISMS/QA Effectiveness Review Declaration to ORP.

4. CY 2017 Safety Improvement Plan

The CY 2017 SIP included related POMC improvement items from the FY 2016 Annual ISMS/QA Effectiveness Review Declaration, as well as actions that were derived from the most recent VPP Self-Assessment, VPP Safety Culture Survey, and ISMS VPP Safety Culture and SCWE Assessment 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 6 shows the SIP for CY 2017.

Table 6. 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.	
<p><u>Management Leadership</u></p> <p>A Build Trust and Communication</p> <p>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</p> <p>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</p> <p>Goal 3: Management / Leadership visit workers in the field (in the CA) once per Quarter. Actionee: Laboratory Management</p> <p>B Improve Safety & Health Accountability</p> <p>Goal 1: Add safety and health goals and accountability into performance appraisals for managers and supervisors. Actionee: Laboratory Manager</p>	

Table 6. Safety Improvement Plan (SIP) - 2017	
C	<p>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</p>
<u>Employee Involvement</u>	
A	<p>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</p>
B	<p>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</p>
<u>Worksite Analysis</u>	
A	<p>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</p>
B	<p>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</p>
<u>Hazard Prevention and Control</u>	
A	<p>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</p>
B	<p>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</p>

Table 6. Safety Improvement Plan (SIP) - 2017

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
- B Improve training access and tracking**
Goal 1: Evaluate feasibility of adding WHL on-line training to the AGET process.
Actionee: Training Manager
- Goal 2:** Update training course #172033, WHL Health and Safety Program
Actionee: ES&H Manager
- Goal 3:** Provide HPI briefings for new employees and employees not familiar with it.
Actionee: Training Manager
- Goal 4:** Provide training / orientation for employees on the use of CAMPATS.
Actionee: Training Manager
- 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

E. MENTORING AND OUTREACH

1. Mentoring

- VPPPA Region X and National VPPPA Conference

Employees attended the VPPPA Region X Conference in Boise, Idaho and the 32st Annual National VPPPA Safety and Health Conference in Kissimmee, Florida in CY 2016. 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 where WHL received the VPP Legacy of Stars Award.



- 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. WHL employees received mentoring from members of the Hanford Site VPP Champions Committee this past year in conducting the VPP Self-Assessment in July and August 2016.

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, and throughout the world. Some of these activities include the following:

- Health and Safety Exposition

Employees participated in this year's Health and Safety Expo where ~35,000 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. A corporate sponsor booth was manned this year, communicating the work done at the 222-S Laboratory.



- American Red Cross

This past year employees at the 222-S Laboratory enthusiastically facilitated and participated in two successful blood drives, collecting 38 pints of blood (potentially saving up to 120 lives).



- Girl Scouts and Boy Scouts

WHL employees acted as troop 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, and serving on the board for Hispanic Academic Achievers Program (supporting minority education).

- Spring of Hope International

One WHL employee spent 2.5 weeks volunteering with Spring of Hope International (SOHI) in the Karachuonyo region of rural Kenya. The organization is dedicated to alleviate some difficulties of extreme poverty by making clean water accessible to families. SOHI has worked towards this goal by rehabilitating long-defunct legacy wells and drilling new ones. A key tool used in the collaboration between the Kenyan RWC and SOHI is the Clean Water Map developed on Wastren Advantage, Inc. equipment and software by another WAI employee. This map locates all public clean water sources in the region. The goal is that eventually, the region will be completely green meaning that no one has to walk further than 1km each way to get clean water.



F. OVERALL ASSESSMENT RESULTS

1. 2016 VPP Self-Assessment

In July and August of 2016, WHL conducted a self-assessment of the organizations’ VPP using the Hanford Site VPP self-assessment standardized process. The assessment is documented in *CY 2016 Voluntary Protection Program Annual Self-Assessment* (WA-ES-16-001). The evaluation team was comprised of six active members and a mentor from the Hanford Site VPP Team. The Hanford Site-Wide VPP members provided mentoring to the team on basic assessment techniques, and the standardized VPP assessment protocol.

