

Fiscal Year 2004 (FY04)
Environmental Management System (EMS) Performance Assessment Plan (PAP)
October 1, 2003

This document was prepared by the management of the Environmental Protection and Waste Services Division (EP&WSD) at Oak Ridge National Laboratory.

Mission and Goals

The Environmental Protection and Waste Services Division's (EPWSD) mission is to deliver an Environmental Management System (EMS) that achieves, maintains, and demonstrates environmental excellence by assessing and controlling the impact of UT-Battelle-managed activities and facilities on the environment.

EP&WSD achieves its mission by providing strategic environmental management, pollution prevention, and waste management planning to help Oak Ridge National Laboratory (ORNL) achieve and maintain environmental excellence. The EP&WSD

- implements the ORNL EMS,
- develops and maintains the UT-Battelle environmental policies for ORNL, and
- provides services and support to all UT-Battelle organizations and facilities.

It is our goal to make sure that everyone at ORNL understands their environmental management responsibilities so that we can work together to improve our working conditions and our environment.

Objectives

The purpose of this plan is to establish the EP&WSD/EMS performance assessment process within the current framework of UT-Battelle's Performance-Based Management System (PBMS). That is, to provide EP&WSD staff with information needed to ensure organizational performance objectives are being met and appropriate improvement actions are identified and implemented.

The Performance Assessment Plan (PAP) has been developed based on the Strategic Objectives listed in the Environment, Safety, Health, and Quality (ESH&Q) Directorate business plan, the EP&WSD FY03 Performance Evaluation Report, and the EMS FY04 Business Plan. It incorporates the EP&WSD' corrective action for the results of the Office of Independent Oversight (IO) performance assessment audit conducted in August 2003. The PAP reflects the UT-Battelle approach to performance-based management. Therefore, EP&WSD has adopted a performance assessment framework based on the five performance element categories, including:

- Customer Focus,
- Financial Performance,
- Staff Results,
- Organizational Effectiveness, and
- Compliance.

For each of the stated performance element categories, EP&WSD has established objectives, strategies for meeting the stated objectives, performance measures, indicators, and schedule where appropriate. Refer to the 2004 Performance Assessment Plan Matrix included as an attachment to this plan for details. Table 1 states the objectives and their associated ranking.

Objective Number	Description	Ranking*
Objective 1	<p>Customer Focus</p> <p>Operate the EP&WS division in a manner that</p> <ul style="list-style-type: none"> • provides high quality services; • is responsive to internal and external customer expectations in effectively implementing environmental management programs to reduce/eliminate legacy challenges; • provide environmental protection and compliance support; and • manage and disposition waste to protect human health and the environment. 	2
Objective 2	<p>Financial Performance</p> <p>Establish and manage the EP&WSD budget to effectively and efficiently meet the division's mission.</p>	4
Objective 3	<p>Staff Results</p> <p>Maintain a pool of talented, empowered, motivated, and goal oriented staff to support and enhance EP&WSD services to ORNL.</p>	4
Objective 4	<p>Organizational Effectiveness, includes:</p>	
Objective 4.1	Improve business planning, organizational/operating efficiency, performance assessment, analyses and corrective action execution.	3
Objective 4.2	Complete and execute the re-engineered Waste Certification Program with a target of a third quarter 2004 IO-follow-up verification assessment.	6
Objective 4.3	Aggressively pursue an ORNL culture change with respect to pollution prevention, waste minimization, and environmental compliance aspects of work planning and execution. Improve integration of pollution prevention into line organization (Operations and Research) work planning and control.	High Priority 1
Objective 5	<p>Compliance , Includes:</p>	
Objective 5.1	Continue to effectively execute compliance programs and waste operations.	1
Objective 5.2	Continue the elimination of vulnerabilities and legacy materials from facilities.	High Priority 2
Objective 5.3	Develop a program to determine remedial and maintenance actions disappearing from or not included in U.S. Department of Energy Office of Environmental Management baseline with the intent to control impact on ORNL programs in the future. (e.g., the Stewardship, Waste, Infrastructure, Facilities Team {SWIFT})	High Priority 3

*Division level objectives have been ranked as 1 (highest priority) to 6 (lowest priority). Objectives 4.3, 5.2, 5.3 are Laboratory level strategic objectives and are thus mandated as high priority. The division level objectives were ranked by each EP&WSD group manager to determine the priority based on impact/risk assessment in relation to safety, goals, regulatory compliance, cost, ethics, and customer expectation. A dot matrix chart was used to assist in the assignment of priority rankings. Objectives 2 and 3 were ranked equally by EP&WSD management.

