

# CHAPTER 13

# FEEDBACK AND IMPROVEMENT

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## Content Description

CHAPTER 13 FEEDBACK AND IMPROVEMENT for OIG audit in FY18.



# **MN471016, *Radiological Protection Procedures Manual***

## **CHAPTER 13**

### **FEEDBACK AND IMPROVEMENT**

**This document is no longer a corporate process requirement. This document implements the requirements of Corporate Procedure [ESH100.2.RAD.1](#), *Implement Radiation Protection Procedures*.**

**Important Notice:** A printed copy of this document may not be the document currently in effect. The official version is located on the Sandia Restricted Network.

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## List of Acronyms

<b>Acronym</b>	<b>Definition</b>
AIS	Assurance Information System
DOE	Department of Energy
ES&H	Environment, Safety, and Health
F&I	Feedback and Improvement
IRMS	Integrated Reporting Management System
LSA	line self-assessment
MOW	Member of the Workforce
NNSA	National Nuclear Security Administration
NTS	Noncompliance Tracking System
ORPS	Occurrence Reporting and Processing System
RP	Radiation Protection
RPIR	radiological protection improvement report
RPPM	Radiological Protection Procedures Manual
RPSA	radiation programmatic self-assessment
RPSC	Radiation Protection Safety Committee
SFO	Sandia Field Office
SNL	Sandia National Laboratories
TSA	triennial self-assessment

## 13.1 Purpose

This chapter describes the Sandia National Laboratories (SNL) processes for feedback and improvement of radiological operations, including triennial self-assessment (TSA) and radiological process improvement reports (RPIR).

## 13.2 Scope

This chapter applies to all radiological activities performed by [Members of the Workforce \(MOW\)](#). Certain operations are outside the scope of this manual and do not require self-assessments or use of the RPIR process. See the “[Introduction](#)” for exemptions to the requirements of this manual.

## 13.3 Responsibilities

### 13.3.1 Line Managers

Managers shall ensure, for radiological facilities or operations they own, that:

- Participation in the line self-assessment (LSA) process is completed as described in this chapter.
- The [Radiation Protection \(RP\) Program Department](#) is notified of conditions not conforming to requirements of this manual. All [nonconformances](#) to the requirements of this manual resulting from events associated with their radiological operations are reported by RPIR via the [Integrated Reporting Management System \(IRMS\)](#) or an [occurrence](#) report via the [Occurrence Reporting and Processing System \(ORPS\)](#). A causal analysis may be required for nonconformances from events, as appropriate, in accordance with [CG100.6.6, Determine and Take Action](#).
- All nonconformances to the requirements of this manual found during self-assessments are entered into the Assurance Information System (AIS) in accordance with [CG100.6.3, Determine, Plan and Perform Assessments](#). Further, causal analysis may be required, as indicated by [CG100.6.6, Determine and Take Action](#).
- All nonconformances to the requirements of this manual found otherwise are entered into AIS. Further, causal analysis may be required, as indicated by [CG100.6.6, Determine and Take Action](#).

Corrective actions related to nonconformances are developed, tracked to completion, closed, and verified and validated in accordance with [CG100.6.6, Determine and Take Action](#).

**Note:** AIS entries for LSA process findings are managed by the Feedback & Improvement (F&I) Subcommittee of the Radiation Protection Safety Committee ([RPSC](#)).

### **13.3.2 Member of the Workforce Identifying a Nonconformance**

MOWs who identify a nonconformance with the requirements of this manual are responsible for:

- Reporting the nonconformance to the manager who is responsible for the facility or operation.
- Providing sufficient information so that the nonconformance can be reviewed for reporting requirements through an RPIR, ORPS, or AIS, as described in this chapter.

### **13.3.3 Radiation Protection Safety Committee**

The **RPSC** (normally via the F&I Subcommittee) is responsible for:

- Ongoing tracking and trending of corporate radiological performance.
- Reviewing, analyzing, and summarizing the results of self-assessments, external audits, Department of Energy (DOE)/National Nuclear Security Administration (NNSA) audits, ORPS reports, Noncompliance Tracking System (NTS) reports, and RPIRs.
- Coordinating the annual LSA of radiation protection programmatic elements implemented by the line. This includes:
  - Determining the topic(s) and schedule for each planned assessment to ensure that each functional area is assessed at least once during the three-year review cycle.
  - Generating functional area checklists for use during LSAs of line implementation of RP Program requirements.
  - Reviewing and reporting the results of the functional area LSAs and inputting those results into AIS.
- Compiling the results of internal self-assessment reports and producing the final TSA report at the conclusion of the triennial period.
- Maintaining metrics to monitor radiological performance.
- Providing feedback and improvement advice to the RP Program.
- Providing recommendations for improvement to the organizations and committees that comprise the RP Program, as appropriate.

### **13.3.4 Environment, Safety, and Health, Quality, and Safeguards and Security Audits**

Per the requirements of the [Internal Audit Procedures Manual](#) of the Environment, Safety, and Health (ES&H) corporate procedures, the [Internal Audit: ES&H, Safeguards & Security, and IT Operations Department](#) is responsible for:

- Conducting and documenting independent assessments of ES&H programs, including RP.
- Reporting the results of independent assessment activities to senior management.

### **13.3.5 Safety and Security Regulatory Support Program**

The Safety and Security Regulatory Support Program department manager shall ensure that:

- Reviews of RPIRs, ORPS reports, and other sources of information, including internal and external assessments, are conducted to identify potential issues to the DOE NTS.
- Analysis of the issues is conducted to ensure the issues are appropriately screened and managed for reporting [noncompliances](#).
- Continuous monitoring, tracking, and reporting of issues to SNL management and DOE are conducted, as required.

### **13.3.6 RP Department**

The RP department manager, or designee, shall:

- Confer reporting requirements with the manager owning a nonconformance.
- Provide assistance with corrective action identification and implementation, as appropriate.
- Assess the content of the RP Program, including managing the radiation programmatic self-assessment (RPSA) process.

### **13.3.7 Division ES&H Coordinator**

The division ES&H coordinator is responsible for:

- Working with center ES&H coordinators and RPSC division representatives to identify those organizations with radiological operations that are to participate in LSA.
- Communicating which departments are participating in LSA to the RPSC.

## **13.4 Procedure**

### **13.4.1 Event Reporting**

Reporting of events associated with radiological operations is essential to improving radiological work performance. RPIRs provide a mechanism for:

- Timely notification to management and RP of issues or incidents
- Event investigation
- Identification and tracking of corrective actions
- Sharing of lessons learned
- Transparency with management and DOE
- Reducing repetitive events

## Requirements

Nonconformances with this manual identified through an event shall be reported by the owning organization using one of the following mechanisms:

- RPIRs, which are reported by entry into IRMS, or
- ORPS, if a nonconformance meets the threshold criteria for ORPS reporting.

**Note:** “OOPS reporting” is a separate process.

The line manager is responsible for ensuring that RPIRs are completed, submitted and corrective actions carried out in accordance with this chapter.

In the event that known nonconformances to this manual identified through an event are not reported as required, the RP Program may bring this condition to the attention of the F&I Subcommittee for resolution through existing RPSC/F&I Subcommittee processes.

