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Lawrence Berkeley National Laboratory

Contract 98, Appendix F

Self-Assessment Report for Fiscal Year 1995

Prepared for the U.S. Department of Energy under Contract DE-AC03-76SF00098

Self-Assessment Report

for

Fiscal Year 1995

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MASTER

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Table of Contents

I. MANAGEMENT OVERVIEW

II. FUNCTIONAL AREA SELF-ASSESSMENTS

Laboratory Management

PERFORMANCE OBJECTIVE #1 ..... LM-2

To ensure continued growth and success, Laboratory leadership establishes and reinforces expectations for values, effective strategic planning, and cost-effective management systems.

PERFORMANCE OBJECTIVE #2 ..... LM-21

Laboratory leadership fosters communication and trust with stakeholders and internal and external customers.

PERFORMANCE OBJECTIVE #3 ..... LM-25

Laboratory leadership demonstrates support of effective systems for establishing and managing collaborations with industry to improve U.S. economic competitiveness through technology transfer.

Environment, Safety, & Health

PERFORMANCE OBJECTIVE #1 ..... ES&H-4

The Laboratory will conduct operations in a safe manner that protects human health, the environment and the public and prevents adverse impacts thereon.

PERFORMANCE OBJECTIVE #2 ..... ES&H-38

The Laboratory will comply with applicable Federal, State and local ES&H laws, regulations and ordinances and with applicable and accepted DOE directives.

PERFORMANCE OBJECTIVE #3 ..... ES&H-50

TheLaboratory program and line management is accountable for integration of ES&H programs into all programs and operations.

PERFORMANCE OBJECTIVE #4 ..... ES&H-76

The Laboratory will ensure that for its programs and operations, ES&H risks are analyzed and risk reduction resources are allocated appropriately.

PERFORMANCE OBJECTIVE #5 ..... ES&H-83

The Laboratory will conduct its business in a manner that meets or exceeds customer expectations and, through continuous communications, will foster customer and stakeholder mutual trust and credibility.

Facilities Management

PERFORMANCE OBJECTIVE #1 ..... FAC-2

The Laboratory will effectively manage Real Property.

PERFORMANCE OBJECTIVE #2 ..... FAC-9

The Laboratory Site Development Plan should reflect current and future needs.

PERFORMANCE OBJECTIVE #3 ..... FAC-11
The Laboratory will complete construction projects within approved budgets and schedules.

PERFORMANCE OBJECTIVE #4 ..... FAC-28
The Laboratory will maintain capital assets to ensure reliable operations in a safe and cost-effective manner.

PERFORMANCE OBJECTIVE #5 ..... FAC-39
The Laboratory will maintain a reliable utility system and conserve energy.

PERFORMANCE OBJECTIVE #6 ..... FAC-49
The Laboratory will effectively manage capital assets (Real Property and Installed Equipment).

PERFORMANCE OBJECTIVE #7 ..... FAC-54
The Laboratory will effectively manage commitments.

Financial Management

PERFORMANCE OBJECTIVE #1 ..... FM-2
Financial management practices use partnerships to meet mission goals and programmatic needs.

PERFORMANCE OBJECTIVE #2 ..... FM-15
Financial management practices are customer oriented.

PERFORMANCE OBJECTIVE #3 ..... FM-21
Achieve cost-effective and efficient Financial Management operations by applying available resources to continuous improvements efforts.

PERFORMANCE OBJECTIVE #4 ..... FM-49
Financial management practices provide for financial stewardship, including compliance and data integrity.

Human Resources

PERFORMANCE OBJECTIVE #1 ..... HR-3
The Laboratory will deliver HR systems in a cost-effective manner.

PERFORMANCE OBJECTIVE #2 ..... HR-21
The Laboratory will develop and maintain workforce excellence.

PERFORMANCE OBJECTIVE #3 ..... HR-36
Strengthen the commitment to and accountability for workforce diversity.

PERFORMANCE OBJECTIVE #4 ..... HR-45
Human Resource programs and operations will be guided by quality principles in accordance with the Laboratory's quality strategies.

Information Management

PERFORMANCE OBJECTIVE #1 ..... IM-2

The Laboratory manages information as a corporate resource to improve the quality of its products, to add value to scientific programs and customer services, and as a tool to re-engineer its work processes. Information will be made available rapidly and cost effectively and will be widely shared with the public, industrial partners, and stakeholders, as appropriate.