Implementation Strategy

EP&WSD's approach to performance assessment is consistent with the ESH&Q Directorate approach discussed in the Strategic Objectives of the ESH&Q Business Plan and overall strategy as defined by the PBMS. In addition to the objectives listed in this plan, additional assessment items may be listed in the Assessment Tracking System (ATS) and are considered improvement items.

Evaluation Methods

Quality improvement processes are utilized to determine the root cause of problems and corrective actions are implemented to mitigate or to prevent recurrence. Data analysis and trending programs are utilized to identify lower level precursor data that may indicate more serious emerging issues. Division level improvements are disseminated to all levels of EP&WSD staff through lessons learned and other feedback mechanisms for mid-course corrections and to be considered for inclusion into the overall division business plan during the next planning cycle.

Action plans and corrective actions taken are requirements of this plan. Recording and tracking findings in the ATS database is required.

Schedule

The performance schedule is entered into the ATS database and can be referred to and reported from the ATS. Refer to the 2004 Performance Assessment Plan Matrix included as an attachment to this plan for specifics concerning each objective. Schedules of planned assessments may be adjusted when appropriate based on performance information.

Feedback and Results Management

The objectives and measures of this plan are reviewed approximately quarterly at regularly scheduled bi-weekly divisional group managers meetings. Previous period assessment information is reviewed for information analysis and trends. When performance criteria are not met, attention is directed to the areas needing improvement. Key improvement opportunities and lessons learned are shared at these meetings and if appropriate shared within the ORNL and across the DOE complex. Any follow-up actions identified in these meetings will be documented in the ATS.

Progress against the objectives and measures will be formally evaluated annually in accordance with the self evaluation cycle of the Laboratory Performance Assessment Program. The results of the annual evaluation serve as a basis for improvement actions and assessment activities for the subsequent year and are provided to the ESH&Q Quality Manager for use in compiling the ESH&Q and ORNL performance evaluation reports that are submitted to the PBMS System owner and DOE.

Attachment 1 - Environmental Protection and Waste Services Division 2004 Performance Assessment Plan and Schedule

(PEP Milestones in **Yellow**)

Approach	Performance Assessment Plan Objective	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status
Category 2 - Financial Performance								
Spending is consistent with projected budget	2	Overhead budgets are not being substantially exceeded	Division & Organization Managers evaluate cost vs. budget (consistently monitor)	Actual costs approximate budget	<ul style="list-style-type: none"> • ≤1% variance = Outstanding • 2-9% variance = Excellent • ≥10% variance = Good • Overrun = Marginal 	Quarterly	Chapman, Group Leaders	
Maintain constant rate	2	Actual rate vs. standard rate	Comparison reports	Maintain a favorable variance	<ul style="list-style-type: none"> • ≤1% favorable var. = Outstanding • 2-9% favorable var. = Excellent • ≥10% favorable var. = Good • Unfavorable variance = Marginal 	Quarterly	Chapman	
Increase Direct Charge % of total budget	2	Hours charged to non-EPWS overhead accounts	Comparison report based on hours charged in PALS/SAP	3% growth	<ul style="list-style-type: none"> • ≥6% growth = Outstanding • 3-5% growth = Excellent • 1-3% growth = Good • ≤0% growth = Marginal 	Annually	Chapman	