### 13.4.1.1 RPIR Submittal Requirements

MOWs submitting RPIRs shall:

- Ensure that RPIRs do not contain classified or unclassified controlled information.
- Enter RPIRs using [IRMS](#). Initial RPIR reporting documentation shall contain:
  - Event title
  - Event and reporting dates
  - Event owner (line manager)
  - Event location (tech area, building, and room)
  - Event description (including specificity of the nonconformance)
- Document causal analysis results and completion of all corrective actions.
- Finalize the RPIR in IRMS.

## Guidance

MOWs submitting an RPIR should include in the RPIR reporting documentation:

- Associated information (e.g., radiological postings, training, dosimetry)
- List of applicable technical work documents and authorization basis documents (primary hazard screening)
- Identification of the applicable *Radiological Protection Procedures Manual* (RPPM) chapters
- A listing of associated radiological surveys
- Identification of related events
- Additional comments as needed to describe and characterize the incident

**Note:** Nonconformances identified by MOWs not associated with an event are reported by entry into AIS (e.g., “A Good Catch”).

### **13.4.1.2 RPIR Review Process**

RPIRs are reviewed on a periodic basis by the RPSC (F&I Subcommittee) and the Safety and Security Regulatory Support Office representative as part of feedback and improvement actions (see [Section 13.4.3](#), “Feedback and Improvement”).

### **13.4.1.3 Occurrence Reporting**

An ORPS is reported in accordance with [ESH100.4.RPT.3](#), *Report Occurrences*.

## **13.4.2 RP Program Internal Assessment**

Internal assessments of the RP Program, including examination of program content and implementation, shall be conducted through a process that ensures that all functional elements are reviewed no less frequently than every 36 months. **[10 CFR 835.102]** The TSA cycle runs on a calendar year basis, for example, January 2014 through December 2016.

The RP Program internal assessment process (essentially, the TSA) is composed primarily of the following three assessment elements: programmatic self-assessment, LSA of line implementation, and independent assessments.

Other relevant performance indicators are also evaluated in determining trends, weaknesses, and areas for improvement, including but not necessarily limited to, the consideration of RPIRs and [ORPS](#) reports.

### **13.4.2.1 Programmatic Self-Assessment**

Self-assessments of the RP Program content conducted by the RP Department are referred to as RPSAs. RP Department procedures describe the process used to review RP Program content.

### **13.4.2.2 LSA of Line Implementation**

LSAs of RP Program requirements are conducted by specific line organizations who conduct radiological work activities.

Assessments of line implementation of the RP Program requirements are conducted according to an established schedule using checklists provided by the RPSC during each triennial period. Currently, these LSAs are scheduled annually, with each assessment focusing on several specific functional areas (e.g., radiological work planning, dosimetry, source and device, training). The results are reported electronically to the RPSC for entry into AIS and a report summarizing the results is posted to the RPSC homepage under [Self-Assessment](#).

Department managers shall ensure that:

- All assigned assessment and corrective action schedules are met.
- The assessment is conducted.
- Functional area checklists provided by RPSC are used when performing an LSA.
- An element of work or field observation is included for each LSA.

- The self-assessment team is appropriately staffed.

Activities assessed without field observation are documented and justification provided as to why field observation was not included. Enter this in the “Comments” section of the checklist.

The RPSC will develop instructions for each LSA describing these requirements.

#### **13.4.2.2.1 Participation and Sampling Criteria**

##### **Requirements**

The level of participation for the annual LSAs is currently identified to be 100% of the organizations that carry out radiological operations. If for some reason a smaller sampling of organizations is necessary, the selection process will be as determined by existing F&I Subcommittee processes. Individual exceptions from participation must be authorized by the chair of the F&I Subcommittee in consultation with the subcommittee membership.

It is not expected that all sections of the LSA questionnaires must be filled out by all organizations. For example, an organization with no radiation generating devices would not be required to answer questions related to RPPM [Chapter 10](#).

Once notifications have been received by line organizations that questionnaires are accessible for completion, issues identified/fixed are considered to be part of the assessment. The one caveat to this would be issues identified due to an actual event.

As part of quality improvement, any items “found and fixed” before and during the assessment are captured in comments.

##### **Guidance**

The LSA questionnaires will be sent out by the F&I Subcommittee and responses are due back as specified in the instructions.

Division RPSC representatives are encouraged to participate in LSAs carried out by individual departments in their division.

#### **13.4.2.2.2 Performing an LSA**

Managers of organizations conducting radiological operations shall ensure that:

- Radiological activities are assessed using the supplied checklist and are completed within the required assessment period.
- Actions taken to address nonconformances during conduct of the LSA (i.e., things fixed on the spot) are conveyed to the RPSC by documentation in the “Comments” section of the LSA checklist.
- RP personnel support the planning and conduct of the LSA. This participation provides expertise in understanding radiological requirements, as well as a level of independence.

- [CG100.6.6](#), *Determine and Take Action*, is followed, including causal analysis, for findings that meet the corporate criteria for requiring this formality of evaluation. Findings are tracked in the AIS application as required.

**Note:** Nonconformances, identified and reported through the LSA process, are entered in the AIS by the RPSC. It is the responsibility of the RPSC to notify the appropriate ES&H coordinator when a causal analysis is required. It is the responsibility of the line organization to either carry out the causal analysis or accept the risk as per [CG100.6.6](#).

- In addition to nonconformances, observations and opportunities for improvement identified during the LSA are conveyed in the “Comments” section of the LSA checklist.

**Note:** Opportunities for improvement are considered changes identified that do not meet the corporate definition of [observation](#) but which, if implemented, will improve the quality of a policy, process, or procedure.

Specific directions for conducting the LSAs of the RP Program requirements are listed on the RPSC homepage under [Self-Assessment](#). The directions define:

- Process steps for conducting the assessment
- Checklists to be used (checklists shall not be altered)
- Process steps for data submittal
- Finding resolution and corrective action tracking processes

The F&I Subcommittee shall develop, for each annual LSA, as part of the TSA, an associated report that includes applicable findings and observations, as well as any associated corrective actions. Improvement activities and Noteworthy practices are also to be included.

**Note:** Divisions/organizations participating in a LSA are not required to make independent entries in AIS. The RPSC F&I Subcommittee rolls up all findings and observations into one AIS ID number for each assessment.

### **13.4.2.3 Independent Assessment**

The results of independent internal (to SNL) assessments are evaluated for inclusion in the final TSA report produced by the RPSC.

### **13.4.2.4 Final TSA Report**

A final TSA report shall include, at a minimum, a cover letter to the DOE Sandia Field Office (SFO) and a compilation of all reports considered for the TSA, including programmatic self-assessments, LSAs, and independent internal assessments. Event related issues identified through RPIRs and ORPS reports shall also be rolled into the summary report.

Additional evaluations may include, for example, looking for trends among all assessments and events and comparison to the previous triennial reports, lessons learned, and validation of results. Any additional analysis should be completed within 90 days of the end of the triennial period.

### 13.4.3 Feedback and Improvement

#### Requirements

The F&I Subcommittee will present to the RPSC quarterly metrics following review of RPIRs, ORPS, LSAs, RPSAs, and available independent reviews to identify trends and emerging issues and systemic issues. As appropriate, recommendations for improvement will also be presented.