Procurement

PERFORMANCE OBJECTIVE #1 ..... Proc.-4

The Laboratory will have an effective system in Procurement for accurately notifying Property Management of Government-Furnished Property (GFP) and Subcontractor-Acquired Property (SAP).

PERFORMANCE OBJECTIVE #2 ..... Proc.-8

The Laboratory will perform effective advanced acquisition planning.

PERFORMANCE OBJECTIVE #3 ..... Proc.-12

The Laboratory shall support and promote socioeconomic subcontracting programs including establishing mutually acceptable annual goals.

PERFORMANCE OBJECTIVE #4 ..... Proc.-19

The Laboratory shall support and promote competitive subcontracting including establishing a mutually acceptable annual goal.

PERFORMANCE OBJECTIVE #5 ..... Proc.-23

A comprehensive procurement-related training program that encompasses all Laboratory personnel with procurement-related duties is established and functioning effectively.

PERFORMANCE OBJECTIVE #6 ..... Proc.-30

The Laboratory shall provide for timely settlement and close-out of all subcontracts.

PERFORMANCE OBJECTIVE#7 ..... Proc.-34

Findings and recommendations from internal and external written audits, assessments, and reviews, etc., regarding Procurement are resolved in a timely and appropriate manner.

PERFORMANCE OBJECTIVE#8 ..... Proc.-45

The Laboratory will maintain a Quality Management Program, for assuring efficiency, effectiveness, cost containment, and customer satisfaction in its Procurement operation.

Property Management

PERFORMANCE OBJECTIVE #1 ..... Prop.-2

The Laboratory will achieve accountability for government property.

PERFORMANCE OBJECTIVE #2 ..... Prop.-12

The Laboratory will have an effective Walk-Through Program to identify idle equipment or equipment not properly protected.

PERFORMANCE OBJECTIVE #3 ..... Prop.-17

The Laboratory will have an effective management program for Equipment Held For Future Projects (EHFFP).

Table of Contents

PERFORMANCE OBJECTIVE #4 ..... Prop.-19

The Laboratory will have an effective program for managing Government-Furnished Property (GFP) and Subcontractor-Acquired Property (SAP).

PERFORMANCE OBJECTIVE #5 ..... Prop.-24

The Laboratory will have an effective property management training program for Laboratory Personnel.

PERFORMANCE OBJECTIVE #6 ..... Prop.-29

Findings and recommendations from formal, written audits, assessments, and reviews, etc., regarding Property Management are resolved in a timely and appropriate manner.

PERFORMANCE OBJECTIVE #7 ..... Prop.-31

The Laboratory will maintain a quality management program for assuring continuous efficiency, effectiveness, and accountability in its personal property management responsibilities.

III. LABORATORY-DIRECTED INDEPENDENT EVALUATIONS

PART I

MANAGEMENT OVERVIEW

Introduction

This report summarizes the FY 1995 self-assessment of the Lawrence Berkeley National Laboratory's administrative and operational support functions as set forth in Appendix F of the University's contract with the Department of Energy. The commitment of senior management attention and Laboratory resources to excellence in business and operational management has resulted in high-quality performance as well as steady improvements in all functional areas.

The Laboratory has instituted major system enhancements in the Human Resources, Procurement, and Property areas, and LBNL leadership is committed to administration process improvements in key business areas. Many of these institutional betterments are evidenced in this report. All self-assessment areas with less than satisfactory evaluations in prior years have been addressed by corrective management actions and, consequently, exhibited markedly improved performance for FY 1995. Furthermore, since the FY 1994 self-assessment, two new performance areas (Laboratory Management and Information Management) were added, both of which were assessed and are addressed within.

In FY 1995, the Lawrence Berkeley National Laboratory launched two initiatives that precipitated immediate performance enhancements and will foster comprehensive improvements in future Laboratory practices. The first was an organizational restructuring that designated a Deputy Laboratory Director for Operations with direct line responsibility for business and operational functions. All critical research support functions were thereby integrated to improve service delivery, while conserving resources and building teamwork across administration and operations functional areas. The second involved a partnership with DOE Oakland Operations Office management toward comprehensive business performance enhancement. This effort involved the joint development and implementation of a set of quality guidance principles, and the commitment by all parties to achieving administrative excellence and operational effectiveness through adherence to these principles. These two actions, on top of the existing sound business and operating foundation at LBNL, have created the environment, momentum, and expectation for solid improvements in FY 1995 and for noteworthy advancements in future years.

