



Creating Materials & Energy Solutions
U.S. DEPARTMENT OF ENERGY

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Independent Walk-through Procedure

This procedure provides a description of the Independent Walk-through Program of the Ames Laboratory, as required by the Ames Laboratory Environment, Safety, Health & Assurance (ESH&A) Program Manual, Section 10, Assessments.

1.0 APPROVAL RECORD

- Reviewed by: Document Control Coordinator (Hiliary Burns)
- Approved by: Manager, Environment, Safety, Health & Assurance (Sean Whalen)
- Approved by: Deputy Director (Tom Lograsso)

The official approval record for this document is maintained by the Training and Documents Office, 105 TASF.

2.0 REVISION/REVIEW INFORMATION

The revision description for this document is available from and maintained by the author.

3.0 PURPOSE AND SCOPE

The Laboratory's policy for independent walk-throughs is documented in Section 10 of the Ames Laboratory Environment, Safety, Health and Assurance (ESH&A) Program Manual. The Walk-through Program is an integral part of the Integrated Safety Management System (ISMS) in which departments/programs are evaluated. A walk-through is a planned tour of a department/program or an area on a routine, scheduled basis, with a focus applicable to that department/program. The Laboratory's Independent Walk-through Program is designed to provide a mechanism for personal observation and evaluation of the Laboratory's facilities by management and specialists. It is a look at specific attributes of a facility against requirements promulgated by the Laboratory, DOE, and other governmental organizations. Environmental protection, safety, health, property management, quality, and implementation of policy are issues explored. The walk-through process is not intended to produce administrative burden or place unrealistic expectations on departments or programs. However, noted findings will be recorded, analyzed, tracked, and resolved.

4.0 PREREQUISITE ACTIONS AND REQUIREMENTS

The members of the walk-through team have an understanding of the special requirements and policies they will be assessing against. Also, the walk-through team will have an understanding of this Independent Walk-through procedure and receive orientation to effectively conduct their assigned walk-through functions.

5.0 PERFORMANCE

5.1. Prior Notification

The Industrial Safety Specialist shall schedule the independent walk-throughs. The Division/Institute/Program Director (DD/ID/PD) or Department Manager, and Ames Site Office Representative shall be notified in writing 4 weeks prior to the performance of the walk-through. Notification shall include a general definition of the scope of the walk-through and a brief description of the walk-through process. Once the schedule has been confirmed, the Industrial Safety Specialist will notify ESH&A Lead Specialists (as applicable), ESH&A Manager, appropriate Safety Coordinator, Electrical Safety Inspector, a member of Executive Council, Property Management (every other year) and

ISU EH&S.

5.2. Walk-through Team Members and Specialties

The independent walk-through team will consist of (dependent on type of activities reviewed within program):

- Executive Council Member
- DD/ID/PD Department Manager
- Fire Safety Specialist
- Industrial Safety Specialist
- Electrical Safety Inspector
- Industrial Hygienist
- Environmental Specialist
- Health Physicist
- A member of the Purchasing and Property Services office as a Property Management Specialist (bi-annually)
- ISU Environment, Health & Safety (EH&S) Representative

The table below details participation of the appropriate ESH&A Specialist for the specific DD/ID/PD or Department being evaluated to ensure efficiency and effectiveness:

Division/Program/Department	Industrial Safety	Industrial Hygiene	Health Physics	Environmental Protection	Fire Protection
Administrative Services	X				X
Applied Mathematics & Computational Sciences	X				X
Chemical and Biological Sciences	X	X		X	X
Critical Materials Institute	X	X		X	X
DMSE (Spedding and Gilman)	X	X	X	X	X
DMSE (Wilhelm & Metals Dev)	X	X	X		X
DMSE (Zaffarano & leased space)	X	X	X		X
ESH&A & Occupational Medicine	X	X			X
Facilities & Engineering Services	X			X	X
Purchasing & Property Services - Warehouse	X			X	X
External – yards, roofs, building perimeters	X				X

5.3. Walk-through Observation Process

The walk-through observation process will be conducted according to the following guidelines:

5.3.1 Pre Walk-through Process

- Group Leaders, supervisors, and safety coordinators and Safety representatives will be briefed when the walk-through will be conducted and any potential emphasis that may be assessed according to new orders/ regulations (i.e., DOE,

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OSHA, EPA, consensus standards, etc.).