Documents were reviewed and 28 personnel were interviewed during the assessment process. Reviews were summarized and evaluated by the VPP Assessment Team. Results from the VPP Safety Culture Survey from November 2015 through July 2016 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 7). Scoring for each sub-element is shown in Table 8. There were no findings, ten noteworthy practices (Table 9), and seven opportunities for improvement (Table 10) identified. Results were used during the development of the 2017 Safety Improvement Plan.

Table 7. 2016 VPP Tenet Assessment Score Summary

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

Table 8. Self-Assessment Scoring by Sub-Element		
Management Leadership		
1	Policy/commitment	8
2	Goals and objectives	7
3	Planning	7
4	Written safety and health program	9
5	Adequacy	7
6	Responsibilities assigned and communicated	8
7	Responsible personnel have authority	5
8	Line accountability	5
9	Visible management involvement	6
10	Site orientation and accountability	9
11	Subcontractor employee coverage	NA
12	Safety and health program evaluation	9
	Tenet Average	7.3
Employee Involvement		
13	Employees involved with safety decisions	9
14	Employees participate in safety activities	7
15	Employees identify and resolve issues	7
	Tenet Average	7.7
Worksite Analysis		
16	Health and safety surveys	8
17	Potential hazards identified for new systems, equipment, and processes	9
18	Safety inspections process	9
19	System for reporting hazards without fear of reprisal	9
20	Accident investigation system	8
21	Trend analysis to identify problems	8
	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	9
26	Ongoing monitoring and preventative/predictive maintenance	NA

Table 8. Self-Assessment Scoring by Sub-Element		
27	System for initiating and tracking hazards	9
28	Emergency response program	8
29	Occupational medical program	9
	Tenet Average	8.9
Safety and Health Training		
30	Managers understand their S&H responsibilities	5
31	Supervisors understand their S&H responsibilities	6
32	Employees are aware of hazards	4
	Tenet Average	5

Table 9. Noteworthy Accomplishments Identified in 2016 VPP Self-Assessment	
1	A written program, WHL-MP-1037, <i>Worker Safety and Health Program</i> , has been issued, available and communicated to all employees, and is reviewed periodically.
2	All employees know who to contact about a safety or health concern.
3	A Safety Improvement Plan (SIP) has been prepared in partnership between employees and managers through the VPP/ZAC council.
4	Employees indicated an improvement in closure of some long standing issues during the past year (temperature in lab, replacement of broken lab chairs, replacement of old/broken lab carts), largely due to direct participation by the employees.
5	Employees are recognized for their participation through SPOTT, STARZ, and QASAR awards.
6	Two VPP/ZAC awareness campaigns have been initiated to date for 2016: "Lunch Time Stretch and Flex" and "Hierarchy of Controls".
7	WHL sent one individual to the VPP Region X Conference, and one individual to the Annual VPPPA National Conference in Florida to learn more about VPP and how other DOE sites are implementing VPP.
8	The majority of employees interviewed felt they could go to <i>any</i> level of management with a safety concern.
9	Following a high shallow dose rate event, the creativity of WHL workers, supported by WHL management and WRPS ALARA team members, found creative extension tools and moldable tungsten impregnated silicon to heighten ALARA practices and mitigated future similar occurrences.

	WRPS worked with WHL to produce a Lessons Learned that was submitted to the OpexShare Lessons Learned Database to be shared across the DOE Complex.
10	Employees have created multiple videos demonstrating proper analytical and radiological work practices to reduce the potential for spills and exposure to chemicals and radiological contamination/dose. These videos are used in the training of all new Chemists and Chemical Technologists. A single video provides a parody of all the unsafe practices that could occur while working in a laboratory environment to further emphasize the importance of good analytical and radiological work practices.