Process Overview

With planning and guidance from the responsible LBNL functional manager for each area, this annual self-assessment was conducted and documented by the unit managers responsible for the specific areas assessed. The details behind defining the Performance Measures, designing the metrics, planning the assessment activities, and conducting the self-assessment are documented in the University of California manual, *Appendix F, Section A, Self-Assessment and Annual Review,* dated June 1995.

Immediately following the preparation of draft reports for each functional self-assessment, an independent evaluation team of LBNL personnel reviewed the pertinent results, performance data, and assessment methodology. These evaluation teams were made up of people familiar with the topical area and knowledgeable in audit or assessment methodology. Evaluations were planned, conducted, and recorded according to the procedures described in the "Evaluations" section of this report. Observing representatives from UC and DOE offices participated in all of the independent evaluations.

Significant Accomplishments and Deficiencies

The individual assessments (and the activities supporting each) for specific Performance Measures are described in detail in their respective sections of this report. However, contributing significantly to enhanced performance in all these areas was the communication and demonstration by Laboratory senior management of the institutional commitment to superior business practices for and cost-effective operating support of our research missions. During FY 1995 the Laboratory Directorate communicated and emphasized a vision of all LBNL support functions providing our technical programs with quality service through coordinated efficient processes. The senior management focus on this vision was most strongly communicated Lab-wide by the integration of all support activities in a single Deputy Director's line management structure, and by the consequent effective coordination of operating resources, plans, staff and actions.

Specific significant accomplishments are cited in the report section for each functional area. No deficiencies were identified.

Barriers to Improvement

As evidenced by this self-assessment report, LBNL is committed to pursuing excellence in all areas of our business and operations, as we have done in all our research and scientific programs. However, a fundamental and pervasive barrier to achieving uniform excellence is the limitation of resources available and the consequent need to apportion resources among competing activities. The challenges presented to Laboratory managers by this barrier are growing as they face continued flat operating budgets, increased regulatory compliance costs, and decreased funding of physical plant upgrades, facility maintenance work, and other Laboratory infrastructure necessities.

A second barrier to comprehensive improvement is the slow and spotty transformation of the relationship between DOE and LBNL to one based on trust and best business practice, as opposed to compliance and audits. The LBNL/OAK commitment to balanced quality and efficiency has been largely adopted at the local level; but much effort and resources are still expended in communicating and explaining our improved business environment to DOE overseers and regulators from external offices. Furthermore, since the Laboratory must still adhere to many DOE prescriptive practices that are ineffective and inefficient, uniform excellence in field operations will only occur with major improvements within the DOE management structure and culture.

Our performance-based management is a maturing and evolving process. As this process is streamlined and improved it increasingly reflects our pursuit of quality on an institutional level, through increased sophistication and economization of the measures themselves. We expect this general improvement of performance management—through focusing and streamlining of the Performance Measure activity—to give meaningful rewards in FY 1996 and beyond.

PART II

FUNCTIONAL AREA SELF-ASSESSMENTS

Self-Assessment Report for Fiscal Year 1995

Laboratory Management

Lawrence Berkeley National Laboratory

Performance Characterization

The Laboratory Director is responsible for all management systems. The effectiveness of these systems and their deployment is described below. Our widely disseminated Strategic Plan and Vision provide evidence of clear leadership direction. Our program plans, operational and administrative activities, and communications plan incorporate management's strategic planning process and its consideration of customer expectations and performance. Planning processes in the diverse areas of LBNL are fully integrated through organizational arrangements and responsibilities. The success of these efforts is indicated by program development in LBNL's Human Genome Center and construction of the Genome Laboratory, investments in the Structural Biology Center at the ALS, KD-1 for the Elise Accelerator, and leadership roles in the STAR and ATLAS detector projects. Our planning processes are also made manifest in the joint development of operating principles with the Oakland Operations Office, new cost-cutting efforts, greatly improved efficiency and timeliness of the Cooperative Research and Development Agreement (CRADA) and Work for Others processes, and effective communications with LBNL's community.

