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U. S. Department of Energy, Idaho Operations Office

Validation Review Report
on
Closure of the BEA Corrective Action Plan

August 2010

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Background

As a result of an incident of security concern (IOSC) in the Battelle Energy Alliance (BEA) National and Homeland Security (N&HS) directorate, a series of assessment were conducted internally by various management and security teams. Each assessment identified several issues or areas where improvements were needed. In order to correct these identified deficiencies BEA N&HS developed and implemented a Corrective Action Plan. The Corrective Action Plan consisted of 22 separate corrective actions, each with a target completion date and an assigned responsible manager.

The DOE Idaho Operations Office Security Division was tasked to perform a validation of the BEA corrective actions related to the IOSC and has completed the review. This report contains the evaluation and conclusions of that effort.

Scope

The validation review effort was focused on whether N&HS corrective actions were adequately closed. This review was not intended as an effectiveness review. However, since it was performed concurrently with a BEA Safeguards and Security (S&S) survey, all validation activities were evaluated for potential non-compliance with DOE S&S directives and would have been included in the survey report if any issues were identified.

Each of the corrective actions was assigned to a review team member who was responsible for using standard review methods to gather objective evidence and evaluate whether the specific corrective action was adequately closed or not. Several of the corrective actions are related and there was some collaboration between team members, especially since some of the closure documents were applicable to multiple corrective actions. N&HS had several binders of closure documentation, but most team members requested additional documentation in order to complete their evaluation.

Review Team

The review team consisted of the following members from DOE-ID:

Team Leader: [redacted] – Corrective Actions B8, D1, D2, D3

Team Members:

[redacted] – Corrective Actions A1, A2, A3, A4, A5
[redacted] – Corrective Actions B1, B2, B3, B4, B5
[redacted] – Corrective Actions B6, B7, C1, C2, C3,
[redacted] – Corrective Actions E1, E2, E3

Executive Summary

Based on the number of reviews conducted by BEA and internal to N&HS, the initial impression was that the validation review might be completed fairly quickly. However, it soon became apparent that the closure documentation gathered by N&HS in five large binders did not adequately demonstrate closure, at least to the satisfaction of the review team. The team requested and reviewed numerous additional documents in order to arrive at their conclusions.

The N&HS Deputy Associate Laboratory Director/Director of Operations was the primary point of contact for this validation review. All of the N&HS staff who were interviewed or provided documents for this review were very helpful, which was appreciated by the review team. Most personnel on the review team have previously performed assessments or surveys in the N&HS directorate. The cooperation for this review was improved compared to some similar reviews, and the overall attitude was much more positive towards taking the necessary steps to improve their security posture.

The conduct of all of the internal reviews, and the development and completion of all the corrective actions has taken significant effort on the part of N&HS personnel, along with personnel from outside their directorate. Certainly within the N&HS management there appears to be a renewed emphasis on meeting security requirements and holding employees accountable if they do not. N&HS management has put processes, procedures, and practices in place that should greatly improve security compliance if implemented over the long term, but improvement over the long term must still be demonstrated.

Organizational and structural changes within N&HS have resulted in much more internal oversight of security performance. In the N&HS directorate, two opposing forces exist that are in conflict. One focus is on obtaining new business in the most efficient manner possible. The other is on meeting security requirements in probably the most security sensitive work areas within the Idaho National Laboratory. In preceding years the focus on obtaining new business was the greater pressure. From interviews conducted and the corrective actions reviewed, these two, sometimes opposing forces, appear to be in much better balance. In fact, until management is comfortable that security requirements and attitudes towards those requirements are in line with their expectations, the balance may have swung more towards security in some cases.

A good example of this change in focus and attitude is probably corrective action D2. While N&HS is tracking actual security incidents, they are also tracking leading indicators that are likely precursors to security incidents, such as "near misses." An example of a "near miss" is when the protective force conducts searches prior to entry into a security area and finds a prohibited item prior to its introduction into the security area. These efforts are positive and very commendable, and certainly the number of IOSC have been reduced from previous years. However, based on the leading indicators it may still take some time for the security culture to be fully implemented in a manner that N&HS management desires. When the trends in leading indicators are reduced over time, along with the continued improvement in IOSC, then it will be apparent that corrective actions were effective and improvements occurred.

Conclusions

While the scope of this review was only to validate the closure of the corrective actions, the team noted in several instances that the corrective actions themselves were sometimes ambiguous and led to difficulties in obtaining adequate documentation of closure. Better corrective actions with more consideration of documentation necessary to prove completion may have led to easier evaluation of some of the corrective actions. Several corrective actions contain more than one identifiable task that could have been separated out and made both closeout and validation conclusions more apparent. Since the corrective actions are written with multiple tasks it may have led the responsible managers to focus on some tasks and fail to notice others.

Overall, 21 corrective actions were validated as adequately closed and 1 was evaluated as needing further action. A few of the corrective actions were not initially evaluated as adequately closed, but the outstanding issues were minor, such as a change in internal procedure wording, and the contractor resolved these prior to the end of the validation review. The remaining open corrective action, B8, involves training N&HS employees and was almost complete at the conclusion of this report.

It is apparent to the review team that significant improvements have been made since the corrective actions were implemented. Continuing the focus on meeting security requirements has a good chance of changing the security culture if maintained. Appendix A contains the Corrective Action Validation Worksheets for each of the 22 corrective actions. Some of the significant points from these worksheets have been captured in this summary. Below are the results of which corrective actions are considered to be adequately closed and which require additional actions.

Corrective Actions Validated as Adequately Closed

A1 – Conduct a meeting with N&HS Department Managers to clarify the priorities of the laboratory and the expectation for simultaneous excellence (i.e., balanced priorities). Further, clarify the expectation that Department Managers are responsible for all program and non-program related work for that Department and for establishing a first line supervision presence that reinforces these priorities on a daily basis and establishes clear accountability.
A2 – Conduct "All Hands" meetings with N&HS personnel to provide a summary of security incidents, causes, actions being taken to address these issues, and to clarify the priorities of the laboratory and the expectation for simultaneous excellence (i.e., balanced priorities). Stress safe, secure, and compliant work activities as "musts" for our work and not open to compromise in the interest of meeting demanding customer requirements. Further, make clear the expectation that personnel must understand and work in accordance with company-level and N&HS processes, emphasizing rigor and discipline. Also, stress the use of "Stop Work" when encountering an unusual circumstance and performing work with a questioning attitude.
A3 – Complete meetings between N&HS Division Directors and their Department Managers to discuss Department needs. Conduct a working session with N&HS Department Managers to discuss common challenges and solutions in meeting the expectation for balanced priorities, rigor and discipline, and effective first-line supervision. The product of the meeting will be specific actions, assignments and due dates.
A4 – Review and revise N&HS employee roles and responsibilities, accountabilities and authorities, as necessary.