- Observers will attempt to establish rapport of trust and cooperation as they ask employees and line management for assistance in identifying weaknesses and strengths.

5.3.2 Walk-through Process

- When recording notes, observers will tell representatives what they have observed and are writing for report purposes.
- If observers do not understand the facility's condition they should ask an employee or line management for a briefing on the present condition of the facility.
- Observers should move steadily through the facility. If conditions warrant, they will announce they need to return for a more in-depth appraisal of the facility.
- Of the scheduled time, observers will allow about fifty percent for looking at their intended specialty, twenty five percent for observing spaces and asking general questions about the facility, and twenty five percent for a post observation walk-through conference.
- Observers will record conditions as findings, strengths or noteworthy practices, on the walk-through.

5.3.3 Post Walk-through Process

Findings, strengths, and noteworthy practices will be submitted to the Industrial Safety Specialist for entry into the Ames Laboratory Corrective Action Tracking System (ALCATS) and distribution of walk-through report.

5.4 Post Walk-through Conference

The conditions noted during the walk-through will be reviewed with the division, institute, and program director and department manager, safety coordinator, and other interested members of the division/institute/program, or department at the end of the walk-through or at a mutually agreed upon time. This conference will provide an opportunity to discuss appropriate corrective actions.

5.5 Walk-through Report

5.5.1 *The written walk-through report shall be prepared within two weeks and sent to each of the following:*

- DD/ID/PD or Department Manager
- Safety Coordinator (as applicable)
- Facilities and Engineering Services Manager
- ESH&A Manager
- Walk-Through Participants
- Ames Site Office Representative
- Safety Review Committee
- Executive Council
- ISU EH&S representative

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5.5.2 *The report shall include:*

- Identification of the individual(s) who conducted the walk-through.
- A listing of areas reviewed.
- A record of the environment, safety, health and assurance conditions observed, including their respective ratings.
- Planned corrective actions with due dates

5.5.3 *Findings are categorized by the 24 listings below for Lab-wide trend analysis.*

1. Administrative Controls include program specific rules/guidelines such as visitors being escorted.
2. Compressed Gases include compressed air, gases in cylinders and cryogenic liquid cylinders.
3. Confined Spaces include aspects such as inventory, labeling, training, entry procedures, etc.
4. Electrical Safety includes all issues of voltages greater than 50 volts, enclosures, grounding, etc.
5. Emergency Planning includes issues such as signage for eyewashes/showers, first aid kits, emergency phone cards posted on doors, etc.
6. Environmental includes issues such as waste minimization, hazardous waste, air emissions, etc.
7. Fire Safety includes direct fire hazards, fire safety equipment, etc.
8. General Safety includes issues such as housekeeping, broken chairs, tripping hazards, etc.
9. Hoisting and Rigging includes issues associated with hoists and rigging equipment, training, etc.
10. Industrial Hygiene includes laboratory practices, labeling, chemical storage, etc.
11. Infrastructure includes broken handrails, loose brick, chipped stair nosings, etc.
12. Ladder Safety includes delinquent annual inspections, broken ladders, improper use, etc.
13. Laser Safety includes proper eye protection, proper use of interlocks, training, etc.
14. Lockout/Tagout includes standardization of equipment, training, procedures, etc.
15. Life Safety Code includes aisle width requirements, emergency lighting, exit signs, egress patterns, etc.
16. Machine Guarding includes wood working equipment and all equipment which has an exposure to belts and pulleys, gears and sprockets, shafts, pinch points, etc.
17. Personal Protective Equipment includes eye, hand, foot, skin, head protection that cannot be administratively controlled or engineered out.

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18. Property Management includes issues of excess, unused or under-utilized equipment or materials.
19. Radiation Protection includes all ionizing or non-ionizing radiation issues, PAAA Compliance.
20. Respiratory Protection includes issues relating to respiratory used such as storage, training, fit testing, and also applies to disposable paper dust masks.

6.0 POST PERFORMANCE ACTIVITY

6.1 Finding: A finding is a determination of deficiency pertaining to implementation of a requirement based on a recognized inadequacy or weakness. Findings are categorized as levels 1, 2, or 3. This categorization is necessary to identify the degree of management formality and rigor required for the correction, tracking to closure, and trending of findings.