Performance Objective #1

Leadership, Planning, Oversight, and Cost-Management: *To ensure continued growth and success, Laboratory leadership establishes and reinforces expectations for values, effective strategic planning, and cost-effective management systems.* **(Weight = 65%)**

Summary

The Laboratory's leadership direction, strategic planning, values, and cost-effective management systems have been established and communicated through a system of management activities and organizational responsibilities that promote DOE goals and LBNL's Vision 2000. The efficacy of this management approach is made manifest in LBNL's successes: new partnerships, workplace improvements, and new program development, such as the Structural Biology Center at the ALS, the Human Genome Laboratory, the Elise Accelerator, and the Molecular Design Institute. The Laboratory also has established a system for improved communications and training, and supports a relationship with DOE and other constituencies based on mutual trust. Concurrent with these successes, LBNL has achieved significant reductions in operating support costs through a focused program of cost controls and efficiencies. The Laboratory also has implemented systems for tracking improvements and establishing priorities.

Barriers to Improvement

LBNL's performance in Laboratory Management, as described below, is conducted within complex circumstances involving many external constituencies and stakeholders. These include the Department of Energy, the Administration, the U.S. Congress, scientific interests, and the general public. The Laboratory management activities are directed to work with these groups and develop plans under these complex circumstances and considers the conditions to be management challenges rather than barriers.

Objective #1
Criterion 1.1

Leadership: *Laboratory leadership provides effective direction by stating the vision, goals and priorities, behaviors and values to be used to accomplish its operational and administrative objectives.* **(Weight = 15%)**

Summary

LBNL leadership provided effective direction through its Vision 2000, its Strategic Plan goals, its system for establishing priorities, and its reinforcement of values. The results of this leadership are demonstrated by the achievement of program, operational, and administrative objectives, such as program advancement for Health and Environmental Research, Basic Energy Sciences, and High-Energy and Nuclear Physics as well as cost reduction.

Objective #1
Criterion 1.1
Performance Measure 1.1.a

Leadership Communication: *The Laboratory has a system for establishing and communicating its vision, goals, priorities, and expected behavior and values Laboratory-wide.*

Measurement Deliverable:

Narrative description of the Laboratory's process/system(s) used to effectively communicate direction for accomplishing its operational and administrative objectives.

Meets Expectations = Demonstrated approach that addresses each element of the measure in a consistent and clear manner. The elements are:

- Vision/Goals
- Prioritization efforts
- Expected behaviors/values

Exceeds and Far Exceeds factors to be considered:

- Effectiveness of the approach(es)
- Effectiveness of the deployment
- Results

Performance Measure Result

PROCESS AND SYSTEMS

The Laboratory's leadership direction has been established and communicated through a system of management activities and organizational responsibilities that promote communications channels and advance LBNL's Vision 2000, its goals, its priorities, and its values. The Laboratory Director has overall responsibility. Strategic planning is delegated to the Deputy Director for Research (DDR), and administrative and operational planning to the Deputy Director for Operations (DDO). The development of the Laboratory's current *Strategic Plan* and the continuing planning process are coordinated by the DDR, with direct participation of the Division Directors and Task Forces representative of the Laboratory community. An important element of the system continues to be formal communications and interactions with DOE Headquarters and Oakland, and with national and local constituencies.

Performance Measure Result (Continued)

Although LBNL's research and educational culture encourages open communications, a key priority of LBNL's Strategic Plan was to establish a broad communications initiative. This goal was addressed by the Communications Task Force, which developed the LBNL *Communications Plan* (see Measure 1.2.a below). Also resulting from this effort were a newly chartered Office of Planning and Communications and new Public Communications leadership. Elements of LBNL's communications system address key external and internal audiences, promote communications vehicles, and develop messages that convey the Laboratory's direction.

VISION/GOALS

LBNL's Vision 2000, articulated since 1992 as part of our Strategic Plan, is the basis for specific goals and objectives. The Strategic Plan's subsequent updates were widely discussed and disseminated through Divisions and planning groups, all-hands meetings, and electronic and print media. Vision 2000 advanced LBNL's goals for scientific excellence; its partnerships, which add value to government, universities, industry, and community constituencies; its service to DOE as the location of choice; and its empowerment of all employees. The Vision and goals were widely distributed, actively applied at all organizational levels, and disseminated externally and internally via the Internet.

PRIORITIZATION EFFORTS

The continuing planning process (see Measures 1.2.a and 1.2.b below) updates the Laboratory's more specific goals and priorities. LBNL uses a risk-prioritization matrix and the Capital Assets Management Planning process for establishing priorities for its projects and its overhead funding. This activity is coordinated by the Operations Directorate, with an initial review by the Project Planning Group and final approval by the Director's Action Committee.