A5 – Review and revise N&HS employee performance goals, as necessary.
B1 – Complete and document a roll-down of security requirements derived from DOE Orders and other Contract requirements. Show how applicable requirements are implemented in N&HS policies and procedures.
B2 – Develop an N&HS level Program Management Plan that details how work is accomplished across the N&HS enterprise. The Plan should clearly identify the procedures used for all N&HS program and facility work and daily operations.
B3 – Prepare a single Management Control Procedure that documents roles and responsibilities of the N&HS ALD, the direct reports, line management, and key support positions within N&HS (operations lead, security lead, etc.)
B4 – Use the existing INL processes for project planning and control and "work for others" as a starting point to develop, document and implement supplemental procedures for work involving classified information and intelligence-related work. Train affected personnel on the process.
B5 – Develop, document and implement a procedure to be used following the completion of PREPS that formalizes project risk mitigation and includes review at the Department Manager level and approval at the Division Director level. Ensure that the risks resulting from staffing level limitation are addressed in this procedure. Train affected personnel on procedure.
B6 – Develop and implement an N&HS project change review process, implementing monthly reviews of all active projects by the responsible Department Managers to ensure change control is being applied. The change review process should address both changes in scope and the potential for changes in classification level. Train affected personnel on process and expectations.
B7 – Perform job task analyses for the specific work performed by N&HS staff (and matrixed staff performing N&HS-specific tasks) and revise individual training plans accordingly using a systematic approach to training. Provide personnel with refresher training as appropriate.
C1 – Conduct team reviews and implement those recommendations approved by N&HS management for improvements in access controls and securing of areas to mitigate human error.
C2 – Develop, document and implement an N&HS standardized approach to address the risk from program work that is intended to be unclassified migrating inadvertently to becoming classified. The approach should address the potential for classified subject matter migrating into higher classification levels or other controlled access levels.
C3 – Complete a survey of classified documents, dispose of documents that are no longer needed, and put in place a process that appropriately limits the number of classified documents retained by N&HS.
D1 – Fully implement the risk-based assurance activities detailed in the N&HS Contractor Assurance Portfolio.
D2 – Augment the existing N&HS self-assessment program to include risk-based and performance-based management and independent assessments across all important performance areas using, to the extent practical, leading indicators.
D3 – Implement the lessons learned program for security-related issues that includes both internal and external lessons learned. Provide these lessons learned to the INL Lessons Learned Program.
E1 – Implement an employee-driven security awareness and improvement team along the lines of the INL Employee Safety Teams.
E2 – Implement an employee peer review process for security-related activities along the lines of the SOAR program.

E3 – Continue the use of "security shares" at each meeting of N&HS staff with increased emphasis on lessons-learned and security challenges facing the N&HS staff.

Corrective Actions Requiring Additional Actions

B8 – Develop and implement training based on the gaps identified by applying a systematic approach to training. Provide training to personnel identified as needing this training.

Appendix A – Corrective Action Validation Worksheets

CORRECTIVE ACTION VALIDATION WORKSHEET
CORRECTIVE ACTION NUMBER: A1
CORRECTIVE ACTION STATEMENT: Conduct a meeting with N&HS Department Managers to clarify the priorities of the laboratory and the expectation for simultaneous excellence (i.e., balanced priorities). Further, clarify the expectation that Department Managers are responsible for all program and non-program related work for that Department and for establishing a first line supervision presence that reinforces these priorities on a daily basis and establishes clear accountability.
PLANNED COMPLETION DATE: April 28, 2009 **ACTUAL COMPLETION DATE:** May 20, 2009
REVIEW ACTIVITIES: **Documents Reviewed:** A copy of the meeting presentation materials and a copy of the attendance roster. **Personnel Interviewed:** Deputy Associate Laboratory Director/Director of Operations Director Nuclear Nonproliferation Reoccurring training is conducted laboratory wide on an annual basis. **Performance Observed:** Not Applicable
EVALUATION: A review of the meeting slide presentation and roster was conducted. Corrective action was satisfactory.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** August 3, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: A2

CORRECTIVE ACTION STATEMENT: Conduct "All Hands" meetings with N&HS personnel to provide a summary of security incidents, causes, actions being taken to address these issues, and to clarify the priorities of the laboratory and the expectation for simultaneous excellence (i.e., balanced priorities). Stress safe, secure, and compliant work activities as "musts" for our work and not open to compromise in the interest of meeting demanding customer requirements. Further, make clear the expectation that personnel must understand and work in accordance with company-level and N&HS processes, emphasizing rigor and discipline. Also, stress the use of "Stop Work" when encountering an unusual circumstance and performing work with a questioning attitude.

PLANNED COMPLETION DATE: May 18, 2009
ACTUAL COMPLETION DATE: September 16, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
A copy of the meeting presentation materials and a copy of the classroom attendance rosters, as well as a list documenting the electronic training method.

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation

Performance Observed:
Not Applicable

EVALUATION: A review of the meeting slide presentation and roster was conducted.

Classroom training was conducted on May 4, 2009, while the electronic training method was completed on September 16, 2009.

The slide presentation did not contain speaker notes, and the impression was that the emphasis was on N&HS accomplishments with little emphasis on security requirements. However, in reviewing the email that was sent to the individuals who did not attend the classroom training, but did the individual read and acknowledgement of self-training, the email clearly emphasized security requirements as a top priority.

Recurring training is held during All Hands meetings on an annual basis.

Corrective action was satisfactory.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** August 3, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: A3

CORRECTIVE ACTION STATEMENT: Complete meetings between N&HS Division Directors and their Department Managers to discuss Department needs. Conduct a working session with N&HS Department Managers to discuss common challenges and solutions in meeting the expectation for balanced priorities, rigor and discipline, and effective first-line supervision. The product of the meeting will be specific actions, assignments and due dates.

PLANNED COMPLETION DATE: May 22, 2009
ACTUAL COMPLETION DATE: August 19, 2010

REVIEW ACTIVITIES:

Documents Reviewed:
Presentation Materials
Attendance Rosters
Action List
Issues List
National and Homeland Security (N&HS) Security Incident Corrective Actions Management Assessment February 2010 IAS 101411
INL Memorandum dated June 28, 2010 from J.E. Dwight "Closure of Actions from the National and Homeland Security Corrective Action Review Board"

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation

Performance Observed:
Not Applicable

EVALUATION: There were numerous versions of action lists and issue lists in the file. The Management Assessment documented that meetings were held, but some actions were considered of no value and not implemented and that the corrective action was complete, however in other memorandums, it indicated that several were accepted and being pursued. The June 28 memorandum did not discuss this corrective action.