## 13.5 Records

Requirements Managers shall be responsible for ensuring that records are maintained to document compliance with the RP Program. **[10 CFR 835.701(a)]**

Unless otherwise specified, records shall be retained for 75 years or until final disposition is authorized by DOE. **[10 CFR 835.701(b)]**

Unless otherwise authorized, the method for recording, storage, retention, and archival of these records is in accordance with [IM100.2.2, Control Records](#), and as specified in the [Sandia Records Retention and Disposition Schedule](#) maintained by the Customer Funded Records Center within the Recorded Information Management Department, filed under records series HE-130-207-000.

If using an alternate system (reviewed and authorized by the Recorded Information Management Department as capable of meeting the regulatory required retention period identified above) for records maintenance, it is the responsibility of the individual organization to assure long-term retention of these records and to ensure that they are retrievable over their required storage lifetime, as identified above.

The RPSC shall be responsible for maintaining records that document the results of triennial self-assessments in accordance with organization and corporate retention schedules. **[10 CFR 835.704(c)]**

The RPSC shall submit the final TSA report to the Customer Funded Records Center and a copy to NNSA SFO.

MOWs who generate occupational radiation protection related records shall use the special units of curie, rad, roentgen, or rem, including multiples and subdivisions of these units, or other conventional units, such as, dpm, dpm/100 cm<sup>2</sup> or mass units. The SI units, becquerel (Bq), gray (Gy), and sievert (Sv), may be provided parenthetically for reference with scientific standards. **[10 CFR 835.4]**

#### Guidance

MOWs should consult the Records Management Manual for management of self-assessment records and division self-assessment plans.

Managers may fulfill their records management responsibilities by submitting records to an approved records management center.

## **13.6 References**

### **13.6.1 Requirements Source Documents**

[10 CFR 835](#), *Occupational Radiation Protection*.

### **13.6.2 Implementing Documents**

SNL, [CG100.6.3](#), *Determine, Plan and Perform Assessments*.

SNL, [CG100.6.6](#), *Determine and Take Action*.

SNL, *Records Management Manual*.

### **13.6.3 Related Documents**

SNL, [ES&H corporate procedures](#).

[DOE G 441.1-1C Admin Chg 1](#), *Radiation Protection Programs Guide*.

[DOE-STD-1098-2008](#), *Radiological Control*.

## Change History

### December 7, 2017 Administrative Changes

Updated center and corporate information following transition:

- Changed the manual sponsor from Michael W. Hazen, 4000, to Jaime L. Moya, 600.
- Updated hyperlinks for Center 600.

### May 5, 2015 Substantive Changes

#### Chapter 8

##### Throughout the document:

##### Added:

- Headers and page numbers
- List of acronyms
- Acronym definitions at first appearance and acronyms after first appearance

##### Deleted:

- Acronyms only used once
- Acronym definitions after first appearance
- References to inactive and cancelled procedures
- The word “potential” preceding the words “nonconformance” and “noncompliance”

##### Corrected:

- Punctuation and grammatical errors
- Department names and reference titles/numbers
- Hyperlinks to corporate dictionary terms and references

##### Changed:

- “TSA” [triennial self-assessment] references **to** “LSA” [line self-assessment]
- “LESA” [Laboratory Enterprise Self-Assessment] references **to** “AIS” [Assurance Information System]

##### Cover Page:

- **Changed** SME from “Tom Carver”  
**to** “Martin Brennan”

##### Section 13.3.1:

Changed the following text from:

- If selected for participation in the Triennial Self-Assessment (TSA) process, the TSA is completed as described in this chapter.
- The Radiation Protection Program Department is notified of a potential nonconformance.

- All potential nonconformances to the requirements of this manual **resulting from events** associated with their radiological operations are reported by a Radiological Process Improvement Report (RPIR) via the Integrated Reporting Management System (IRMS) or an Occurrence Report via the Occurrence Reporting and Processing System (ORPS). A causal analysis is required to be performed for all nonconformances from events.
- All potential nonconformances to the requirements of this manual **found during self-assessments** are entered into the Laboratory Enterprise Self-Assessment Web Application (LESA) in accordance with CG100.6.2, *Develop and Maintain the Integrated Assessment Schedule*, and ESH100.4.FI.1, *Perform ES&H Line Self-Assessment Activities*. Nonconformances that are categorized as a Significant Finding (medium/high risk) in LESA, according to CG100.6.1, *Manage Risks*, are entered in the Corrective Action Tracking System (CATS). Significant findings entered in CATS are managed by CG100.6.6, *Perform Corrective Actions*, including causal analysis.  
**Note:** LESA and CATS entries for TSA process findings are managed by the Radiological Protection Safety Committee (RPSC).
- Corrective actions related to nonconformances are developed, tracked to completion, closed, and verified and validated in accordance with ESH100.4.FI.3, *Implement and Manage Corrective Actions*.

**To:**

- Participation in the line self-assessment (LSA) process is completed as described in this chapter.
- The Radiation Protection (RP) Program Department is notified of conditions not conforming to requirements of this manual. All nonconformances to the requirements of this manual resulting from events associated with their radiological operations are reported by RPIR via the Integrated Reporting Management System (IRMS) or an occurrence report via the Occurrence Reporting and Processing System (ORPS). A causal analysis may be required for nonconformances from events, as appropriate, in accordance with CG100.6.6, *Determine and Take Action*.
- All nonconformances to the requirements of this manual found during self-assessments are entered into the Assurance Information System (AIS) in accordance with CG100.6.3, *Determine, Plan and Perform Assessments*. Further, causal analysis may be required, as indicated by CG100.6.6, *Determine and Take Action*.
- All nonconformances to the requirements of this manual found otherwise are entered into AIS. Further, causal analysis may be required, as indicated by CG100.6.6, *Determine and Take Action*.
- Corrective actions related to nonconformances are developed, tracked to completion, closed, and verified and validated in accordance with CG100.6.6, *Determine and Take Action*.  
**Note:** AIS entries for LSA process findings are managed by the Feedback & Improvement (F&I) Subcommittee of the Radiation Protection Safety Committee (RPSC).

**Section 13.3.3:**

**Deleted the following text:**

- ...to identify corporate-wide root causes, develop corrective actions, track corrective actions to completion, and validate and verify corrective actions.
- Working with Division and Center representatives, typically the ES&H Coordinator or RPSC representative, to develop lists of TSA participants.
- Verifying completion of corrective actions taken to address nonconformances identified during the TSA and forwarding closure evidence to the Safety and Security Regulatory Support Office (SSRSO) within 10 business days after completion, as applicable.
- Selecting and validating a sample of the completed functional area TSA checklists before completion of the final functional area report.