Specific item-by-item project priorities, reviewed by managers, are disseminated along management lines. The minutes of senior management meetings, for example, are disseminated electronically and made available through a server. Quarterly "Heads" meetings for mid-level managers maintain a dialogue among the Director, Deputy Directors, and those individuals with significant management responsibility. Annual retreats attended by senior managers serve a similar function to establish and communicate overall institutional priorities.

BEHAVIORS AND VALUES

LBNL's plans and communications address expected behaviors and values. The empowerment of employees has led to a strategic training plan for supervisors and communications to all employees. Key training programs that promote LBNL values included "Managing Within the Law" and Zenger-Miller's "Front-line Leadership," which emphasizes constructive relationships, respect, initiative and leading by example. LBNL senior management worked closely with DOE/Oakland to address values and behaviors involved in the wide range of daily interactions. For example, to promote efficiency and performance, a consensus on operating principles was achieved, and a joint declaration was widely distributed through memos, posters, and wallet cards. LBNL managers also have participated with DOE/Oakland counterparts in the Covey training program, "Seven Habits for Highly Effective People."

Performance Measure Result (Continued)

RESULTS

The Laboratory's major programmatic, operational, and administrative decisions are communicated through Lab-wide meetings, the weekly newspaper *Currents* (including messages from the Director and employee development notices), a series of personnel actions and organizational activities, memoranda, revised policies and procedures, and Laboratory-wide postings via e-mail. The Director gives an annual "State-of-the-Laboratory" talk open to all Lab employees.

The effectiveness of the system for developing and communicating vision, goals, and priorities Laboratory-wide has been reflected by the impact on program development, new partnerships, workplace improvements and efficiencies, and the training of our people. Programmatic examples include realizing the Structural Biology Center at the ALS, the Human Genome Laboratory, the Elise Accelerator, and the Molecular Design Institute. Examples of impact on partnerships include the formation of an Industry and Government Partnerships Office, dramatic improvements in agreement-negotiation cycle time, the growth of CRADAs (see Performance Measure 3.1.a), and new partnerships with university campuses and the City of Berkeley. Examples of operational impact include consolidation of the administrative functions, operational cost reductions (see Performance Measure 1.4.a), and improvements in the facilities infrastructure. Examples of employee value and empowerment programs include additional leadership training and tracking, increased dissemination of tuition reimbursement, and improved execution of Performance Progress Reviews.

LBNL's leadership also aimed at advancing the mission of the DOE national laboratories. For example, LBNL leaders have been visible spokespersons, causing DOE's Laboratory Operations Board to address improved efficiencies and missions for the national laboratories. The LBNL Director, in turn, communicates this perspective to the Laboratory through his "Washington Update" presentations to Lab employees and through his lecture series "Science and Technology in a Competitive World."

CONCLUSION

The performance requirements for this Measure were met or surpassed at LBNL.

Successes/ Shortfalls

LBNL's successes are indicated above. They include the impact on program development, new partnerships, workplace improvements and efficiencies, and the training of our people.

Supporting Data

FY 1995–2000 Institutional Plan, Lawrence Berkeley Laboratory, Berkeley, California, PUB-5396 (also available on the World Wide Web).

FY 1996–2001 Draft Institutional Plan, Lawrence Berkeley National Laboratory, Berkeley, California, PUB-5413.

Laboratory Communications Planning, Personnel Actions and Organizational Activities, Number 11, September 1994, Lawrence Berkeley Laboratory, Berkeley, California.

LBL 1994–1995 Communications Plan, Lawrence Berkeley Laboratory, Berkeley, California.

LBL Organizational Announcement, Personnel Actions and Organizational Activities, Number 22, September 1994, Lawrence Berkeley Laboratory, Berkeley, California.

Memorandum to All Employees, LBNL/OAK Operating Principles, Charles V. Shank, Lawrence Berkeley National Laboratory, and James M. Turner, U.S. Department of Energy, Oakland Operations Office.

LBNL's Self-Assessment in Management Development, Performance Measure 2.1.b in the Human Resources functional management area.

Objective #1
Criterion 1.2

Quality Strategic Planning: *The Laboratory develops and uses a strategic planning process that reflects shared Laboratory and DOE objectives regarding Laboratory mission and operational performance.* **(Weight = 15%)**

Objective #1
Criterion 1.2
Performance Measure 1.2.a

Alignment with Customer and Mission: *The Laboratory demonstrates an integrated process for determining external environment, customer requirements and expectations, and aligning those factors with the Laboratory mission, capabilities, core competencies, and planning.*

Measurement Deliverable:

Narrative description of integrated process(es) for determining the external environment, customer requirements and expectations and the Laboratory mission, capabilities, core competencies, and planning are aligned with those factors.