There were several memorandums on file, which contained a management approved action list, with assignments made and due dates or completion dates established. The status of these actions, were updated on three different occasions, with most of them completed to date.

This corrective action has a memorandum documenting the history of each management approved recommended action, and the status to date. This action is considered complete.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** August 19, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: A4

CORRECTIVE ACTION STATEMENT: Review and revise N&HS employee roles and responsibilities, accountabilities and authorities, as necessary.

PLANNED COMPLETION DATE: July 1, 2009
ACTUAL COMPLETION DATE: June 28, 2010

REVIEW ACTIVITIES:

Documents Reviewed:
Memorandum dated July 22, 2009 from [redacted] to all supervisors directing that all employees have a revision to their PD as necessary as stated in the following paragraphs;

The manager PD's must include the following statement:

Responsible for ensuring all assigned activities and facilities are operated in a secure manner and in accordance with applicable laboratory excellence procedures, within safety authorizations, in accordance with security plans and requirements, in accordance with environmental permits and in full compliance with Laboratory, state, federal policies, procedures, directives, and regulations. Responsible for maintaining high standards for the workforce in terms of simultaneous excellence in mission, safety, security and environmental stewardship; and providing for an adequate level of oversight in all assign activities and facilities to ensure simultaneous excellence and to proactively address weaknesses.

All staff PD's must include the following statement or similar:

Responsible for completing all assigned activities and work in facilities in a secure manner and in accordance with applicable laboratory excellence procedures, within safety authorizations, in accordance with security plans and requirements, in accordance with environmental permits and in full compliance with Laboratory, state, federal policies, procedures, directives, and regulations. Responsible for maintaining high personal standards in terms of simultaneous excellence in mission, safety, security and environmental stewardship; and for timely identification and reporting of issues and areas for improvement to ensure simultaneous excellence. Responsible for supporting and participating in a workplace culture in which simultaneous excellence is the norm and peer feedback in regards to simultaneous excellence is both timely and welcome.

Reviewed emails from all supervisors confirming that they had updated all positions descriptions (PD) for their employees.

Reviewed one PD and it had the statement under the responsibility section "mitigate risk (cost, schedule, safety, security, environmental compliance, and quality)..."

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation

Performance Observed: Not applicable.
EVALUATION: The corrective action statement does not indicate what the intent or objective for this action is therefore it assumed that the above statement meets the intended outcome.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** August 3, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET
CORRECTIVE ACTION NUMBER: A5
CORRECTIVE ACTION STATEMENT: Review and revise N&HS employee performance goals, as necessary.
PLANNED COMPLETION DATE: July 1, 2009 **ACTUAL COMPLETION DATE:** June 28, 2010
REVIEW ACTIVITIES: **Documents Reviewed:** Emails from all supervisors confirming that they had updated goals in performance agreements for their employees. Two sample performance agreements were reviewed and reflected that zero percent security incidents is a goal. **Personnel Interviewed:** Director Nuclear Nonproliferation Deputy Associate Laboratory Director/Director of Operations **Performance Observed:** Not applicable.
EVALUATION: The corrective action statement does not indicate what the intent or objective for this action is therefore it assumed that the above statement meets the intended outcome.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** August 3, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: B1

CORRECTIVE ACTION STATEMENT:
Complete and document a roll-down of security requirements derived from DOE Orders and other Contract requirements. Show how applicable requirements are implemented in N&HS policies and procedures.

PLANNED COMPLETION DATE: June 10, 2009
ACTUAL COMPLETION DATE: August 13, 2009

REVIEW ACTIVITIES:

Documents Reviewed:

Letter [redacted] dated 8/13/2009 on B1 closure
National and Homeland Security Corrective Action Plan, 5/18/2009
N&HS Security Incident Corrective Actions Management Assessment, February 2010
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
[redacted] Closure Actions from the National and Homeland Security Corrective Action Review Board, 6/28/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
INL Contract DE-AC07-05ID14517, Section J, Attachment G, Modification 161, List B
Email, [redacted], dated 6/8/2009
B Binder, Corrective Action B1 documentation
Email [redacted] NHS Document Holdings, 6/29/2010
Email [redacted] Results of TS Inventory, 8/11/2010
LWP-11201 Classifying Information
N&HS Security GAP Evaluation
Revised B1 Corrective Action
Addendum A to Corrective action B1.

Personnel Interviewed:

Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
N&HS Security Operations Specialist
N&HS Security Operations Specialist

Performance Observed: None

EVALUATION:

Review of N&HS documentation and interviews conducted found this corrective action as written not complete. The DOE requirements roll down did not include all of the DOE Orders/Manuals in the INL Contract List B and did not include anything further than conducting an evaluation to determine if there

were gaps in the Lab Wide Procedures related to the security events N&HS had experienced, then determining if there was a need to develop or modify N&HS internal procedures. Upon making N&HS aware that DOE-ID could not validate the B1 corrective action as written, N&HS made a clarification to the Corrective Action Plan including an Addendum to B1 explaining the intent of the roll-down and what N&HS actually did for this Corrective Action. Based on the revised verbiage in the Corrective Action and the Addendum content this corrective action is now validated as closed.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** August 23, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: B2

CORRECTIVE ACTION STATEMENT: Develop an N&HS level Program Management Plan that details how work is accomplished across the N&HS enterprise. The Plan should clearly identify the procedures used for all N&HS program and facility work and daily operations.

PLANNED COMPLETION DATE: July 28, 2009
ACTUAL COMPLETION DATE: October 3, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
N&HS Security Incident Corrective Actions Management Assessment, February 2010
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
D. Hesse to J. Dwight Closure Actions from the National and Homeland Security Corrective Action Review Board, 6/28/2010
B Binder, Corrective Action B2 documentation
N&HS Program Plan, 10/3/2009
PLN-3090 MSA Implementation Plan for N&HS CMPC
NHSD-03-07 Monthly Project Reviews
NHSD-06-01 Roles and Responsibilities
NHSD-07-11 Classification Level Risk Management
N&HS Staff Refresher Training related to Security Incident Part 1
N&HS Staff Refresher Training related to Security Incident Part 2
GDE-533 NHSD Guide to Procedures
5 Project Execution Plans

- FY 2008 Project Execution Plan for INL Theater Battle Management Core Systems Support
- Project Execution Plan Russian Research Reactor Fuel Return Program (RRRFR)
- Project Execution Plan Detection and Radiography-Systems Development and Assessment
- Project Execution Plan Develop a Safeguards Approach for INL Pyroprocessing Lines for Demonstration to the IAEA
- Project Execution Plan SOP and Isotope Production Using a Mass Separator at INL

Personnel Interviewed:
Director Nuclear Nonproliferation

Performance Observed: None

EVALUATION:
This corrective action is validated as closed. N&HS did develop an N&HS level Program Management Plan. N&HS also issued guide, GDE-533, National and Homeland Security Guide to Procedures on March 5, 2010.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No	
REVIEWER: [redacted]	**DATE:** August 17, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: B3

CORRECTIVE ACTION STATEMENT: Prepare a single Management Control Procedure that documents roles and responsibilities of the N&HS ALD, the direct reports, line management, and key support positions within N&HS (operations lead, security lead, etc.)