**Changed** “Developing and analyzing” **to** “Maintaining”

**Section 13.3.4:**

**Added the words** “of the Internal Audit Procedures Manual” to first paragraph.

**Section 13.3.6:**

**Changed** “as necessary” to “as appropriate”

**Section 13.4.1:**

**Added:**

- “to management and RP” to first bullet
- “by the owning organization” to first paragraph under “Requirements” heading
- “submitted and corrective actions carried out” to second paragraph under “Requirements” heading
- “In the event that known nonconformances to this manual identified through an event are not reported as required, the RP Program may bring this condition to the attention of the F&I Subcommittee for resolution through existing RPSC/F&I Subcommittee processes.” as last paragraph under “Requirements” heading

**Section 13.4.1.1:**

**Added** “(including specificity of the nonconformance)” to fifth sub-bullet

**Changed (under Guidance heading):**

- Associated radiological postings, training, dosimetry, etc.
- Applicable technical work documents (TWDs), Radiological Work Permits (RWPs), and authorization basis documents (PHS)
- Applicable Radiological Protection Procedures Manual (RPPM) chapters
- Names of individuals involved in the event
- Note: Individuals names contained in RPIRs are only accessible to the RPIR author, the manager of the operation with the nonconformance, and the Radiation Protection Program Manager. Associated radiological surveys
- Related events
- Additional comments

**Note:** Nonconformances identified by Members of the Workforce not associated with an event are considered identified during a self- assessment. All such nonconformances are reported by entry into LESA.

**To:**

- Associated information (e.g., radiological postings, training, dosimetry)
- List of applicable technical work documents and authorization basis documents (primary hazard screening)
- Identification of the applicable *Radiological Protection Procedures Manual* (RPPM) chapters
- A listing of associated radiological surveys
- Identification of related events
- Additional comments as needed to describe and characterize the incident

**Note:** Nonconformances identified by MOWs not associated with an event are reported by entry into AIS (e.g., “A Good Catch”).

#### Section 13.4.2:

**Changed** “audits” to “assessments” **and added** “The TSA cycle runs on a calendar year basis, for example, January 2014 through December 2016.” to first paragraph

**Added** “(essentially, the TSA),” “primarily,” and “assessment” to second paragraph to read as follows:  
“...(essentially, the TSA) is composed primarily of the following three assessment elements:...”

**Added** the following third paragraph: “Other relevant performance indicators are also evaluated in determining trends, weaknesses, and areas for improvement, including but not necessarily limited to, the consideration of RPIRs and ORPS reports.”

#### Section 13.4.2.2:

**Changed** first paragraph from “Self-assessments of Line implementation of the Radiation Protection Program requirements are conducted by division personnel.”

**To** “LSAs of RP Program requirements are conducted by specific line organizations who conduct radiological work activities.”

**Changed** “the Triennial” to “each triennial” **and added** “Currently, these LSAs are scheduled annually” to second paragraph

**Added** the word “assigned” to first bullet to read as follows: “All assigned assessment and...”

**Deleted** “The appropriate sampling criteria is followed as specified by the RPSC.”

**Added** the following paragraph: “Activities assessed without field observation are documented and justification provided as to why field observation was not included. Enter this in the “Comments” section of the checklist.”

#### Section 13.4.2.2.1:

Changed:

The level of participation will be specified in the instructions for each TSA. Organizational participation for a TSA will be dependent upon several factors (e.g., the functional area, prior assessment results, risk to the Laboratories, etc.). The RPSC will communicate the required TSA participation level assessing from 20 to 100% of the Laboratories’ radiological operations. The TSA sampling process is as follows:

- The RPSC will specify the minimum percent of departments from each division that will participate for each functional TSA.
- The Division ES&H Coordinator with input from Center ES&H Coordinators and RPSC Division Representatives is responsible for ensuring the number of selected departments meet the established participation rate.
- Each Division ES&H Coordinator shall select departments with ongoing radiological operations to participate in the assessment.
- Note: Divisions are encouraged to vary the selection to include radiological operations of both low and high apparent risk.
- The Division ES&H Coordinator shall inform the RPSC which departments have been selected to participate in the TSA assessment.

**To:**

- The level of participation for the annual LSAs is currently identified to be 100% of the organizations that carry out radiological operations. If for some reason a smaller sampling of organizations is

necessary, the selection process will be as determined by existing F&I Subcommittee processes. Individual exceptions from participation must be authorized by the chair of the F&I Subcommittee in consultation with the subcommittee membership.

It is not expected that all sections of the LSA questionnaires must be filled out by all organizations. For example, an organization with no radiation generating devices would not be required to answer questions related to RPPM Chapter 10.

Once notifications have been received by line organizations that questionnaires are accessible for completion, issues identified/fixed are considered to be part of the assessment. The one caveat to this would be issues identified due to an actual event.

As part of quality improvement, any items “found and fixed” before and during the assessment are captured in comments.

**Changed:**

- Division Radiation Protection Safety Committee (RPSC) representatives are encouraged to participate in the division self-assessments.

**To:**

- The LSA questionnaires will be sent out by the F&I Subcommittee and responses are due back as specified in the instructions. Division RPSC representatives are encouraged to participate in LSAs carried out by individual departments in their division.

**Section 13.4.2.2.2:**

**Changed:**

Selected managers of organizations conducting radiological operations shall ensure that:

- Radiological activities are assessed whenever selected for inclusion in the triennial self-assessment process using the supplied checklist and are completed within the required assessment period.
- Corrective actions are developed for identified nonconformance and are conveyed to the RPSC by documentation in the “comments” section of the applicable question on the functional area checklist.
- Radiation Protection (RP) personnel will participate in the division TSAs. This participation provides expertise in understanding radiological requirements, as well as a level of independence. RP personnel serve as team members and do not plan or conduct the TSA.
- CG100.6.6, *Perform Corrective Actions*, is followed, including causal analysis, for findings that are high or medium risk. Low risk findings are tracked in the LESA application as required by CG100.6.3, *Perform Assessments*.

**Note:** Nonconformances, **identified and reported** through the Triennial Self-Assessment process are entered in the LESA by the RPSC. If the nonconformance(s) are categorized as significant (high or medium risk), the RPSC will arrange for entry into CATS for causal analysis and tracking.

- Evidence of completion of corrective actions for identified nonconformances is sent to the RPSC.
- Activities for which a site visit is not appropriate are assessed without a site visit. Examples of these activities are situations in which:
  - The ALARA principal would be violated.
  - The safety of auditors, Members of the Workforce, or the public may be compromised.
  - Security may be compromised.
  - There are severe logistical problems in accomplishing the assessment (i.e., assessments conducted in the former Soviet Union or on the Arctic ice cap).

Activities that are assessed without a site visit are documented and a justification for not visiting the activities is entered in the “Comments” section of the checklist. Specific directions for conducting the functional area TSAs assessing Line implementation of the radiation protection program requirements are listed on the RPSC homepage under Self Assessment. The directions define:

- Process steps for conducting the assessment.
- Determination of sample size.
- Checklists to be used (checklists shall not be altered).
- Process steps for data submittal.
- Finding resolution and corrective action tracking processes.

**Note:** The next 36-month assessment period ends December 31, 2010.

Each planned functional area assessment as part of the Triennial Self-Assessment shall have an associated report that includes applicable findings and observation as well as the associated corrective actions. Noteworthy practices are also to be included. Each report shall be submitted to the Customer Funded Records Center within 30 days of approval by the RPSC Chairperson.

**Note:** Each division participating in a TSA is not required to make independent entries in LESA. The RPSC rolls up all findings and observations into one LESA ID number for each functional area assessment.