Meets Expectations = Demonstrated approach to determining external environment and customer requirements and the Laboratory's mission, capabilities, core competencies and planning efforts. (e.g., Laboratory, Strategic Planning, outreach/inreach efforts, or other) are aligned with those requirements.

Exceeds and Far Exceeds = Evidence of implementation of process(es) for achieving customer input and the analyses of external environmental factors and integrating this information into appropriate Laboratory documents (e.g., *Strategic Plan, Vision Statement*).

Assumption:

Each Laboratory is expected to define its primary management customer.

Performance Measure Result

ENVIRONMENT ASSESSMENT PROCESS

The Laboratory Director has initiated the LBNL strategic planning process and maintains overall responsibility for assessing the external environment and for developing and implementing LBNL's mission, capabilities, core competencies, and planning. Working closely with DOE and the University, the Director plays a leadership role in mission and program development. He delegates specific planning and development activities to the Deputy Directors, Associate Laboratory Director, and Division Directors. Division Directors maintain responsibility for coordinating divisional activities and for assessing specific customer requirements and expectations.

In order to best assess the external environment, customer requirements, and customer expectations, LBNL Divisions interact closely with DOE program offices. Program definition, focus, implementation, and evaluation occur at the divisional level of the organization, in partnership with DOE program managers and with work-for-others sponsors. Together with the activities of senior management, this system strengthens communications paths and dialogue between LBNL and DOE. Through a series of regular meetings and specific appointments, Laboratory management maintains a formal and active dialogue with the Secretary of Energy, Assistant Secretarial Officers, and the Manager of the DOE Oakland Operations Office. A series of DOE-LBNL trust and management meetings has been instituted.

Performance Measure Result (Continued)

LBNL management has expanded these relationships and evaluated standards of quality and expectations through National Program and DOE reviews, Director's annual reviews, and internal management reviews to maximize feedback. The Laboratory seeks a dialogue and receives input on its plans from The Regent's Committee on the National Laboratories, the President's Council on the DOE National Laboratories, Senior Vice Presidents for Academic Affairs and Administration, and the Office of Laboratory Management.

EVIDENCE OF IMPLEMENTATION

LBNL Senior Management has continued to align LBNL's mission with external factors through the annual strategic planning process (see Performance Measure 1.2.b below). This alignment was fostered by direct participation of management and staff with DOE and other national scientific and policy communities. For example, senior management personnel have continued to be active members of the National Academies of Science, Engineering, and Medicine; the President's Panel on Critical Technologies; the DOE Laboratory Operations Board; the Basic Energy Sciences Advisory Committee; the High Energy Physics Advisory Panel; the Nuclear Science Advisory Committee; and the Fusion Energy Advisory Committee. LBNL actively participated in formulating the Long Range Plan of the Nuclear Science Advisory Committee and has aligned its capabilities and leadership with that plan, such as in its leadership of the STAR Detector Collaboration. Similarly, LBNL is active in Human Genome Project planning at the national level and is leading a new sequencing consortium among the three DOE Genome Centers in support of DOE goals.

The Laboratory is actively involved in local and regional groups, including the California Council on Science and Technology, the Alameda Economic Development Board, and the Berkeley and Oakland Chambers of Commerce. Also, we have systematically interviewed community representatives and presented major projects before the City of Berkeley and its Community Environmental Advisory Commission.

The Laboratory Director in turn gives feedback on customer requirements and expectations to the Laboratory community through management systems such as the Director's Advisory Committee, established communications channels as described in Measure 2.1.a below, and less formal vehicles such as his "Washington Update" Town Meetings.

DOE's program plans, national and regional research constituencies, and other groups outside LBNL are major factors in the development of LBNL's Strategic and Institutional Plans. Planning by Laboratory managers aims to maintain core competencies and advance initiatives focusing on these factors. New programs, and in many cases changes in administrative and operational priorities, require extensive meetings and reviews with customers. For larger LBNL programs, such efforts often extend over many years to achieve a consensus of community and programmatic support. For example, leading to the program plan for the Elise experiment in the Heavy Ion Fusion Program was a lengthy series of meetings, workshops, and reviews. The programs of all LBNL's user facilities also are coordinated with their user groups, and plans for new investments and priorities are based on a dialogue with these groups. Larger new investments and programs are prioritized and presented to DOE management in the context of the *LBNL Institutional Plan*, proposals, and conceptual designs, which are discussed further in 1.2.b below.