- Level 1 finding: Determination of deficiency of major significance that warrants a high level of attention on the part of line management. Typically these reflect a gap in addressing requirements or a systemic problem with implementing requirements. If left uncorrected, this level of finding could negatively impact the Laboratory's mission. Examples of Level 1 findings include deliberate violations, sabotage, and ignoring radiation work permits.
- Level 2 finding: Determination of deficiency that represents a non-conformance and/or deviation with implementation of a requirement. Multiple determinations of deficiency at this level, when of a similar nature, may be rolled up together into one or more Level 1 findings. Level 2 findings can be further qualified by noting the significance of the issue as a *high* or *moderate* condition.
- Level 2 finding with High Significance: Deficiency that could cause a severe injury or significant environmental or programmatic impact. Examples of Level 2 findings with high significance include exposure to live electrical parts, using poisonous gas outside of a fume hood or designated cabinet, and improper disposal of hazardous waste.
- Level 2 finding with Moderate Significance: Deficiency that could cause minor injury or minor environmental or programmatic impact. Examples include improper use of extension cords, not labeling of chemicals, and late disposal of hazardous waste.
- Level 3 finding: Determination of deficiency where it is recognized that improvements can be gained in process, performance, or efficiency already established for meeting a requirement. This level of finding should also include minor deviations observed during oversight activities that can be promptly corrected and verified as completed. Examples of Level 3 findings include idle/obsolete equipment being stored in laboratory spaces, not updating emergency door cards, not stocking safety glasses in visitor bins.

Documentation of findings should include the statement of the specific requirement (e.g. regulatory citation, Laboratory policy, etc.), the description of a programmatic

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breakdown (if applicable), and objective evidence demonstrating the deficiency.

6.2 Close Out of Walk-through Findings

Findings are assigned a rating primarily based upon consequence and risk potential. It is the responsibility of the program/department to perform the actions necessary to close out the concerns identified during the walk-through according to the requirements for the rating assigned to the observation. This includes writing service order requests for Facilities and Engineering Services, ISU Facilities, etc. to perform maintenance or service. The following is the time schedule for closing out the discrepancies:

- Level 1 finding: Close out according to a corrective action plan approved by the ESH&A office.
- Level 2 finding with High Significance: Close out by the end of the first full workday after the findings are identified, or according to corrective action plan approved by the ESH&A office.
- Level 2 finding with Moderate Significance: Close out within 60 days of report date or develop a formal Ames Lab Action Plan for close out which must be approved by the ESH&A office.
- Level 3 finding: Close out as soon as possible, as resources are available.

The appropriate walk-through team member will verify close out of all Level 1 and Level 2 – High Significance findings.

Strength: A mature process or activity that consistently demonstrates the ability to meet expectations, or a process or activity that efficiently and effectively facilitates and integrates processes, activities, and resources.

Noteworthy Practice: A positive observation, based on objective assessment data, or a particular practice, procedure, process, or system considered so unique or innovative enough that other organizations within the Laboratory might find it beneficial. Mere compliance with mandatory requirements is not considered to be a noteworthy practice.

6.3 Lessons Learned

Lessons learned reports will be prepared for feedback and continuous improvement as a result of observations identified during the walk-through process. ESH&A electronically distributes the lessons learned to all levels.

6.4 Event Screening

Findings are screened for potential reportability to ORPS (DOE Order 231.1A Environmental, Safety and Health Reporting), PAAA (10 CFR 820) and Incidents of Security Concerns (DOE Order 471.4 Incidents of Security Concerns) per the guidance provided in the [Event Reporting Program](#).

6.5 Annual Trend Analysis of ESH&A Findings

Statistics are generated annually based on the independent walk-through observations according to the [Procedure for Trend Analysis](#). This information will be communicated to



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the Executive Council through an annual report.

6.6 Disposition of Records

Walk-through records will be maintained by ESH&A in accordance with the requirements of the General Records Schedules.

6.0 ADDITIONAL INFORMATION

See Ames Laboratory Environment, Safety, Health and Assurance Program Manual, Section 10.