

INVESTIGATION OF ABNORMAL EVENTS

1.0 Objective

The objective of this surveillance is to verify that laboratory personnel are effectively investigating abnormal events. The activities included in this surveillance provide a basis for determining whether the laboratory has implemented a thorough review process to identify, investigate, and resolve abnormal events. The surveillance also provides a basis for ensuring that applicable DOE requirements are implemented.

2.0 References

- 2.1 DOE O 232.1A, *Occurrence Reporting and Processing of Operations Information*
- 2.2 DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities*
- 2.3 DOE-STD-1045-93, *Guide To Good Practices for Notifications and Investigations of Abnormal Events*

3.0 Surveillance Activities

The Facility Representative or Environmental, Safety, and Health Support Specialist performs the following activities to evaluate the effectiveness of the laboratory's implementation of a program to investigate abnormal events.

- Activity 1 - Review laboratory procedures for conducting abnormal event investigations.
- Activity 2 - Review a recent event investigation report.

Surveillance Guideline
INVESTIGATION OF ABNORMAL EVENTS

Surveillance No.: _____

Facility: _____

Date Completed: _____

YES NO N/A

Activity 1 - Review Procedures for Conducting Abnormal Event Investigations

- | | | | | |
|----|---|-------|-------|-------|
| 1. | Do procedures identify events requiring a formal investigation? | _____ | _____ | _____ |
| 2. | Do procedures provide guidance on when an investigation should be completed for a near miss? | _____ | _____ | _____ |
| 3. | Do procedures establish qualification requirements for personnel performing investigations? | _____ | _____ | _____ |
| 4. | Do procedures clearly assign responsibility for conducting investigations? | _____ | _____ | _____ |
| 5. | Do procedures provide guidance on information to be collected before an investigation begins? | _____ | _____ | _____ |
| 6. | Do procedures include guidance on defining and scheduling corrective actions to eliminate the root cause for abnormal events and near misses? | _____ | _____ | _____ |
| 7. | Do procedures define requirements for preparing and distributing investigative reports? | _____ | _____ | _____ |
| 8. | Do procedures include limits or controls on modifying schedules for corrective action due dates or on issuing extension for due dates? | _____ | _____ | _____ |

Surveillance Guideline
INVESTIGATION OF ABNORMAL EVENTS

Activity 2 - Review Investigation Report

- | | | | | |
|-----|--|-------|-------|-------|
| 9. | Did the personnel who performed the investigation have the required qualifications? | _____ | _____ | _____ |
| 10. | Was the report reviewed and approved by the Facility Manager? | _____ | _____ | _____ |
| 11. | Does the report contain: | | | |
| | a. Description of the event? | _____ | _____ | _____ |
| | b. Discussion of the impact of the event? | _____ | _____ | _____ |
| | c. Root Cause? | _____ | _____ | _____ |
| | d. Expected versus actual equipment response? | _____ | _____ | _____ |
| | e. Lessons Learned? | _____ | _____ | _____ |
| | f. Proposed corrective actions? | _____ | _____ | _____ |
| | g. Positive aspects of the event? | _____ | _____ | _____ |
| 12. | Was the report timely? | _____ | _____ | _____ |
| 13. | For the event described in the investigation report, did the Operations Supervisor determine if the event should be included in operator training? | _____ | _____ | _____ |
| 14. | Were the corrective actions sufficient to eliminate the root cause of the event? | _____ | _____ | _____ |
| 15. | Have the corrective actions been funded, scheduled, and entered into the laboratory's work management system? | _____ | _____ | _____ |

OTHER:

_____	_____	_____

_____	_____	_____

Surveillance Guideline
INVESTIGATION OF ABNORMAL EVENTS

YES NO N/A

OTHER (Continued)

NOTES/COMMENTS:

**PERSONNEL
CONTACTED:**

INVESTIGATION REPORT REVIEWED:

Surveillance Guideline
INVESTIGATION OF ABNORMAL EVENTS

**IF MORE SPACE IS NEEDED FOR FINDINGS, OBSERVATIONS, AND FOLLOWUP
ITEMS - USE ADDITIONAL SHEETS**

FINDINGS:

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Finding No.: _____

Description: _____

Surveillance Guideline
INVESTIGATION OF ABNORMAL EVENTS

OBSERVATIONS:

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Observation No.: _____

Description: _____

Surveillance Guideline
INVESTIGATION OF ABNORMAL EVENTS

FOLLOWUP ITEMS:

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Followup Item No.: _____

Description: _____

Surveillance Guideline
INVESTIGATION OF ABNORMAL EVENTS

LABORATORY MANAGEMENT DEBRIEFED AND RESULTS: _____

Signature: _____ Date: _____

Facility Representative or
Environmental, Safety, and Health Support Specialist