**To:**

Managers of organizations conducting radiological operations shall ensure that:

- Radiological activities are assessed using the supplied checklist and are completed within the required assessment period.
- Actions taken to address nonconformances during conduct of the LSA (i.e., things fixed on the spot) are conveyed to the RPSC by documentation in the “Comments” section of the LSA checklist.
- RP personnel support the planning and conduct of the LSA. This participation provides expertise in understanding radiological requirements, as well as a level of independence.
- CG100.6.6, *Determine and Take Action*, is followed, including causal analysis, for findings that meet the corporate criteria for requiring this formality of evaluation. Findings are tracked in the AIS application as required.

**Note:** Nonconformances, identified and reported through the LSA process, are entered in the AIS by the RPSC. It is the responsibility of the RPSC to notify the appropriate ES&H coordinator when a causal analysis is required. It is the responsibility of the line organization to either carry out the causal analysis or accept the risk as per CG100.6.6.

- In addition to nonconformances, observations and opportunities for improvement identified during the LSA are conveyed in the “Comments” section of the LSA checklist.

**Note:** Opportunities for improvement are considered changes identified that do not meet the corporate definition of observation but which, if implemented, will improve the quality of a policy, process, or procedure.

Specific directions for conducting the LSAs of the RP Program requirements are listed on the RPSC homepage under Self-Assessment. The directions define:

- Process steps for conducting the assessment
- Checklists to be used (checklists shall not be altered)
- Process steps for data submittal
- Finding resolution and corrective action tracking processes

The F&I Subcommittee shall develop, for each annual LSA, as part of the TSA, an associated report that includes applicable findings and observations, as well as any associated corrective actions. Improvement activities and Noteworthy practices are also to be included.

**Note:** Divisions/organizations participating in a LSA are not required to make independent entries in AIS. The RPSC F&I Subcommittee rolls up all findings and observations into one AIS ID number for each assessment.

#### Section 13.4.2.3:

##### Changed:

- Independent assessments of the Radiation Protection Program content and implementation are conducted by the ES&H, Quality, and Safeguards & Security Audit Department. The results of these assessments are evaluated for inclusion in the final TSA report produced by the RPSC.

##### To:

- The results of independent internal (to SNL) assessments are evaluated for inclusion in the final TSA report produced by the RPSC.

#### Section 13.4.2.4:

**Added** “Event related issues identified through RPIRs and ORPS reports shall also be rolled into the summary report.” to first paragraph, **and** “and events and” to second paragraph

#### Section 13.4.3:

##### Changed:

- The RPSC will perform quarterly reviews of RPIRs, ORPS, TSAs, RPSAs, and available independent reviews to identify trends and emerging issues and systemic issues. Metrics demonstrating this review are transmitted to the RPSC along with recommended improvement actions to prevent recurrence.

##### Guidance

**Note:** The ES&H Lessons Learned Program, a component of the ES&H Feedback and Improvement (F&I) Programs and Services that are administered by the ES&H Assurance, Strategic Planning, Integrated Safety Management, and Behavior Based Safety Department, develops and communicates lessons learned for the occupational Radiation Protection Program.

Managers should use lessons learned information in accordance with ESH100.4.FI.2, *Identify and Report Lessons Learned*. This information is posted at the ES&H Lessons Learned website and e-mail notification is available by subscription.

##### To:

- The F&I Subcommittee will present to the RPSC quarterly metrics following review of RPIRs, ORPS, LSAs, RPSAs, and available independent reviews to identify trends and emerging issues and systemic issues. As appropriate, recommendations for improvement will also be presented.

#### Section 13.5:

##### Added:

- Unless otherwise specified, records shall be retained for 75 years or until final disposition is authorized by DOE. **[10 CFR 835.701(b)]**

Unless otherwise authorized, the method for recording, storage, retention, and archival of these records is in accordance with IM100.2.2, *Control Records*, and as specified in the Sandia Records

Retention and Disposition Schedule maintained by SNL’s Customer Funded Records Center within the Recorded Information Management Department, filed under records series HE-130-207-000.

If using an alternate system (reviewed and authorized by the Recorded Information Management Department as capable of meeting the regulatory required retention period identified above) for records maintenance, it is the responsibility of the individual organization to assure long-term retention of these records and to ensure that they are retrievable over their required storage lifetime, as identified above.

**Deleted:**

- Unless otherwise specified, records shall be retained as specified in the Sandia Records Retention and Disposition Schedule maintained by SNL’s Records Management Program typically filed under records series HE-130-207-000 (<http://rim.sandia.gov/retention/nsretentionSchedule.htm>) or until final disposition is authorized by DOE. [10 CFR 835.701(b)]
- within 30 days of the conclusion of the triennial period. This ensures that the time interval meets the requirement stated in 10 CFR 835.3 (e). The time interval to conduct activities required by 835.102 may be extended by a period not to exceed 30 days to accommodate scheduling need. For the current triennial period, this is January 30, 2011. These actions also fulfill 10 CFR 835.704(c).

**March 24, 2010  
 Administrative Changes Only**

**Chapters 1, 2, 4, 5, 6, 7, 8, 9, 11, 12, 13, and 14**

Change Summary	
<b>Type of Change</b>	Administrative
<b>Modified</b>	Records Section: <ul style="list-style-type: none"> <li>• Modified verbiage to: Members of the Workforce who generate occupational radiation protection related records shall use the special units of curie, rad, roentgen, or rem, including multiples and subdivisions of these units, or other conventional units, such as, dpm, dpm/100 cm<sup>2</sup> or mass units. The SI units, becquerel (Bq), gray (Gy), and sievert (Sv), may be provided parenthetically for reference with scientific standards. [10 CFR 835.4]</li> <li>• Chapter 9 SME                          Changed Chapter 9 SME from Luke Paulus to Nathan Elliott.</li> </ul>
<b>Reason for Change</b>	Certain Records section passages were modified in order to eliminate variation in wording relating to the usage of radiological units.