PLANNED COMPLETION DATE: June 11, 2009
ACTUAL COMPLETION DATE: August 13, 2009 and Updated MCP for Re-Organization 3/31/2010

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
N&HS Security Incident Corrective Actions Management Assessment, February 2010
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
[redacted] Closure Actions from the National and Homeland Security Corrective Action Review Board, 6/28/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
B Binder, Corrective Action B3 documentation
TOC-684 Table of Contents
N&HS-1.1 Roles and Responsibilities DRAFT
Email [redacted], 9/23/2009 N&HS -06-01 Typographical Error Clarification
NHSD-06-01 Roles and Responsibilities, 8/13/2009

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation

Performance Observed: None

EVALUATION:
This corrective action is validated as closed. N&HS did prepare a single Management Control Procedure that documents roles and responsibilities of the N&HS ALD, the direct reports, line management, and key support positions within N&HS (operations lead, security lead, etc.). N&HS also updated the MCP after their reorganization.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** August 17, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: B4

CORRECTIVE ACTION STATEMENT: Use the existing INL processes for project planning and control and "work for others" as a starting point to develop, document and implement supplemental procedures for work involving classified information and intelligence-related work. Train affected personnel on the process.

PLANNED COMPLETION DATE: July 16, 2009
ACTUAL COMPLETION DATE: February 15, 2010

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
N&HS Security Incident Corrective Actions Management Assessment, February 2010
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
[redacted] Closure Actions from the National and Homeland Security Corrective Action Review Board, 6/28/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
[redacted] Letter Completion of Security Incident Corrective Action B4, dated 2/15/2010
N&HS Tailored Controls for Intelligence Work for Others DRAFT, 10/21/2009
N&HS Tailored Controls for Classified Work for Others DRAFT
5 Project Execution Plans

- FY 2008 Project Execution Plan for INL Theater Battle Management Core Systems Support
- Project Execution Plan Russian Research Reactor Fuel Return Program (RRRFR)
- Project Execution Plan Detection and Radiography-Systems Development and Assessment
- Project Execution Plan Develop a Safeguards Approach for INL Pyroprocessing Lines for Demonstration to the IAEA
- Project Execution Plan SOP and Isotope Production Using a Mass Separator at INL

PREPS for the 5 Project Execution Plans

- Theater Battle Management Core System (TBMCS) Low Risk security review not match PEP
- Russian Research Reactor Fuel Return Program (RRRFR) Medium Risk Issues
- Detection and Radiography-Systems Development and Assessment
- Develop a Safeguards Approach for INL Pyroprocessing Lines for Demonstration to the IAEA
- SOP and Isotope Production Using a Mass Separator at INL, 9/17/2009

N&HS IWFO and CWFO Refresher Training Related to Managing Projects, 10/2009
LWP DRAFT Project Management of N&HS WFO/IWFO Projects
DRAFT PDD Field Intelligence Element, 8/1/2009
Email [redacted] to [redacted], CAP B4 IWFO /CWFO Processes Partial Completion
INL IWFO Project Checklist/Assurance
B Binder, Corrective Action B4 documentation
Project Security Briefing Project Short Bread, May 26, 2010
Attendance Roster, International Safeguards Meeting "Review of Security Plan, Visitor/Request#: 252826/AIN2010108476"
Big Safari Security Classification Guide Training Roster, 5/7/2009

IMOM Security and Team Security Classification Guides Training Roster, 3/30/2009
IBSSO Classification Guide Training Roster, 6/26/2009
UltraTrace Analysis Program Security Briefing Training Roster, 6/3/2009
NHS Start-Up Criteria Briefing Attendance Records for MFC Building 751
NHSD-06-01 Roles and Responsibilities

Personnel Interviewed:
FIE Director

Performance Observed: None

EVALUATION:
This corrective action is validated as closed. N&HS did use the existing INL PREP processes for project planning and control and "work for others" as a starting point to develop, document and implement supplemental tailored procedures/controls for work involving classified information and intelligence-related work. They also provided mandatory training to appropriate Department and Program Managers on the process.

I did find though that the PREP Forms completed were not always accurate. For instance in some cases the PREP said no classified work no access to classified information and the PEP would be different. I also found that the mitigation of Security Risks was not always clearly mitigated in the PEP when the PREP indicated Medium Security Risk.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** August 18, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: B5

CORRECTIVE ACTION STATEMENT: Develop, document and implement a procedure to be used following the completion of PREPS that formalizes project risk mitigation and includes review at the Department Manager level and approval at the Division Director level. Ensure that the risks resulting from staffing level limitation are addressed in this procedure. Train affected personnel on procedure.

PLANNED COMPLETION DATE: June 3, 2009
ACTUAL COMPLETION DATE: August 13, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
N&HS Security Incident Corrective Actions Management Assessment, February 2010
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
[redacted] Closure Actions from the National and Homeland Security Corrective Action Review Board, 6/28/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
Letter [redacted] Completion of Security Incidents Corrective Action B5, 8/13/2009
B Binder, Corrective Action B5 documentation
LWP 7350 Project Risk Management
5 Project Execution Plans

- FY 2008 Project Execution Plan for INL Theater Battle Management Core Systems Support
- Project Execution Plan Russian Research Reactor Fuel Return Program (RRRFR)
- Project Execution Plan Detection and Radiography-Systems Development and Assessment
- Project Execution Plan Develop a Safeguards Approach for INL Pyroprocessing Lines for Demonstration to the IAEA
- Project Execution Plan SOP and Isotope Production Using a Mass Separator at INL

PREPS for the 5 Project Execution Plans

- Theater Battle Management Core System (TBMCS) Low Risk security review not match EP
- Russian Research Reactor Fuel Return Program (RRRFR) Medium Risk
- Detection and Radiography-Systems Development and Assessment
- Develop a Safeguards Approach for INL Pyroprocessing Lines for Demonstration to the IAEA
- SOP and Isotope Production Using a Mass Separator at INL, 9/17/2009