Table 10. Opportunities for Improvement from 2016 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 adding safety and health accountability into personnel appraisals.
3	WHL should consider submitting recurring tasks related to communications into CAMPATS to ensure web-based information is updated in a timely manner.
4	WHL should consider obtaining feedback from employees for ways to improve communication of safety and health information.
5	WHL should consider engaging WRPS management to discuss WRPS delivery of ventilation alarms/responses communications to ensure initial response announcements are delivered in a timely fashion.
6	WHL should consider adding WHL on-line training to the AGET process.
7	WHL should update training course # 172033, <i>WHL Health and Safety Program – CBT</i> .

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 44 employees completed the survey between November 2015 and September 2016 (FY 2016 Score), with an average of 4 per month. 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).

Results from the survey conducted this past year were evaluated and discussed in detail in the *ISMS VPP Safety Culture and Safety Conscious Work Environment Assessment (PA-SS-16-010)*. Table 11 provides the average result for each tenet for FY 2016. Results from FY 2014 and FY 2015 are also included for comparison.

Table 11. VPP Safety Culture Survey Results			
VPP Tenets	FY 2014	FY 2015	FY 2016
Management Leadership	4.2	4.0	4.1
Employee Involvement	4.3	4.3	4.2
Worksite Analysis	4.3	4.2	4.1
Hazard Prevention and Control	4.2	4.1	4.1
Safety and Health Training	4.3	4.3	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 12 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.

Table 12: HGET VPP/ISMS Safety Culture Survey Responses		2016
VPP Tenet 1: Management Leadership		Average Score: 2016 = 4.11
1	Efforts to improve safety are encouraged, recognized, and responded to.	4.28
2	Your manager demonstrates a commitment that all accidents can be prevented.	4.15
3	Senior management (above your manager) visits your workplace.	3.92
VPP Tenet 2: Employee Involvement		Average Score: 2016 = 4.16
4	You are involved in decisions affecting your safety and health.	4.15
5	You are aware of you Safety Council's / Local Safety Improvement Team's activities.	4.14
6	You are knowledgeable of your company's safety and health policies and procedures.	4.19
VPP Tenet 3: Worksite Analysis		Average Score: 2016 = 4.14
7	Worksite safety inspections are being conducted in your work area.	4.34
8	Responses to your reports of hazards are timely and adequate.	3.98
9	You have been involved with safety analysis e.g. Automated Job Hazard Analysis (AJHA), Ergonomic Evaluations Pre-Job Reviews Enhanced Work Planning (EWP).	4.10
VPP Tenet 4: Hazard Prevention and Control		Average Score: 2016 = 4.06
10	Personal Protection Equipment, work practices and/or engineering controls support your ability to work safely.	4.17
11	Workplace rules and standards are known, understood, and applied consistently.	4.15
12	Equipment in your work area is properly/adequately maintained for safe operation.	3.86
VPP Tenet 5: Safety and Health Training		Average Score: 2016 = 4.18
13	You are adequately trained to recognize the hazards you are exposed to and how you can protect yourself.	4.23
14	The safety and health training you receive is appropriate for your job.	4.14
15	I am confident my coworkers know what to do and where to go in an emergency at our work location.	4.15
Additional Questions Relating to VPP and ISMS:		
16	ISMS and VPP function together and provide the framework for safe work performance	4.22
17	You use work-related safety principles when dealing with off-the-job hazards	4.02
Point values: Strongly agree = 5, Agree = 4, Neither Agree or Disagree = 3, Disagree = 2, Strongly Disagree = 1		

3. ISMS & VPP Safety Culture and Safety Conscious Work Environment Assessment

WHL performed an ISMS/VPP Safety Culture and Safety Conscious Work Environment (SCWE) Assessment in FY 2016. This Integrated Safety Management System (ISMS) assessment for FY 2016 was performed using DOE G 450.4-1C, *Integrated Safety Management System Guide - Attachment 10, "Safety Culture Focus Areas and Associated Attributes"*. The information gathered was primarily used to determine the effectiveness of WHL's ISMS, including its Safety Culture/SCWE and Voluntary Protection Program (VPP). The assessment is documented in *ISMS/VPP Safety Culture and Safety Conscious Work Environment (SCWE) Assessment (PA-SS-16-010)*. The scope of the assessment covered the time period of November 2015 (the start of the new WHL contract) through September 2016.