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Approach	Performance Assessment Plan Objective	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status
Category 3 - Staff Results								
Increase leadership skills of managers	3	Performance Plan completed in PADS	Execute Performance Plans in PADS	Establish and retain critical skills	Satisfactory/Needs Improvement	Annually	Downer, Barnard, Skipper, Mezga, Carney	
Maintain leadership effectiveness (diversity)	3	<ul style="list-style-type: none"> • ORNL EEO/WFD Performance Measures • ORNL Critical Outcome PM 1.6 	Reporting against ORNL specified criteria	Exceed	Exceed/Meet/Below	Quarterly	Reno	
Professional development for staff	3	Performance Plan completed in PADS	Execute Performance Plan in PADS	Establish & retain critical skills	Satisfactory/Needs Improvement	Annually	Downer, Skipper, Mezga, Barnard, Carney	
Ensure training is sufficient for job	3	Checklist results	Division Training Program Checklist	Provide necessary training	Satisfactory/Needs Improvement	Annually (9/30/04)	EPWSD Managers	

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Approach	Performance Assessment Plan Objective	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status
Category 4 - Organizational Effectiveness								
Minimize number of reportable releases to the environment	4.1	Number of reportable releases as reported in Occurrence Reports	Tracking, operational awareness, technical guidance	0	<ul style="list-style-type: none"> • 0 releases = outstanding • 1 release = excellent • 2 releases = good • 3+ releases = marginal 	Quarterly	Skipper	
Minimize number of significant findings from inspections by regulators	4.1	Number of findings	Operational awareness, timely reports, compliance with required sampling, tech. revs., internal self assessment	0	<ul style="list-style-type: none"> • 0 findings = outstanding • 1 findings = excellent • 2 findings = good • 3+ findings = marginal 	Quarterly	Skipper	
Minimize number of reportable permit noncompliances	4.1	Number of permit noncompliances, nonconformances (NC)	Guidance to prevent recurrence, operational awareness	0	<ul style="list-style-type: none"> • 0 NC = outstanding • 1-4 NC = excellent • 5-8 NC = good • > 8 = marginal 	Quarterly	Skipper	
Effective Environmental Protection Officer (EPO/ Environmental Compliance Representative (ECR) Program	4.1	Results from feedback session	Facilitated feedback session with EPO/ECRs	Resolution of concerns and improve program accordingly	Satisfactory/Needs improvement	Annually (April)	Scofield	

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(PEP Milestones in **Yellow**)

Approach	Performance Assessment Plan Objective	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status
Category 4 - Organizational Effectiveness - continued								
Promote and utilize Lessons Learned	4.1	Reduced reoccurrences	Feedback, Problem Event Report (PER) reviews	Maintain and improve safety and performance on job	Satisfactory/Needs Improvement	Quarterly	5 Direct Reports and 5 next level	
Implementation of the EMS Requirements of DOE O 450.1	4.1	Progress towards goal of independent verification of UT-Battelle EMS conformance to ISO 14001	Independent verification	External verification	<ul style="list-style-type: none"> • Obtain verification with no unresolved issues by end of FY 04 = Outstanding • Obtain conditional verification with unresolved issues at end of FY 04 = Excellent • Provide DOE with EMS status indicating progress by end of FY04 = Good • Failure to provide status during FY04 = marginal 	9/30/04	Skipper	
Reengineer Waste Certification Program (WCP)	4.2	Complete actions noted in WCP Development Team Recommendations	Follow up verification by IO to assess effectiveness of the changes	Improved program	Satisfactory/Unsatisfactory	Annually (September 04)	Carney	

