

TEMPORARY CHANGE REQUEST

TCR NO. TCR-P-084, R3-003

The Temporary Change Request (TCR) Form is to be used to process urgent or minor changes for PPPL Policies, Organization/Mission Statements and Procedures. The TCR should be used when changes are:
1) urgent, and can not wait the 2-4 week period for Department Head review/comment, or
2) minor, and do not warrant Department Head review.

Person Requesting Change: Jerry Levine

Department Name: ESH&S

Phone Ext: 3439

Document Number: P-084

Revision No.: 3

Document Title: Management Safety Walkthroughs

Reason for change:

Update organization names to reflect organizational changes, and modify statement on periodic focused inspections by safety professionals to reflect actual current practices.

Change description: (Summarize and attach changed pages, with changes clearly indicated)

Organization names have been updated, and the last paragraph of the Policy has been modified accordingly.

1. Does this TCR significantly alter the intent or scope of the document? YES: NO:

2. Does this TCR significantly impact ES&H? YES: NO:

If 1 or 2 is YES, Explain why the changes should not be routed for Department Head review:

Jerry Levine (ESH&S)
Department/Division Head Approval

3/28/12
Date

John De Looper
Head, Best Practices and Outreach / designee

3/28/12
Date

Release/Effective date of this TCR: March 28, 2012

Incorporate this TCR into next revision of this document? Yes No

PPPL	PRINCETON PLASMA PHYSICS LABORATORY	POLICY	No.P-084 Rev 3 page 1 of 2
	Subject:	Effective Date: November 25, 2003	Initiated by: Head, ES&H and Security
Management Safety Walkthroughs	Supersedes: Rev. 2, dated Feb. 14, 2003	Approved: Director	

It is PPPL policy that Laboratory Management conduct periodic walkthroughs of all areas of PPPL to evaluate safety conditions and management processes in these areas. These reviews, known as Management Safety Walkthroughs (MSWs), supplement line management walkthroughs that are conducted per O-027 and together comprise PPPL's Comprehensive Laboratory Assessment and Signage Program (CLASP). This program ensures that periodic line management and independent reviews are performed for all PPPL areas, that hazards have been identified, and appropriate controls and signage are in place.

Management Safety Walkthroughs should include observations of ongoing work practices and procedures (including access to radiologically controlled areas), review of entrance and area signage, and review of previous safety violations in the area and the resolution of those violations. Consideration should be given to whether the right things are being done to avoid future problems and to the detection and prevention of adverse trends. Additionally, positive safety behaviors found on walkthroughs should be pointed out and praised through words and pictures, and the results of and lessons learned from safety walkthroughs should be communicated at regular staff and management meetings.

Management Safety Walkthroughs (MSWs) are organized and coordinated by the Head, Environment, Safety, Health and Security (ESH&S), and are generally conducted on a semimonthly basis. All areas of the Laboratory have MSWs at least every two years, and MSWs are performed at least annually in areas having significant hazards (e.g., experimental areas). They are announced to line management with an invitation for line-workers to participate.

Participants in the MSWs usually include: representatives of senior management (e.g., Deputy Director for Operations, Associate Laboratory Director for Engineering and Infrastructure, etc.); Head of ESH&S Department; responsible Facility Manager(s), line managers and staff associated with the walkthrough areas (e.g., Area Coordinator(s), RLM(s), and cognizant supervisors); ES&H professionals (e.g., Industrial Hygienist, Electrical Safety, Fire Safety, etc.); personnel from Environmental Services, Facilities, and Site Protection; invited line-worker(s); and representatives from the DOE-Princeton Site Office. Other personnel may accompany the MSW as well.

Findings from the MSWs are documented and forwarded to participants and responsible parties by the ESH&S Department. Action items associated with these findings are assigned for completion within 60 days of the walkthrough, unless otherwise indicated in the MSW documentation. Action items to address deficiencies that present serious potential hazards to environment, safety, and health are assigned for completion within 5 days or less of the walkthrough.

The remaining items will be considered '*management walkthrough*' actions. The ESH&S Department tracks action items to completion. Maintenance items may be identified, entered into the Facilities Division Work Order System, and prioritized and tracked with other work orders. ESH&S staff, Quality Assurance personnel and managers may detect apparent trends with MSW findings. In the event that such trends are identified, and dependent upon the seriousness of the problem, an action item can be generated by using Procedure GEN-011, "ES&H Deficiency Reporting" or QA-012, "Corrective Action Request". These procedures provide an established vehicle for documenting, tracking, and correcting ES&H related deficiencies.

Special MSWs are also conducted prior to startup of a High Hazard Operation (per ES&HD 5008, Section 11, Chapter 2), and prior to startup of other operations at the request of the Responsible Line Manager. In addition, safety professionals conduct periodic focused OSHA-style inspections in specific areas of the Laboratory and at job sites.

REFERENCES

P-003:	Environment, Health, and Safety Policy
O-027:	Line Management Safety Organization
ES&HD 5008, Section 11, Chapter 2:	Safety Certification System
GEN-011	ES&H Deficiency Reporting
QA-012	Corrective Action Request