**November 5, 2009**  
**Administrative Changes Only**

**Chapter 13, "Feedback and Improvement"**

Change Summary	
<b>Type of Change</b>	Administrative
<b>Added</b>	<p>13.5 Records                      Added:                      Managers shall be responsible for ensuring that records are maintained to document compliance with SNL's Radiation Protection Program. [10 CFR 835.701(a)]                      Unless otherwise specified, records shall be retained as specified in the Sandia Records Retention and Disposition Schedule maintained by SNL's Records Management Program typically filed under records series HE-130-207-000 (<a href="http://rim.sandia.gov/retention/nsretentionSchedule.htm">http://rim.sandia.gov/retention/nsretentionSchedule.htm</a>) or until final disposition is authorized by DOE. [10 CFR 835.701(b)]</p>
<b>Deleted</b>	<p>13.4.1.1 Radiological Process Improvement Report (RPIR) Submittal.                      Deleted:                      Note: A causal analysis shall be performed in accordance with MN471001, <i>ES&amp;H Manual</i>, Section 22B, "Root Cause Analysis (RCA)," for nonconformances meeting the requirements for reporting into the Occurrence Reporting &amp; Processing System (ORPS) or the Noncompliance Tracking System (NTS). For all other nonconformances, the owning organization shall determine the method of causal analysis using a graded approach.                      13.5 Records:                      Deleted:                      To document compliance with SNL's radiation protection record-keeping requirements as implemented in the <i>Sandia Records Retention and Disposition Schedule</i> by the Recorded Information Management Department (4912). [10 CFR 835.701(a)]                      Until final disposition is authorized by the National Archives and Records Administration (NARA) through DOE.[10 CFR 835.701(b)]                      Attachment 6-5                      From: Chapter 10U of ES&amp;H Manual                      To: ESH100.2.ENV.11                       Attachment 6-5                      From: Chapter 19 of the ES&amp;H Manual                      To: ESH100.2, Analyze and Control Hazards</p>
<b>Modified</b>	<p>Subject Matter Expert:                      Changed: SME From: Michael Van Der Karr To: Tom Carver                      Throughout Document:                      Changed From: ES&amp;H Manual titles                      To: New ESH Corporate Procedure titles.                      13.5 Records:                      Modified sentence From: Members of the Workforce who generate occupational radiation protection related records shall use the special units of curie, roentgen, rad, or rem, including multiples and subdivisions of the units or other conventional units, such as dpm, dpm/100 cm<sup>2</sup> or mass units.                      To: Members of the Workforce who create occupational radiation protection related records shall use the special units of curie, roentgen, rad, and rem, for</p>

<b>Change Summary</b>	
	activity, exposure, dose, and dose equivalent, respectively. Multiples and subdivisions of these units are allowed
<b>Reason for Change</b>	Modifications to document were made in order to comply with new 10 CFR 835 changes. Names of old ES&H Manual chapters were replaced with new ESH Corporate Procedure titles, and the SME for the document was replaced.

**October 13, 2009**

**Chapters: All**

**This document is no longer a CPR. This document implements the requirements of Corporate Procedure ESH100.2.RAD.1, *Implement Radiation Protection Procedures***

**May 6, 2008  
Substantive Changes**

**Chapter 13, “Feedback and Improvement”**

**Chapter 13, “Feedback and Improvement,”** was revised to:

Note: Over 75% of this section is either new or has been substantively changed and should therefore be read in its entirety.

**General Summary:** Chapter 13 (Issue H) has been revised to include changes concerning the process for the reporting of **potential** nonconformances to RPPM requirements by clearly separating nonconformances discovered during self-assessments from those discovered as a result of events. These changes include the following:

- Clarified line manager responsibilities to reflect new corporate processes involving self-assessments including use of the LESA application. This included removing the requirement to report, via an RPIR, nonconformances identified by self-assessments if the nonconformance is not corrected within 30 days.
- New RPSC responsibilities in the coordination of all Triennial Self-Assessments (TSAs) of radiation protection program elements implemented by the line. Additional responsibilities include development of metrics to monitor radiological performance at SNL.
- New Division ES&H Coordinator responsibilities concerning TSAs.
- Clarified the RPP Internal Assessment Process (e.g., programmatic self-assessments, TSA of line-implementation, and independent assessments).
- Added new requirement for RP Department participation in TSAs.
- New RPSC requirements for feedback and improvement concerning quarterly reviews of RPIRs, ORPS, TSAs, RPSAs, and available independent reviews.
- Added implementing document references for the Corporate Self-Assessment Process, Corporate Corrective Action Process, and Risk Management.
- Clarified the Final TSA Report requirements at the end of the triennial period.

**April 11, 2008**  
**Administrative Changes Only**

**Chapters: All**

Global change to insert appropriate reference to Corporate training requirements and documentation. See detailed change history for ES&H Manual, 4/11/08.

**April 1, 2008**  
**Administrative Changes Only**

**Chapter 13**

Update the Table of Contents in the chapter to reflect all numbered paragraph headings (i.e., all section headings and subordinate paragraph headings).

**March 11, 2008**  
**Administrative Changes Only**

**Chapter 13**

**Chapter 13, “Feedback and Improvement,”** was revised to:

- Renumber all section headings to include the chapter number.
- Update all section references within in the chapter to reflect the renumbering.
- Verify and update all section reference links.

**August 1, 2007**  
**Administrative Changes Only**

**Chapter 13**

**Chapter 13, “Feedback and Improvement,”** was revised to:

- **Add:** A review date to the header to indicate that an ES&H Manual Self-assessment (SA) checklist was completed for this chapter.
- Under topic, "4.0 Procedure, subtopic 4.2 Radiological Protection General Self-Assessments":
  - **Change:** Section guidance **from**, “SNL personnel may use CPR400.1.1/MN471001, *ES&H Manual*, Attachment 22A-1, ‘ES&H Manual Self-Assessment Questions,’ when performing assessments that are not part of the triennial self-assessment of radiological operations” **to** “SNL personnel may use CPR400.1.1/MN471001, *ES&H Manual*, Section 22A, ‘ES&H Line Self-Assessment (SA) Activities,’ when performing self-assessments that are not part of the triennial self-assessment of radiological operations.”

**March 31, 2006**  
**Substantive Changes**

**Chapter 13**

**Chapter 13, “Feedback and Improvement,”** was revised to:

- **Delete:** Attachments 13-1, 13-2, and 13-3 from chapter.
- Under the topic, “3.1, Line Managers”:
  - **Clarify:** The requirement for managers to ensure that all nonconformances to the requirements of this manual resulting from the owning radiological operations are reported through Radiological Process Improvement Reports (RPIRs) or the Occurrence Reporting and Processing System (ORPS).
  - **Clarify:** The requirement for managers to ensure that a causal analysis is performed for all findings that are specific to the owning radiological facilities and operations.
  - **\*Change:** Section note to state a causal analysis need not be performed in accordance with MN471001, *ES&H Manual*, Section 22B, “Root Cause Analysis (RCA)” unless being performed as a result an Occurrence Reporting & Processing System (ORPS) or Non-compliance Tracking System (NTS) report.
  - **\*Change:** The requirement for managers to ensure that corrective actions related to findings that are specific to the owning radiological facilities and operations are developed, tracked to completion, closed, and verified and validated in accordance with the *ES&H Manual*, Chapter 22D.
  - **Clarify:** The requirement for managers to ensure that the owning radiological activities are assessed over three years, per Section 4.3.
  - **\*Add:** Section note that states: Non-conformances, **identified and reported** through a documented self-assessment (SA) process (e.g., the Triennial SA process), that have been recorded in a database the Nuclear Safety (PAAA)/DNFSB Liaison Department can review for PAAA applicability, need not be reported through the RPIR process. For such non-conformances, no causal analysis is required; however, the corrective action(s) must be **reported and completed** within 30 calendar days of identification. In addition, evidence of completion of the corrective action must be sent to the Nuclear Safety (PAAA)/DNFSB Liaison Department. If the non-conformance(s) cannot be corrected within 30 days, an RPIR must be submitted and causal analysis conducted.
- Under the topic, “3.2, Members of the Workforce Identifying Nonconformance”:
  - **\*Delete:** The responsibility for Members of the Workforce to report any nonconformance to the Radiation Protection Program Manager.
- Under the topic, “3.3, Radiological Protection Safety Committee”:
  - **Clarify:** The responsibility for the RPSC to provide reports regarding the rollup of assessments of line implementation of radiation protection requirements.
  - **\*Change:** The responsibility for the RPSC to ensure that review, analyze, and summarize the results of the self-assessment information from management, external auditors, DOE/NNSA audits, ORPs, reports, NTS reports, and RPIRs to identify corporate-wide root causes, develop corrective actions, track corrective actions to completion, and validate and verify corrective actions.
- Under the topic, “3.4, ES&H, Quality, and Safeguards & Security Assessments”:
  - **Change:** Section title from “Use of Escorts in Lieu of Training” to “ES&H, Quality, and Safeguards & Security Assessments.”