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Approach	Performance Assessment Plan Objective	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status
Category 4 - Organizational Effectiveness - continued								
Install, test, and debug waste tracking system	4.2	System ready for use by 9/30/04	Monitor progress towards scheduled activities	Improved program	Satisfactory/Unsatisfactory	Quarterly	Carney	
Monitor WCP process thru established verification and validation (V&V) activities	4.2	Positive V&V results; or corrective actions on negative V&V results	Carry out V&V activities as established in the WCP Planned Performance Measures and Assessments	Improved program	Satisfactory/Unsatisfactory	Quarterly	Carney	
1. Promote and increase visibility of Pollution Prevention (P2) Program 2. Participate in P2 opportunity 3. Assessments 4. Significant waste reduction	4.3	<ul style="list-style-type: none"> • Guidance on Web site, "How Do I Manage this Waste Stream?" • Issuance of the Affirmative Action Plan by 9/30/04. • Revision of the P2 SBMS Subject Area by 9/30/04 • Results of assessments • Reduce lab generation of waste by 50% by 2006 with a 25% reduction in FY04 	<ul style="list-style-type: none"> • SBMS • Voluntary review of P2 Program • Prepare goals for divisions and ideas on P2 initiatives 	<ul style="list-style-type: none"> • Provide accurate and useful site • Consistent with P2 Program Criteria • Reduction in costs and vulnerabilities associated with managing wastes 	<ul style="list-style-type: none"> • Satisfactory/needs improvement • Satisfactory/Needs improvement • Monitor waste generated on a monthly basis and provide feedback to divisions 	<ul style="list-style-type: none"> • Quarterly • Twice a year (March, Sept.) • Quarterly 	Michaud	

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(PEP Milestones in **Yellow**)

Approach	Performance Assessment Plan Objective	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status
Category 5 – Compliance								
Computer Security	5.1	100% trained	Tracking (Division Training Officer)	No training deficiencies	100%	Annually (August)	Cochran	
Radiation Control/Dose	5.1	Review of data from Bioassay	Tracking (Radiation Control Officer)	ALARA		Quarterly (runs a quarter behind)	T. Anderson	
Provide Safe Work Environment	5.1	<ol style="list-style-type: none"> 1. Results from Office Self-Inspections 2. Safety Meetings 3. DSO Safety Inspections 4. Safety Incidences 5. Results of ISSM self assessment 	<ol style="list-style-type: none"> 1. Checklists 2. Conducting meetings 3. Inspections 4. Tracking quarterly 5. Self Assessment 	<ol style="list-style-type: none"> 1. 100% participation 2. Disseminate safety info and promote safety awareness 3. 4 inspections 4. 0 incidences for year 5. Be in compliance 	<ol style="list-style-type: none"> 1. <ul style="list-style-type: none"> • 90-100% = outstanding • 80-90% = excellent • 70-80% = good • 60-70% = marginal 2. No significant problems 3. < 4 (compared to FY 2001 stat) 4. 5. <ul style="list-style-type: none"> • Activity in compliance • Activity not fully in compliance • Activity out of compliance 	<ol style="list-style-type: none"> 1. Annually (April) 2. Quarterly 3. Quarterly 4. Annually 5. Annually 	<ol style="list-style-type: none"> 1. Downer, Lewis 2. Five Direct Reports 3. Lewis 4. Lewis 5. Downer 	

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Approach	Performance Assessment Plan Objective	Indicator	Assessment Method	Performance Goal	Performance Criteria	Schedule	Responsible Person	Status
Category 1 - Customer Focus								
1. Understand customer needs 2. Ensure customer satisfaction	1	1. Customer relationship building (e.g., customer expectations defined) 2. Solicited and unsolicited feedback	1. Discussions, agreements 2. Customer Satisfaction Survey	Satisfied customer	Satisfactory/Needs Improvement	1. Twice a year (December and June) 2. Twice a year (March and September)	1. Downer and Group Leaders 2. Powell, Skipper, Van Hoesen	1. Dec - Satisfactory 2. Mar - Satisfactory
Prepare Annual Site Environmental Report (ASER)	1	Report published by 10/1/04	Schedule with milestones	Meet due date	Satisfactory/Needs Improvement	Twice a year (June & Sept)	Thompson, Hughes	NA
Enhance/maintain Web Sites for EP&WSD	1	Review of each service area quarterly	Periodically assess accuracy & usefulness of information on web sites through customer input	Provide accurate & useful web sites	Satisfactory/Needs Improvement	Quarterly	Group Leaders	1 st Qtr – Satisfactory 2 nd Qtr - Satisfactory
Continue effective liaison between TDEC, DOE-O and ORNL/DOE	1	Interview responses	Feedback from DOE & TDEC (verbal/written)/interviews)	No negative feedback	Satisfactory/Needs Improvement	Three times a year (Dec/Apr/Aug)	Anderson	Dec – Satisfactory Apr - Satisfactory