N&HS Staff Refresher Training related to Security Incident Part 1
N&HS Staff Refresher Training related to Security Incident Part 2
NHSD-07-11 Classification Level Risk Management
N&HS Program Plan, 10/3/2009
TEM-155 Project Execution Plan for Non DOE-O
NHSD-03-07 Monthly Project Reviews
Quad Charts

- USG111, USG 113, USG 11 or USG 108 Dated 5/2009 medium risk and the current one high risk
- UltraTrace Analysis, Dated 6/2009 Low Risk and the current one Low Risk
- NA-22SAM Ontology, Dated 12/2009 risk not rated and current one risk not rated
- Fuel Cycle Training, Dated 6/2010 risk not rated and current one risk not rated

- ICPP Data Recovery, Dated FY 2009 High Risk and current one High Risk

Training Roster for N&HS Staff Refresher Training related to Security Incident Part 1
NHSD-08-11 Classified Holdings Inventory Process, 5/1/2010

Personnel Interviewed:
Director Nuclear Nonproliferation

Performance Observed: None

EVALUATION:

Review of documentation and interview with the Director of Nuclear Proliferation found this corrective action to be considered complete.

N&HS did develop, document and implement a procedure to be used following the completion of PREPS that formalizes project risk mitigation and includes review at the Department Manager level and approval at the Division Director level. N&HS conducted training for their Program and Project Managers, Principle Investigators, and Department Managers. N&HS does not yet have the process in place to put required training into new personnel's training plans so they are not currently providing this training to new Program and Project Managers, Principle Investigators, and Department Managers.

For this corrective action to remain effective N&HS Division Directors and Department Managers will need to maintain their attention and expectations on this and closely review the PREPS, PEPS, and Quad Charts for adequacy, accuracy, and changes.

During this review I did find inaccuracies in some of the PREPS and missing risks in one of the PEPs. The main concern though involved a PREP that was completed at the time N&HS was in process of allowing programs and projects to restart after the incident stand-down. The PREP appears to have been completed as an action required for restart. The particular PREP in this case stated that the project did not involve classified information, classified processing, and did not require clearances. This project has been at the INL for a number of years and is a classified project, using classified processing equipment and does require clearances. How a PREP with this type inaccuracies could have been used for project restart during the Management Self Assessment and stand-down/restart brings into question the effectiveness of that process.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** August 18, 2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: B6

CORRECTIVE ACTION STATEMENT: Develop and implement an N&HS project change review process, implementing monthly reviews of all active projects by the responsible Department Managers to ensure change control is being applied. The change review process should address both changes in scope and the potential for changes in classification level. Train affected personnel on process and expectations.

PLANNED COMPLETION DATE: May 21, 2009
ACTUAL COMPLETION DATE: August 14, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
TOC-685, N&HS Directorate Policies

- PLN-3089 Contractor Management Self Assessment (MSA) Plan of Action for the National & Homeland Security Classified Material Protection and Control, dated 4/7/2009
- PLN 3090 Management Self Assessment (MSA) Implementation Plan for the National & Homeland Security Classified Material Protection and Control, dated 4/13/2009 (TOC and Approval Signatures)
- PLN 3060 Management Self Assessment (MSA) Implementation Plan for the National & Homeland Security Classified Material Protection and Control, dated 4/13/2009
- PLN 3161Assurance Portfolio, National & Homeland Security Science and Technology, dated 5/4/2009
- PLN 3272 National and Homeland Security Operations Security Critical Information Protection Plan, dated 9/30/2009
- NHSD-01-01 N&HS Directives dated 8/11/2009
- NHSD-06-01 National & Homeland Security Directive: Roles and Responsibilities dated 03/31/2010
- NHSD-07-11 National & Homeland Security Directive: Classification Level Risk Management dated 9/16/2009
- NHSD-03-07, National & Homeland Security Directive: Monthly Project Reviews dated 8/11/2009

E-Mails:

- [redacted] to Department Managers (DMs) providing direction to implement quad charts monthly, dated 5/14/2009
- [redacted] to DMs providing feedback on initial quad charts, providing specific guidance in regards to security: "state how we prevent this from going classified or how we know there is no risk of this going classified."
- [redacted] to DMs providing CAP status, NHS Policy link, summary of actions (some actions showing overdue) and direction to DMs to follow Hartenstein's layout and guidelines regarding quad completion, dated 6/25/2009
- [redacted], example of evidence of monthly reviews, dated 8/14/2009
- [redacted] providing suggestions on submitting quad charts, dated 9/5/2009

- Monthly Project/Quad Review for Instrumentation and Control Department (D530) with written meeting minutes and training roster, dated 9/23/2009

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security and OPSEC Co-Lead
Security and OPSEC Co-Lead

Performance Observed: None

EVALUATION: Based on documentation provided and the review, it appears that N&HS is performing monthly reviews as stated in the corrective action plan. The documentation provided for the validation was over a year old, which does not support the continuing process and maturity of the program. Additionally information on the quad charts did not have consistency and provided very vague references to security risks, if noted at all. Some quad charts did adequately address security and the nature of security risk with status but the overall majority of quad charts reviewed did not follow specific guidance issued by [redacted].

The CAP also specified training of affected personnel on process and expectations. With the exception of one department (D530), no evidence of training was available or validation. The stand-down training that was provided May 4, 2009 preceded the published plan (NHSD-03-07, National & Homeland Security Directive: Monthly Project Reviews dated 8/11/2009) that established the process and expectations. Personnel who were unable to attend stand-down training were issued required reads through e-mail and returned e-mail validation of completion by September 16, 2009.

Additional Document Requests and Results:

1. Copies of all training material (to include attendance rosters) for implementing the monthly review process. Status – limited amounts of training documentation was available under other corrective action sections. Improvements in process would indicate that training had been conducted as described in the corrective action for this finding.
2. Last three months of quad charts for two programs. Status – security risks were identified and updated for the two programs reviewed.

Based on review, it is determined that evidence is present to support the development and implementation or the N&HS project change review process. Although formal documentation of training is incomplete, completion of this activity is supported through verbal confirmation that it occurred. Additional evidence of reported training is the completion of quad charts in a more consistent and detailed identification of security risks and mitigating actions as appropriate have been identified.

Validation of closure complete.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** 08/16/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: B7

CORRECTIVE ACTION STATEMENT: Perform job task analyses for the specific work performed by N&HS staff (and matrixed staff performing N&HS-specific tasks) and revise individual training plans accordingly using a systematic approach to training. Provide personnel with refresher training as appropriate.