- **Clarify:** The responsibility for the ES&H, Quality, and Safeguards & Security Assessments manager to conduct and document independent assessments of the Radiation Protection Program and line implementation of the requirements in the Radiological Protection Procedures Manual (RPPM).
- Under the topic, “3.5, Nuclear Safety (PAAA)/DNFSB Liaison”:
  - **Change:** Section title from “Price Anderson Amendment Act (PAAA) Program Integration Department” to “Nuclear Safety (PAAA)/DNFSB Liaison.”
- Under the topic, “3.6, Radiation Protection Department”:
  - **Change:** Section title from “Radiation Protection Program” to “Radiation Protection Department.”
  - **Clarify:** The responsibility for the Radiation Protection Department manager to confer with the manager owning a nonconformance regarding reporting requirements, if contacted.
  - **\*Add:** The responsibility for the Radiation Protection Department manager to assess the content of the occupational Radiation Protection Program.
- Under the topic, “4.1, Radiological Process Improvement Report (RPIR)”:
  - **Clarify:** The requirement for nonconformances with this manual (excluding those identified through a documented self-assessment process) shall be reported using one of the following mechanisms:
    - RPIRs, which are reported into the Integrated Reporting Management System (IRMS),  
or
    - ORPS, if a nonconformance meets the threshold criteria for ORPS reporting (report in accordance with *ES&H Manual*, Chapter 18C, “Occurrence Reporting”).
- Under the topic, “4.2, Radiological Protection General Self-Assessments”:
  - **\*Change:** The requirement, “SNL personnel shall use Attachment 13-1, ‘Self-Assessment Checklist - 835 - All Radiological Operations,’ when performing self-assessments that are part of the triennial self-assessments of radiological operations” **to** “Members of the Workforce shall use the applicable checklists provided by the RPSC when performing self-assessments that are part of the Triennial self-assessment (see Section 4.3) of radiological operations. The checklists are posted on the RPSC Self-Assessment website.”
- Under the topic, “4.3, The Triennial Self-Assessment”:
  - **\*Change:** The requirements of this section by greater than 75% and therefore, it should be read in its entirety.
- Under the topic, “4.4, Feedback and Improvement”:
  - **\*Change:** The requirements of this section by greater than 75% and therefore, it should be read in its entirety.
  - **Change:** “ES&H Performance Assurance Department” to “ES&H Assurance, Planning & Behavior Based Safety Department” in the section guidance.

July 18, 2005

## Chapter 13

Chapter 13, “Feedback and Improvement,” was revised to:

\* (Indicates a substantive change)

- Under the topic, “2.0., Scope”:
  - **\*Change:** The exemptions from the self-assessment process to requirements of this manual.
- Under the topic, “3.0., Responsibilities”:
  - **Change:** Subtopic 3.1 heading from “Division ES&H Coordinators & Line Managers” to “Line Managers.”
  - **\*Delete:** Responsibility for reporting nonconformances via the noncompliance tracking system (NTS).
  - **\*Add:** Responsibility for causal analyses to be performed for all findings specific to the Line Managers radiological facilities and operations.
  - **\*Add:** Note stating that casual analyses must be performed in accordance with the ES&H Manual, Section 22B, “Root Cause Analysis (RCA)” unless it is performed as the result of an ORPS or NTS report.
  - **\*Add:** Responsibility for corrective actions to be developed, tracked to completion, and closed.
  - **\*Delete:** Responsibility for reporting nonconformances to the PAAA coordinator.
  - **Change:** Subtopic 3.2 heading from “Radiological Protection Safety Committee (RPSC)” to “Members of the Workforce Identifying nonconformances.”
  - **Add:** Responsibilities for Members of the Workforce who identify nonconformances.
  - **Change:** Subtopic 3.3 heading from “ES&H and Quality Assessments Department” to “Radiological Protection Safety Committee (RPSC).”
  - **\*Add:** Responsibility to provide feedback and improvement advise to the RP program via the RPSC F&I subcommittee.
  - **Change:** Subtopic 3.4 heading from “Price Anderson Amendment Act (PAAA) Program Integration Department (7004)” to “ES&H and Quality Assessments Department).”
  - **Change:** Responsibility for conducting and documenting “limited independent assessments” to “independent assessments.”
  - **Change:** Subtopic 3.5 heading from “Radiation Protection and Laboratory Services” to “Price Anderson Amendment Act (PAAA) Program Integration Department.”
  - **Change:** Responsibility for reviewing the results of “division self-assessments” to “internal and external assessments.”
  - **Add:** Subtopic 3.6 heading “Radiation Protection Program.”
    - **Move:** Responsibilities from subtopic heading 3.5 under 3.6.
    - **\*Add:** Responsibility for conferring with the nonconformance owning manager in regards to reporting and assisting with corrective action identification and implementation.
- Under the topic, “4.0., Procedure”:
  - Responsibilities under subtopic 4.1 “Radiological Process Improvement Report (RPIR)” have been substantially changed and the section should be read in its entirety.
  - **Change:** The period end date for the next Triennial Self-Assessment from December 31, 2004 to December 31, 2007, under subtopic heading 4.3.
  - **Change:** IS&S Reporting Feedback & Information Management to ES&H Performance Assurance as the administering department for developing and communicating Lessons Learned.

**June 30, 2003**  
**Substantive Changes**

**Chapter 13**

**Chapter 13, “Feedback and Improvement,”** was revised to:

- **Add.** To Section 3.1, “Division ES&H Coordinators & Line Managers,” a responsibility for managers to ensure that their radiological activities are assessed every 3 years per Section 4.3, “The Triennial Self-Assessment.”
- **Change.** In Section 4.3, “The Triennial Self-Assessment, Note,” clarification of the three elements of the triennial assessment process.
- **Change.** In Section 4.3, “The Triennial Self-Assessment,” that division ES&H coordinators shall be responsible for ensuring that:
  - At least 30% or ten (whichever is the larger number) of a division’s Authorization Basis Documents (i.e., PHSs and SARs) for radiological activities are assessed during the triennial period (activities classified as Standard Industrial Hazard (SIH) or exempted items listed in Attachment 6-2, “Exempted Items List,” need not be assessed).
  - All activities shall be assessed in a division having ten or less applicable activities.
  - Assessments are performed using Attachment 13-1, “Self-Assessment Checklist - 835 - All Radiological Operations.”
  - Activities for which a site visit is not appropriate (examples listed) may be assessed without a site visit as long as the assessment is documented and a justification for not visiting the activities is entered in the “Comments” section of the Attachment 13-1 cover sheet for the assessment.
- **Change.** In Section 4.3, “The Triennial Self-Assessment,” RPSC actions to the RPSC will perform an analysis of Attachment 13-1 results for the current triennial period in accordance with Attachment 13-3.
- **Change.** In Attachment 13-2, “Triennial Information Submittal,” that division ES&H coordinators shall ensure that triennial self-assessment reports include:
  - The areas and personnel that were audited.
  - Details of the sampling plan if some radiological operations were not assessed, including a list of the PHS and SARs sampled.
  - Copies of all checklists (Attachment 13-1) completed during the current triennial period (these may be submitted electronically).
- **Change.** In Attachment 13-3, “Evaluation of Triennial Assessment Data,”:
  - Move evaluation responsibilities from the RPSC to the Feedback and Improvement Subcommittee.
  - Clarify that the triennial report is a corporate document.