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Maintain constant rate	2	Actual rate vs. standard rate	Comparison reports	Maintain a favorable variance	<ul style="list-style-type: none"> • ≤1% favorable var. = Outstanding • 2-9% favorable var. = Excellent • ≥10% favorable var. = Good • Unfavorable variance = Marginal 	Quarterly	Chapman	1 st Qtr – Outstanding 2 nd Qtr - Excellent
Increase Direct Charge % of total budget	2	Hours charged to non-EPWS overhead accounts	Comparison report based on hours charged in PALS/SAP	3% growth	<ul style="list-style-type: none"> • ≥6% growth = Outstanding • 3-5% growth = Excellent • 1-3% growth = Good • ≤0% growth = Marginal 	Annually	Chapman	NA

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Maintain leadership effectiveness (diversity)	3	<ul style="list-style-type: none"> • ORNL EEO/WFD Performance Measures • ORNL Critical Outcome PM 1.6 	Reporting against ORNL specified criteria	Exceed	Exceed/Meet/Below	Quarterly	Reno	1 st Qtr – Exceeds 2 nd Qtr - Meets
Professional development for staff	3	Performance Plan completed in PADS	Execute Performance Plan in PADS	Establish & retain critical skills	Satisfactory/Needs Improvement	Annually	Downer, Skipper, Powell, Barnard, Carney	Satisfactory
Ensure training is sufficient for job	3	Checklist results	Division Training Program Checklist	Provide necessary training	Satisfactory/Needs Improvement	Annually (9/30/04)	EPWSD Managers	NA

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Minimize number of significant findings from inspections by regulators	4.1	Number of findings	Operational awareness, timely reports, compliance with required sampling, tech. revs., internal self assessment	0	<ul style="list-style-type: none"> • 0 findings = outstanding • 1 findings = excellent • 2 findings = good • 3+ findings = marginal 	Quarterly	Skipper	1 st Qtr – Outstanding 2 nd Qtr - Outstanding
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Effective Environmental Protection Officer (EPO/ Environmental Compliance Representative (ECR) Program	4.1	Results from feedback session	Facilitated feedback session with EPO/ECRs	Resolution of concerns and improve program accordingly	Satisfactory/Needs improvement	Annually (April)	Scofield	Satisfactory

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Implementation of the EMS Requirements of DOE O 450.1	4.1	Progress towards goal of independent verification of UT-Battelle EMS conformance to ISO 14001	Independent verification	External verification	<ul style="list-style-type: none"> • Obtain verification with no unresolved issues by end of FY 04 = Outstanding • Obtain conditional verification with unresolved issues at end of FY 04 = Excellent • Provide DOE with EMS status indicating progress by end of FY04 = Good • Failure to provide status during FY04 = marginal 	9/30/04	Skipper	Scheduled registration review in July 2004
Reengineer Waste Certification Program (WCP)	4.2	Complete actions noted in WCP Development Team Recommendations	Follow up verification by IO to assess effectiveness of the changes	Improved program	Satisfactory/Unsatisfactory	Annually (September 04)	Carney	NA