PLANNED COMPLETION DATE: July 23, 2009
ACTUAL COMPLETION DATE: June 22, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
N&HS Security Training Analysis Summary, dated June 22, 2010.

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security and OPSEC Co-Lead
Security and OPSEC Co-Lead

Performance Observed: None

EVALUATION: The only document available for review was the N&HS Security Training Analysis Summary, dated June 22, 2010, which consisted of an evaluation of the N&HS program. Specific corrective actions have not been addressed. Requirements roll down information contained in the analysis was marked draft and had some errors in rolling out the DOE requirements to company Laboratory Wide Procedures.

Additional Document Request and Results

1. Correct and place final version of the requirements roll-down to be placed in the evidence binder.
2. Completed job task analysis' and individual training plans. Status – Reviewed working documents of informal positional tasks completed by department managers. At the completion of the DM identified tasks, it was decided to get input from approximately 20 members of the N&HS organization who identified what security specific tasks they perform. Based on the collection of data, methods of training available were researched to determine if available training met the needs of N&HS or if other options (to include development of new training) was needed. The group consisted of N&HS staff, the training department and security personnel. The information gathered from the two assessments was rolled up into the final report, N&HS Security Training Analysis Summary, dated June 22, 2010.
3. Written procedures for registering and recording training needs and completion, to include periodic and refresher training. Status – N&HS is using the lab process and has identified a training coordinator to assist with assigning job codes to N&HS employees as identified by project managers.

Based on this review, it has been determined that there is evidence to support that a form of a task analysis was completed. Results and activities are still on-going and are tracked under corrective action B8. Validation of actions taken to close this corrective action have been completed.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** 08/23/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: B8

CORRECTIVE ACTION STATEMENT: Develop and implement training based on the gaps identified by applying a systematic approach to training. Provide training to personnel identified as needing this training.

PLANNED COMPLETION DATE: October 15, 2009
ACTUAL COMPLETION DATE: Not Completed

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
FIE Gap Training (8 presentations)

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security Operations Lead

Performance Observed: None

EVALUATION: This corrective action was dependent upon B7 being completed, which was later than planned. It was self-identified in the N&HS effectiveness review as incomplete and was also presented as incomplete at the beginning of this validation review. Since the validation review was started, the first session of the "gap" training that was identified as a corrective action has been held. This training was provided to the Field Intelligence Element (FIE), which was considered by N&HS management to be the highest priority, and should be completed on August 19, 2010. The facility specific training that is planned for the N&HS directorate is still being developed, but will start soon. N&HS expects all training to be completed before the end of October, and likely sooner.

This corrective action is not complete, but progress is being made.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☒ Yes ☐ No

REVIEWER: [redacted] **DATE:** 8/13/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: C1

CORRECTIVE ACTION STATEMENT: Conduct team reviews and implement those recommendations approved by N&HS management for improvements in access controls and securing of areas to mitigate human error.

PLANNED COMPLETION DATE: June 12, 2009
ACTUAL COMPLETION DATE: Milestone date 10/2009

REVIEW ACTIVITIES:

Documents Reviewed:
Email, [redacted], Responses from Safety Review Team, dated 8/6/2009, with attachment (Recommendations from Access Control Team Evaluation.

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security and OPSEC Co-Lead
Security and OPSEC Co-Lead

Performance Observed: None

EVALUATION: E-mail correspondence referenced several team reviews but those reports were not included in closure documentation.

Additional Document Requests and Results:

1. Access Control Team Comments on N&HS Security Guide #8. Documentation provided was a e-mail from [redacted], prepared 8/12/2010 indicating that comments were reviewed and some of the language in the draft guide was clarified. Actual comments were not provided for validation of inclusion.
2. Completion status of recommendations by the Access Control Team Report. Documentation that was provided for the review indicated which recommendations would be implemented and a projected completion date. Additional information that was provided was an informal spread sheet, again with projected dates for completion with completion status filled in and what actions were taken. There are no final closure dates or documentation associated with actions.
3. Closure information for the LKM work packages for IF 606 and MFC 751 were requested to be included in the evidence binder.
4. Security Plans for IWB and UB2, to include collateral areas. Plans have been updated to include training requirements and team recommendations.
5. Copy of Risk Analysis performed by TSCM Officer. Conclusions were provided in an e-mail that is no longer available. Received an e-mail from [redacted], dated 8/12/2010, that the report/e-mail is no longer retrievable and provided recollection of outcome.
6. Documentation of installation of warning devices placed at entrances to WCB working locations and that the recommendations for changing voice recorded on device was implemented. Received

e-mail from [redacted], dated 8/12/2010, providing a summary of actions taken. Validation of corrective action is complete.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** 08/23/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: C2

CORRECTIVE ACTION STATEMENT: Develop, document and implement an N&HS standardized approach to address the risk from program work that is intended to be unclassified migrating inadvertently to being classified. The approach should address the potential for classified subject matter migrating into higher classification levels or other controlled access levels.

PLANNED COMPLETION DATE: June 3, 2009
ACTUAL COMPLETION DATE: September 16, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
NHSD-07-11, Classification Level Risk Management, dated 9/16/2009
NHSD-03-07, Monthly Project Reviews, dated 8/11/2009
N&HS Staff Refresher Training: Security Incident Corrective Action Part 1, dated 10/2009
N&HS Manager Training,: Security Incident Corrective Action Part 2, dated 10/2009
N&HS Program Management Plan

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security and OPSEC Co-Lead
Security and OPSEC Co-Lead

Performance Observed: None

EVALUATION: The N&HS procedures reviewed provided specific requirements for documenting and identifying security risks and mitigating actions. A review of three project execution plans from June 2009, indicated that the specified requirements were not being fully documented in the PEPs as required. Of the three plans reviewed, PEP 3095 provided good documentation of risks and mitigating action, PEP 3096 referenced "appropriate mitigation measures" but did not define any measures, and PEP 1992 did not reference any risks or mitigating actions.

The N&HS Program Plan is a very good source document for security related DOE directives and BEA lab procedures as well as the N&HS policies. There is one noted deficiency in the plan as there were no references related to Physical Security.

Additional Document Requests and Results:

1. Copy of classification briefings and attendance rosters for three projects. Copies of actual briefings were not produced for this review (classified); however, briefing rosters with title of project and signature of attendees was provided.
2. Any documentation by directors verifying periodic reviews on classification briefings and mitigation actions. No formal documentation exits. It was recommended that as periodic reviews are conducted, directors initial briefing sheets to record a review has been conducted.