As part of the assessment, a Safety Culture/SCWE Survey was created with employees encouraged to participate. The participation rate was approximately 56%, with 30 of 54 employees having completed the survey. This survey was comprised of 99 questions, and included the 3 Focus Areas identified in DOE G 450.4-1C, as well as attributes associated with a SCWE (Focus Area 4) and Organizational Outcomes (Focus Area 5). The results of both this survey and the Safety Culture Survey (Section F.2), along with the recently performed worker led VPP Self-Assessment (Section F.1), were used to assess our performance associated with the five tenets of VPP for FY 2016.

While each of the Safety Culture Focus Areas and associated attributes were rated as "implemented and effective," WHL recognizes that there is always room for improvement. Without continuous improvement in the Safety Culture and a SCWE, trust by the workforce can be lost, resulting in a significant impact on their willingness and freedom to raise issues without fear of retribution.

It is important to note that the data summarized in this report was obtained during a time marked by change when there was some uneasiness by several staff members who were unsure of the future given the change in contractors from ATL to WAI. Several employees left prior to or shortly after the contract was officially awarded to WAI resulting in some strain on staff who had to account for the shortage of staffing while still accomplishing the scope of work under a new fixed price contract. In spite of these detractors, the workforce perceptions continue to remain positive regarding WHL's VPP and ISMS, including Safety Culture/SCWE.

The following provides a summary of the results from the FY 2016 Safety Culture Survey. 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). WHL's scores for the 5 Focus Areas were as follows:

Table 13. Safety Culture/SCWE Survey Results	
Focus Area	Average Score
Leadership	4.15
Employee/Worker Engagement	4.10
Organizational Learning	4.19
Safety Conscious Work Environment	4.07
Organizational Outcomes	3.93

This year's Focus Area mean scores for WHL are in the range of 3.93 to 4.19. Scores 4.0 and above indicate organization-wide agreement with the presence of a positive Safety Culture and SCWE within the workplace.

A summary of the *Safety Culture/SCWE Survey Results* for the Focus Areas and related attributes is provided in Table 14.

Table 14. Safety Culture/SCWE Survey Results for FY 2016		
Leadership		4.15
	Demonstrated Safety Leadership	4.32
	Risk-informed, conservative decision-making	4.16
	Management Engagement/Time in the Field	4.02
	Staff recruitment, selection, retention, and development	3.94
	Open communication and fostering an environment free from retribution	4.19
	Clear expectations and accountability	4.28
Employee Engagement		4.10
	Personal commitment to everyone's safety	4.41
	Teamwork and Mutual Respect	4.01
	Participation in work planning and improvement	4.25
	Mindful of hazards and controls	4.06
	Job Characteristics	3.77
Organizational Learning		4.19
	Credibility, trust reporting errors and problems	4.33
	Effective resolution of reported problems	4.23
	Performance monitoring through multiple means	4.20
	Use of operational experience	4.02
	Questioning Attitude	4.14
	Effective Safety/General Communication	4.22
Safety Conscious Work Environment		4.07
	Detection and Prevention of Retaliation	4.36
	Alternate Problem Identification Processes	3.89
	Internal Avenues of Redress	3.87
	Management Support/Encouragement to Raise Safety Concerns	4.16
Organizational Outcomes		3.93
	Senior Management Assessment	4.04
	Overall Satisfaction with Organization	3.87
	Organizational Trust	4.28
	Work Environment Assessment	3.52

4. Annual Review Summary

Results from the VPP Self-Assessment, the Safety Culture and SCWE Assessment, the Safety Culture/SCWE Survey, the HGET VPP Safety Culture Survey, as well as document reviews, interviews, and field observations, showed strong evidence of an effectively implemented ISMS (including Safety Culture and SCWE) and Voluntary Protection Program. However, it also identified areas to focus on for future improvement. Continuous improvement is always our goal. Table 15 contains a comprehensive list of OFIs derived from the various assessments in FY 2016. This list was taken into consideration when developing the FY2017 POMCs and CY 2017 SIP.

