



U.S. DEPARTMENT OF
ENERGY


Office of
Science

SLAC Site Office

SLAC National Accelerator Laboratory
2575 Sand Hill Road, MS-8A
Menlo Park, CA 94025

DATE: June 29, 2009

MEMORANDUM FOR: George J. Malosh
Deputy Director for Field Operations
Office of Science

FROM: Paul Golan 
Site Manager
SLAC Site Office

SUBJECT: Integrated Safety Management Declaration

The purpose of this memorandum is to provide the Integrated Safety Management (ISM) declaration for SLAC National Accelerator Laboratory (SLAC) by the SLAC Site Office (SSO) manager.

ISM is in place and is being effectively administered at SLAC.

I base my declaration on the following:

1. Direct and daily observation of the contractor by SSO:

- a. Five full-time and two half-time safety staff spend a minimum of 80 person-hours in the field, weekly.
- b. Staff regularly attends meetings with laboratory counterparts.
- c. SSO leadership spends considerable time "walking around" the laboratory.
- d. SLAC takes positive actions when issues are discovered.
- e. Effectiveness of follow through/follow up of corrective actions
- f. Low rate of incident recurrence
- g. Timeliness of reporting/notification has improved
- h. Quality of incident/occurrence report has improved
- i. Significant improvement in housekeeping across most areas of the laboratory.
- j. SLAC exceeded expectations regarding nuclear material control and accountability.
 - i. SLAC transferred seven large sources to Los Alamos recovery program.
 - ii. SLAC's Nuclear Material Program indicated a well run program with proficiencies.

2. Feedback & observations from implementing the Integrated Assessment Schedule (IAS) as well review of independent third party assessments of systems and processes.

- a. 2 assessments conducted by SSO
- b. 17 assessments conducted by SLAC
- c. 21 assessments conducted by SU/SU Internal Audit
- d. 6 assessments conducted by Integrated Service Center (ISC)
- e. 2 joint assessments conducted by SSO/SLAC (Joint)
- f. Effectiveness review of the corrective action program
- g. Assist visits by DOE HSS

3. Review of SLAC oversight and assurance processes

- a. Strong safety oversight leadership team in place at SLAC
- b. Visits by mutual aid Fire Departments
- c. SSO approved SLAC's updated Worker Safety and Health Program (WSHP)
- d. SLAC declaration of ISMS implementation
- e. SLAC declaration of EMS implementation

4. Review of Stanford University assurance processes

SLAC Board of Overseers and the ES&H subcommittee are engaged and effective.

5. Review of actual safety statistics and performance measures

- a. Sixty percent (60%) reduction in TRC and DART rate over last 2 years. SLAC has moved from one of the worst performing laboratories in terms of safety statistics.
- b. Statistics (TRC/DART, First Aids, ORPS, ORION Database, open corrective actions) are reviewed and trended by SSO.
- c. Severity of accidents has gone down as evidenced by lower lost days per DART case.

6. Assessment of the safety culture at SLAC

- a. Leaders demonstrate a commitment to safety. There is a strong commitment from Laboratory Director and laboratory senior leadership team who are working to establish a safety-first culture.
- b. Plan-of-the-Week for high hazard work is being recognized as a best practice.
- c. Positive contractor employee recognition programs have been put in place and utilized.
- d. Continued reinforcement of positive safety messages by SLAC leadership
- e. Direct access available to the Laboratory Director/COO to raise safety issues.
- f. "No fear" culture being established for workers to identify and raise safety issues.
- g. A questioning attitude is cultivated and is being implemented across the laboratory.

7. Review of contractor performance through the PEMP

In Goals 4, 5, 7, and 8 of the PEMP, the contractor is meeting most of SSO's expectations for previously noted areas of weakness.

Notwithstanding, the following areas are of concern to me:

- 1. Safety culture not fully infused through organization
- 2. Reducing dependence on oversight to assure safety
- 3. Inconsistent standard of conduct/accountability for sub contracted work

4. While improved, reporting process (from initial notification through ORPS) is not fully satisfactory
5. There is a lack of basic hazard awareness in some areas at SSRL (pressure safety, cryogenic, trip)
6. There are informal safety "programs" scattered throughout the site which challenge existing/established programs, i.e., information tag programs.
7. SLAC needs to improve its process for senior manager operational awareness.
8. SLAC needs to improve responsiveness for tracking and closing corrective actions.
9. Effective implementation of the work planning and control process.

My view of safety is simple. The systems, processes, and culture establish an outcome that ensures every worker goes home every day as healthy as they came in the morning.

SLAC has made significant progress in implementing an effective ISMS program over the past 24 months and has effectively implemented a sound ISMS program.

cc: Joe Arango, SC-3
Anna Lising, SC-3
Kimberley JaJack, SC-3
Mark Jones, SC-30
Sat Goel, SC-31
Hanley Lee, SSO
Larry Kelly, ISC, ORO
William Media, SU
Persis Drell, SLAC
Alexander Merola, SLAC
Craig Ferguson, SLAC