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Monitor WCP process thru established verification and validation (V&V) activities	4.2	Positive V&V results; or corrective actions on negative V&V results	Carry out V&V activities as established in the WCP Planned Performance Measures and Assessments	Improved program	Satisfactory/Unsatisfactory	Quarterly	Carney	1 st Qtr – Satisfactory 2 nd Qtr - Satisfactory
1. Promote and increase visibility of Pollution Prevention (P2) Program 2. Participate in P2 opportunity 3. Assessments 4. Significant waste reduction	4.3	<ul style="list-style-type: none"> • Guidance on Web site, "How Do I Manage this Waste Stream?" • Issuance of the Affirmative Action Plan by 9/30/04. • Revision of the P2 SBMS Subject Area by 9/30/04 • Results of assessments • Reduce lab generation of waste by 50% by 2006 with a 25% reduction in FY04 	<ul style="list-style-type: none"> • SBMS • Voluntary review of P2 Program • Prepare goals for divisions and ideas on P2 initiatives 	<ul style="list-style-type: none"> • Provide accurate and useful site • Consistent with P2 Program Criteria • Reduction in costs and vulnerabilities associated with managing wastes 	<ul style="list-style-type: none"> • Satisfactory/needs improvement • Satisfactory/Needs improvement • Monitor waste generated on a monthly basis and provide feedback to divisions 	<ul style="list-style-type: none"> • Quarterly • Twice a year (May, Sept.) • Quarterly 	Michaud	1. 1 st Qtr – Satisfactory, 2 nd Qtr - Satisfactory 2. NA 3. 1 st Qtr – Done, 2 nd Qtr - Done

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Radiation Control/Dose	5.1	Review of data from Bioassay	Tracking (Radiation Control Officer)	ALARA		Quarterly (runs a quarter behind)	T. Anderson	1 st Qtr – Done 2 nd Qtr - Done
Provide Safe Work Environment	5.1	1. Results from Office Self-Inspections 2. Safety Meetings 3. DSO Safety Inspections 4. Safety Incidences 5. Results of ISSM self assessment	1. Checklists 2. Conducting meetings 3. Inspections 4. Tracking quarterly 5. Self Assessment	1. 100% participation 2. Disseminate safety info and promote safety awareness 3. 4 inspections 4. 0 incidences for year 5. Be in compliance	1. <ul style="list-style-type: none"> • 90-100% = outstanding • 80-90% = excellent • 70-80% = good • 60-70% = marginal 2. Satisfactory/Needs Improvement 3. No significant problems 4. 5. <ul style="list-style-type: none"> • Activity in compliance • Activity not fully in compliance • Activity out of compliance 	1. Annually (April) 2. Quarterly 3. Quarterly 4. Annually 5. Annually	1. Downer, Lewis 2. Five Direct Reports 3. Lewis 4. Lewis 5. Downer	1. NA 2. 1 st & 2 nd Qtrs - Satisfactory 3. 1 st & 2 nd Qtrs – no significant problems 4. NA 5. NA

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Category 5 – Compliance - continued								
Emergency Preparedness	5.1	Participation in Lab-wide drills	Evaluate level of EPWSD participation	Full participation	<ul style="list-style-type: none"> • 90-100% = outstanding • 80-90% = excellent • 70-80% = good • 60-70% = marginal 	Annual (Sept)	Skipper, Powell	NA
Environmental Requirements	5.1	1. Status of 90-D areas and 120-D clock for LLW accumulation areas 2. Timely/accurate regulatory reporting	1. Physical Inventory 2. Tracking	1. No violations 2. No delinquent reports	1. 0 violations 2. <ul style="list-style-type: none"> • 0 = outstanding • 1 = excellent • 2 = good • >3 = marginal 	Quarterly Quarterly	Larson Skipper	1. 1 st & 2 nd Qtr – 0 violations 2. 1 st & 2 nd Qtr - Outstanding
Training & Qualifications	5.1	Provide beneficial & required training	Tracking by DTO using training checklist	>80% required training met	Satisfactory/Needs improvement	Quarterly	Cochran	1 st Qtr – Satisfactory 2 nd Qtr - Satisfactory
Execute transition plan for newly generated waste (NGW) management	5.3	Lab ready to accept NGW activities according to transition plan schedules	Monitor progress towards scheduled activities on quarterly basis	Lab ready to accept NGW responsibilities	Satisfactory/Unsatisfactory	Quarterly	Carney	1 st Qtr – Satisfactory 2 nd Qtr - Satisfactory
Nevada Test Site (NTS) Certification	5.3	Obtain NTS certification by 9/30/04	Act on corrective actions in NTS Audit currently scheduled for April 2004	Lab ready to accept NGW responsibilities	Satisfactory/Unsatisfactory	Annually	Carney	NA