Table 15. Comprehensive Opportunities for Improvement	
1	Evaluate staffing levels to ensure sufficient resources are available to complete work, allow for work assignment rotation, and training. <i>(Focus Area 1 – Leadership and VPP Tenet 1 – Management Leadership)</i>
2	Add safety and health accountability into personnel appraisals. <i>(Focus Area 1 – Leadership and VPP Tenet 1 – Management Leadership)</i>
3	Submit recurring tasks related to communications into CAMPATS to ensure web-based information is updated in a timely manner. <i>(Focus Area 1 – Leadership and VPP Tenet 1 – Management Leadership)</i>
4	Obtain feedback from employees for ways to improve communication of safety and health information. <i>(Focus Area 2 – Employee Engagement and VPP Tenet 3 – Worksite Analysis)</i>
5	Engage WRPS management to discuss WRPS delivery of ventilation alarm/response communications to ensure initial response announcements are delivered in a timely fashion. <i>(Focus Area 2 – Employee Engagement and VPP Tenet 4 – Hazard Prevention and Control)</i>
6	Update training course # 172033, WHL Health and Safety Program – CBT. <i>(Focus Area 3 – Organizational Learning and VPP Tenet 5 – Safety and Health Training)</i>
7	Establish 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. <i>(Focus Area 1 – Leadership and VPP Tenet 1 – Management Leadership)</i>
8	Reallocate resources to facilitate WHL’s Training Program. <i>(Focus Area 1 – Leadership and VPP Tenet 1 – Management Leadership and VPP Tenet 5 – Safety and Health Training)</i>
9	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. <i>(Focus Area 1 – Leadership and VPP Tenet 1 – Management Leadership)</i>

Table 15. Comprehensive Opportunities for Improvement	
10	Establish expectations (including dates) for the complete implementation of WHL-312-2.23, <i>Performance Appraisal Process</i> . (<i>Focus Area 1 – Leadership and VPP Tenet 1 – Management Leadership</i>)
11	Provide training / orientation to all employees on the use of CAMPATS. (<i>Focus Area 1 – Leadership and VPP Tenet 1 – Management Leadership and VPP Tenet 5 – Safety and Health Training</i>)

G. AWARDS AND RECOGNITION

- DOE VPP Legacy of Stars Award August 2016
- DOE VPP Star of Excellence 2015
- DOE VPP Star of Excellence 2014
- DOE VPP Star of Excellence 2013
- Received the Hazardous Materials Identification and Control Research Award from the Eastern Washington Chapter of Certified Hazardous Material Managers December 2014

APPENDIX A. VPP Annual Report Supplemental Worksheet

Date of Review: January 1 through December 31, 2016

For Calendar Year: 2016

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
2014	124,923	0	0	0	0
2015	109,627	0	0	0	0
2016	97,343	1	2.05	1	2.05
3-Year Total	331,893	1	0.60	1	0.60
BLS – 2015 average for NAICS** # 5629			2.9		1.8
Injury Incidence/Lost Workdays Case Rate (subcontractors)					
Calendar Year	Hours Worked	TRC Cases	TRC Rate	DART*Cases	DART*Rate
2014	N/A	N/A	N/A	N/A	N/A
2015	N/A	N/A	N/A	N/A	N/A
2016	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		N/A

* Days Away, Restricted or Transferred

** North American Industry Classification System

What percentage Above / Below the NAICS TRC Rate for reporting year: 29% below for 2016 and 79% below for the 3-Year Total

Number of Contractor Employees: 54

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.

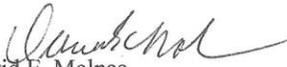
Currently, the 222-S Laboratory proudly displays the DOE VPP Star Status Flag. The employees working for the laboratory, together with management, worked extremely hard to achieve this prestigious recognition. Their hard work and commitment should continue to be recognized by participating in the DOE 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