3. Copies of current PEPs and quad charts for the last quarter. Copies were reviewed and status of risks and mitigating actions are being documented as required by NHSD directives. Based on this review, there is supporting evidence to validate this corrective action.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** 08/23/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: C3

CORRECTIVE ACTION STATEMENT: Complete a survey of classified documents, dispose of documents that are no longer needed, and put in place a process that appropriately limits the number of classified documents retained by N&HS.

PLANNED COMPLETION DATE: June 11, 2009
ACTUAL COMPLETION DATE: May 1, 2010

REVIEW ACTIVITIES:

Documents Reviewed:
Inventory of Classified Material (Pre-February 2005 – Post 2005), dated May 18, 2009
NHSD-08-11, N&HS Classified Holdings Inventory Process, dated May 1, 2010
Reference to a Document Inventory Team Report – Draft, dated May 13, 2009

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security and OPSEC Co-Lead
Security and OPSEC Co-Lead

Performance Observed: None

EVALUATION: During the Inventory of Classified Material (Pre-February 2005 – Post 2005), dated May 18, 2009, documents were reviewed to determine the need for retention. All unnecessary documents were destroyed. A review of the provided documentation revealed that a team was formed to evaluate the N&HS classified document holdings and control procedures. The review by the N&HS team concluded that the N&HS organization did not hold any accountable information. The team made several recommendations regarding the accountability of documents, some of which have been incorporated into the N&HS directive. An electronic document repository has also been initiated, reducing the need to maintain documents.

Additional Document Requests and Results:

1. Final Document Inventory Team Report. The Team report was never finalized because management determined accountability was not required at this time; however, arrangements have been made with the BEA CMPC office if and when the need arises.
2. N&HS Classified Holdings Inventory, Dated May 2010. The N&HS conducted an inventory (number count) separated by programs and by director to compile a organization count of the number of documents by classification level (confidential, secret and top secret/SCI). As of the close of the inventory action N&HS possessed 494 confidential documents, 4553 secret documents and 300 top secret/SCI documents.

Based on this review, corrective action has been validated.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** 08/23/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: D1

CORRECTIVE ACTION STATEMENT: Fully implement the risk-based assurance activities detailed in the N&HS Contractor Assurance Portfolio.

PLANNED COMPLETION DATE: June 5, 2009
ACTUAL COMPLETION DATE: June 9, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
PLN-3161, Rv 0, Assurance Portfolio, N&HS Science and Technology, 5/4/2009
PLN-3161, Rv 1, Assurance Portfolio, N&HS Science and Technology, 8/19/2010
Email, [redacted], dated 6/9/2009
IAS Assessment Schedule, printed 8/10/2010
IAS Current Assessment Schedule, (security related only), no date
Internal scheduling matrix, printed May 2010 and August 2010 (security related only)
IAS101892, Security and Information Protection Surveillance, 8/3/2010
IAS101861, Follow up to IWB Surveillance Report IAS101582, 6/3/2010
IAS101631, CI Classified Presentation Computer Self Assessment, 3/2/2010
IAS101582, IWB Surveillance/Inspection

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security Operations Lead
Security Operations Lead

Performance Observed: None

EVALUATION: The corrective action is to implement risk based assurance activities as detailed in the Contractor Assurance Portfolio. PLN-3161 is the N&HS assurance portfolio and a portion of this document was submitted as evidence of corrective action closure. The balance of PLN-3161, Rv 0, was reviewed on the Electronic Document Management System (EDMS). According to the document, the assurance activities outlined in the tables are considered an essential element to mitigating operational risk. Table 2 of the document outlines the "Planned Assurance Activities." There are a number of activities outlined, but page 9 identifies a "Security Inspection" that is to be conducted on a monthly basis.

From an interview with the assessment coordinator, it does not appear he has been given direction to implement assurance activities according to the monthly frequency outlined in PLN-3161. He indicated he worked on a suggested quarterly basis for each of the lines under operations. A review of an internal

assessment matrix also indicates that inspections are not conducted on a monthly basis, even though 6 of the months on the matrix had multiple assessments (5 in one case). Two of the months in FY10 did not have any inspections scheduled. It is assumed that the title of "surveillance" used for most of these assurance activities is equivalent to an inspection, based on a description in PLN-3161. One concern for the planning or scheduling of surveillances is that it might not always be carried out, meaning that circumstances could dictate whether a surveillance is completed or cancelled (i.e. may be non-binding). However, the plan is made at the beginning of the year and management determines the type of surveillances that should be performed and the organizational or facility areas where they should be applied, and almost all appear to be carried out as planned.

There is no requirement to perform a monthly inspection in DOE S&S directives, which requires a minimum of an annual review of all S&S topics. The requirements outlined in PLN-3161, Rv 0, are internal N&HS requirements intended to enhance their security posture, but that is the basis on which the corrective action was closed. On average, N&HS conducts more that the 12 inspections that PLN-3161 mandates in a given year, just not on the frequency indicated. The 20 surveillances that have been conducted so far this FY exceeds the 12 that would have been conducted if a strict monthly schedule was followed. The number of surveillances is very commendable and should improve the N&HS security posture. However, if the PLN-3161 frequency is not adhered to there does not appear to be any other documented driver that would direct the conduct frequency of inspections or surveillances.

As a result of this validation review, and the minor inconsistency between PLN-3161 and actual practices, a new revision of PLN-3161 was completed and approved. Revision 1 of the Assurance Portfolio outlines a quarterly surveillance for each of the N&HS divisions, instead of the monthly inspection previously identified.

Conclusion

With the revision of the Assurance Portfolio, this corrective action is considered validated and adequately closed.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** 8/23/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: D2

CORRECTIVE ACTION STATEMENT: Augment the existing N&HS self-assessment program to include risk-based and performance-based management and independent assessments across all important performance areas using, to the extent practical, leading indicators.

PLANNED COMPLETION DATE: June 16, 2009
ACTUAL COMPLETION DATE: August 14, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
NHSD-05-13, N&HS Performance and Risk Based Assessments, 8/14/2009
N&HS Security Event Tracking Form FY-2101 (App. B from above), FY-10 through July
Leading Indicator Event List by Month, no date
IAS Assessment Schedule, printed 8/10/2010

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security Operations Lead

Performance Observed: None

EVALUATION:
A review of the risk and performance based documentation provides good assurance that this corrective action was adequately closed. The Management Control Procedure (NHSD-05-13) that was provided as documentation of closure and the requested matrix of leading indicators for FY10 (outlined in Appendix B), along with an event listing of the indicators, all demonstrate that the program has been implemented and tracking and trending is taking place.