## October 10, 2002 Substantive Changes

### Chapter 13

Chapter 13, “Feedback and Improvement,” has been revised to:

- **Add:**
  - To the new Section 4.1, “Radiological Process Improvement Report (RPIR),” a note clarifying the benefits of using RPIRs.
  - New Section 4.4, “Feedback and Improvement, Requirements” that tasks the RPSC Feedback & Improvement (F&I) Subcommittee. This section is based on the F&I Subcommittee charter.
- **Change:**

**The most significant change to this chapter is:**

- In Section 4.1, “Radiological Process Improvement Report (RPIR), Requirements,” require the manager to use RPIRs for reporting nonconformances to the requirements of the RPPM, but not for issues that are reported through a higher level system (e.g., NTS, ORPS, WebSIMS).
- **Additional changes are:**
  - In Section “3.1 Division ES&H Coordinators & Line Managers,” combine division ES&H coordinators (previously 3.1) and managers (previously 3.2) responsibilities. Clarify that the triennial self-assessment is a shared responsibility.
  - In Section 3.1, “Division ES&H Coordinators & Line Managers,” in the bullet “Submitting...,” clarify that only the triennial report goes the RPSC, not all division self-assessment reports.
  - Combine the previous Section 3.2, “Managers,” into the new Section 3.1.
  - In new Section 3.2, “Radiological Protection Safety Committee (RPSC),” update responsibilities to be (1) responsible for corporate reports regarding rollup of line implementation and (2) ongoing tracking and trending of radiological performance.
  - In new Section 3.3, “ES&H and Quality Assessments Department (12870),” update responsibilities.
  - In Section 3.5, “Radiation Protection and Laboratory Services (3123),” update responsibilities.
  - Re-order the subsections in Section 4.0, “Procedure,” to 4.1, “Radiological Process Improvement Report (RPIR),” 4.2, “Radiological Protection General Self-Assessments,” 4.3, “The Triennial Self-Assessment,” and 4.4, “Feedback and Improvement.”
  - In Section 4.2, “Radiological Protection General Self-Assessments, Requirements,” require personnel (changed from manager) to use Attachment 13-1, “Self-Assessment Checklist - 835 - All Radiological Operations,” when performing self-assessments that are part of the triennial self-assessments of radiological operations.
  - In Section 4.2, “Radiological Protection General Self-Assessments, Guidance,” refer personnel to *ES&H Manual*, Section 22A, “ES&H Self-Assessment Activities,” for information regarding general self-assessments.
  - In Section 4.3, “The Triennial Self-Assessment, Requirements, Division ES&H Coordinators,” require division ES&H coordinators to ensure that all RPPM functional elements are covered and documented during the triennial assessment period.
  - In new Section 4.3, “The Triennial Self-Assessment, Requirements, Note,” revise the date for completion of the next triennial report to December 31, 2004.
  - In Section 4.3, “The Triennial Self-Assessment, Requirements, Division ES&H Coordinators,” require that division triennial report be submitted by October 31 of the year in which the 36-month assessment period ends, and indicate that this date is fixed with no extensions.

- In Section 4.3, “The Triennial Self-Assessment, Requirements, RPSC” modify the 2nd bullet to state that the RPSC consolidates the divisions’ self-assessment of RP Program implementation.
- In Section 4.3, “The Triennial Self-Assessment, Requirements, RPSC” modify the 6th bullet to clarify RPSC actions with regard to corporate-wide corrective actions.
- In new Section 4.4, “Feedback and Improvement, Requirements,” move all previous text regarding lessons learned to “Guidance.” All lessons learned are administered and disseminated by the IS&S Reporting, Feedback & Information Management Department (3131).
- In the Section 5.0, “Records, Requirements,” in the 3rd paragraph, change “managers” to “division ES&H coordinators and management” and clarify that maintenance applies to records of the triennial self-assessment only.
- **Delete:**
  - From Section 4.4, “Lessons Learned” all requirements for the RPSC. All lessons learned are administered and disseminated by the Lessons Learned function in the IS&S Reporting, Feedback & Information Management Department (3131).

**April 29, 2002**  
**Administrative Changes Only**

**Chapter 13**

**Attachment 13-1, “Feedback and Improvement”**

This chapter has been administratively revised to:

- **Update:**
  - Attachment 13-1, “Radiological Operations Self-Assessment Checklist” (Word file/Acrobat file) to incorporate revisions that were suggested following completion of the 2001 triennial self-assessment cycle.

**September 26, 2000**  
**Administrative Changes Only**

**Chapter 13, “Feedback and Improvement”**

Section 4.2 of this chapter was revised to:

- **Delete:**
  - The requirement to follow “internal radiation protection procedures” because the guidance procedure has been archived.
  - The requirements for “division ES&H teams shall” and move general requirements (UCI and individual names) to “SNL personnel shall” because anyone can initiate an RPIR.

**July 17, 2000**  
**Substantive Changes**

**Chapter 13, "Feedback and Improvement"**

This chapter was revised to:

- **Add:** Attachment 13-1, "Radiological Operations Self-Assessment Checklist" (Word file/Acrobat file)

**March 28, 2000**  
**Administrative Changes Only**

**Chapter 13 - Feedback and Improvement**

This chapter was revised to:

- **Add:**
  - Attachment 13-3, "Evaluation of Assessment Data for Radiological Operations," that provides a procedure to be followed when evaluating the triennial assessment data and data obtained during RPSC's quarterly evaluations.
  - A pointer to Attachment 13-3 from the chapter text in Section 4.1, "Radiological Protection Self-Assessment Process."

**January 11, 2000**  
**Substantive Changes**

This list of changes includes only additions, changes, and deletions to requirements. Changes to guidance and general information are not listed. See the RPPM manual to become aware of all changes made to the text and Attachments.

**Chapters: All**

**General Changes:**

- Reformat chapters 1 through 14 into the Requirements and Guidance format similar to the *ES&H Manual*.
- Update responsibilities following Centers 7400 and 7500 reorganization and integration to Center 7100.

**Chapter 13, "Feedback and Improvement"**

- **Add:**
  - Findings, issues and corrective actions shall be entered into WebSIMS.
- **Change:**
  - Line must perform triennial self-assessment using a standard checklist.
  - Line's report to the RPSC must follow a standard format, use standard audit terms and include certain statistics.
- **Delete:**
  - Explicit requirements for Dept. 12870.