NHSD-05-13 contains an implementation matrix that outlines the thresholds for conducting performance or risk base assessments, and a tracking matrix for capturing leading indicators. The tracking matrix in use has been modified slightly from the original, but now includes both incidents and near misses. The following are some of the leading indicators that are considered (from NHSD-05-13):

- Security Near Misses. Examples include prohibited articles prevented from entering a space by other than through existing procedures. Two or more near misses in any 3-month period would result in a need for an assessment.
- Repeated security incidents of a similar type. Two in any 6-month period would result in a need for an assessment.

- Classified Material Protection/Control/Handling Incidents. One or more in any 6-month period would result in a need for an assessment
- Increased frequency of CUI incidents based on periodic and random checks.
- Security issues associated with foreign visitors (examples: badging issues, access to an area or system not per security plan). Two or more in any 6-month period would result in a need for an assessment.
- Results of inspections or surveillances showing potential security concerns.

Based on discussions with management they take the evaluation of leading indicators very seriously and conduct employee counseling and investigations for near misses, even though that is not required. Of all the corrective actions implemented by N&HS, this may be the best tool in providing insight into how well employees are performing security related functions. While it has not resulted in lowering incidents and near misses to zero, it certainly identifies where the greatest concerns are and allows a proactive approach by management that should reduce the probability of more serious incidents.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** 8/23/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: D3

CORRECTIVE ACTION STATEMENT: Implement the lessons learned program for security-related issues that includes both internal and external lessons learned. Provide these lessons learned to the INL Lessons Learned Program.

PLANNED COMPLETION DATE: May 25, 2009
ACTUAL COMPLETION DATE: August 11, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
National and Homeland Security Corrective Action Plan, 5/18/2009
Human Performance Improvement Assessment of Security Incidents for N&HS, 2/2009
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009
NHSD-02-13, N&HS Directive: Lessons Learned Program, 8/11/2009
LWP-13850, Processing Lessons Learned and Operating Experience Information, 5/20/2009
Email, E. L. Goldman to N&HS Staff on Lessons Learned, 5/29/2009
N&HS LL Process Description (email attachment), 5/29/2009
N&HS LL Coordinator, Lessons Learned Files (numerous reviewed on computer)

Personnel Interviewed:
Deputy Associate Laboratory Director/Director of Operations
Director Nuclear Nonproliferation
Security Operations Lead
Operations Lead – N&HS Lessons Learned (LL) Coordinator

Performance Observed: None

EVALUATION:
Both the Laboratory Wide and internal N&HS LL procedures outline how both internal and external operating experience is to be gathered and disseminated. Based on interviews and a review of the LL files, which are primarily from external sources, it appears that LL are being evaluated for local applicability and circulated to N&HS personnel. This includes more than just security related LL, but security is a primary consideration and the N&HS files included many security related LL. The N&HS LL Coordinator interfaces with the INL LL coordinator and both have access to and screen DOE wide LL (external source locations are listed in the LWP). A process is also in place to create LL from local operating experience and submit to a DOE wide audience. Overall, the LL program seems to be running well and identifying security related LL. This corrective action was determined to be adequately closed.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** 8/23/2010

CORRECTIVE ACTION VALIDATION WORKSHEET

CORRECTIVE ACTION NUMBER: E1

CORRECTIVE ACTION STATEMENT: Implement an employee-driven security awareness and improvement team along the lines of the INL Employee Safety Teams.

PLANNED COMPLETION DATE: May 21, 2009
ACTUAL COMPLETION DATE: April 16, 2009

REVIEW ACTIVITIES:

Documents Reviewed:
Formation of Employee Security Awareness team, goals, members of team, Team Charter
Effectiveness Review of N&HS Security Incident CAP, 3/31/2010
Final Report Management Self Assessment for the N&HS CMPC 5/15/2009

Personnel Interviewed:
Six employees were interviewed; some requested not to be named.

Performance Observed:
The most meaningful change is the addition of the security officer at UB-2 to conduct searches, control access at UB-2. Incidents of Security Concern have been reduced significantly, from 2009 (15) to 2010 (2)

EVALUATION:
Employees were asked "what was effect of Employee Security Awareness team?"
Two persons said awareness and compliance to Security requirements are much improved.
Most interviewed were not impressed, feeling that management was going thru the paces, but not concerned with employee feelings or opinions. Some members of employee security team were appointed, not volunteers. Some employees and customers avoid UB-2 due to the security process in access control. General feeling among employees is reduced trust in management, hesitation to self-report incidents/concerns.
Security awareness team leader excited about team involvement and sees continued improvement.
While some interviews revealed negative employee feelings toward management approach to improve security, the actions were completed.

ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No

REVIEWER: [redacted] **DATE:** August, 12 2010

CORRECTIVE ACTION VALIDATION WORKSHEET
CORRECTIVE ACTION NUMBER: E2
CORRECTIVE ACTION STATEMENT: Implement an employee peer review process for security-related activities along the lines of the SOAR program.
PLANNED COMPLETION DATE: May 28, 2009 **ACTUAL COMPLETION DATE:** June 2009
REVIEW ACTIVITIES: **Documents Reviewed:** Effectiveness Review of N&HS Security Incident CAP, 3/31/2010 Final Report Management Self Assessment for the N&HS CMPC 5/15/2009 Copy of peer review checklist—actual checklists used in peer reviews not available. **Personnel Interviewed:** Six employees were interviewed; some requested not to be named. **Performance Observed:** Unknown long term effect of employee peer review process.
EVALUATION: Process was developed, but unknown long term effect. Peer reviews are being performed and action is considered complete.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** August, 12 2010

CORRECTIVE ACTION VALIDATION WORKSHEET
CORRECTIVE ACTION NUMBER: E3
CORRECTIVE ACTION STATEMENT: Continue the use of "security shares" at each meeting of N&HS staff with increased emphasis on lessons-learned and security challenges facing the N&HS staff.
PLANNED COMPLETION DATE: May 21, 2009 **ACTUAL COMPLETION DATE:** May 19, 2009
REVIEW ACTIVITIES: **Documents Reviewed:** Effectiveness Review of N&HS Security Incident CAP, 3/31/2010 Final Report Management Self Assessment for the N&HS CMPC 5/15/2009 Directive to implement Security Shares, Memo [redacted] to N&HS Staff dated May 19, 2009 **Personnel Interviewed:** Six employees were interviewed; some requested not to be named. **Performance Observed:** None observed.
EVALUATION: The Security Share directive has been implemented and Security Shares are being conducted at N&HS staff meetings. Some of the employees interviewed consider security shares ineffective or too long.
ADDITIONAL CORRECTIVE ACTIONS NECESSARY: ☐ Yes ☒ No
REVIEWER: [redacted] **DATE:** August, 12 2010