Performance Measure Result (Continued)

DEMONSTRATED RESULTS

The investments our customers make in LBNL programs reflect the effectiveness of this system. The following are examples of such investments by DOE and other sponsors: growth in our Genome Center and construction of the Genome Laboratory, the Structural Biology Center at the ALS, KD-1 for the Elise Accelerator, and the assignment of leadership roles in the STAR and ATLAS detector projects.

In addition, LBNL's efforts to incorporate management improvements, both in the planning documents and in outcomes, were recognized by DOE. For example, incorporating NEPA into LBNL's *Institutional Plan* resulted in a DOE Environment, Health and Safety Quality Award, and the teamwork in developing The Copper Recycling Environmental Assessment resulted in a nomination for the Outstanding Team Award by the Office of Energy Research. These planning documents were developed with focused attention to LBNL's human environment and the motivation to keep its constituencies informed.

CONCLUSION

The performance requirements for this Measure were met or surpassed at LBNL.

Successes/ Shortfalls

LBNL's successes give evidence that we have implemented an effective process for obtaining our customers' input and planning our programs in accordance with customer values and priorities. Our long- and short-range plans are embodied in LBNL's *Strategic Plan, Vision Statement*, and *Institutional Plan*, and they are derived through a variety of forums including the DOE On-Site Review. The efficacy of our planning process is reflected in the growth of LBNL's Genome Center and construction of the Genome Laboratory, the investments in the Structural Biology Center at the ALS, KD-1 (i.e., approval and funding) for the Elise Accelerator, and the assignment of leadership roles for the STAR and ATLAS detector projects.

Supporting Data

Community Relations Plan, Lawrence Berkeley National Laboratory, Berkeley, California, PUB-727.

FY 1995–2000 Institutional Plan, Lawrence Berkeley Laboratory, Berkeley, California, PUB-5396 (also available on the World Wide Web).

FY 1996–2001 Draft Institutional Plan, Lawrence Berkeley National Laboratory, Berkeley, California, PUB-5413.

Laboratory Communications Planning, Personnel Actions and Organizational Activities, Number 11, September 1994, Lawrence Berkeley Laboratory, Berkeley, California.

LBL Organizational Announcement , Personnel Actions and Organizational Activities, Number 22, September 1994, Lawrence Berkeley Laboratory, Berkeley, California.

Supporting Data (Continued)

LBL 1994–1995 Communications Plan, Lawrence Berkeley Laboratory, Berkeley, California.

Report of the Task Force on Core Competencies, Lawrence Berkeley Laboratory, Berkeley, California (also available on the World Wide Web).

Objective #1
Criterion 1.2
Performance Measure 1.2.b

Integration of Planning Efforts: *The Laboratory demonstrates a process for integrating its functional area-specific long range/strategic plans with each other and with its overall Laboratory's Strategic Plan. Examples of the former are the Institutional Plan, Information Resources Management Long Range Plan, Site Development Plan, ES&H 5-Year Plan, Affirmative Action Plan, etc.*

Measurement Deliverable:

Narrative description of planning process to integrate each of the Laboratory's functional area-specific long range/strategic plans with each other and with the Laboratory's Strategic Institutional Plan.

Meets Expectations = Demonstration that a planning process is in place that integrates and aligns programmatic, institutional, and functional plans.

Exceeds and Far Exceeds = Evidence of the effectiveness of the approach, deployment, and results obtained from the system for integrating programmatic, institutional, and functional plans.

Performance Measure Result

PLANNING PROCESS

The Laboratory Director has established a planning process and organizational elements that integrate functional area plans with each other and with LBNL's *Strategic Plan.* He is supported in the area of strategic and program planning by the Deputy Director for Research (DDR) and in the area of administrative and operational planning by the Deputy Director for Operations (DDO). The DDR coordinated the development of the Laboratory's current strategic plan, which was updated as an element of LBNL's Strategic Planning section of the *FY 1995–2000 Institutional Plan.* The Office for Planning and Communications continues to coordinate the preparation of the *Institutional Plan* and the Comprehensive Planning Calendar, which was recently updated in May 1995.

The Director's Action Committee (DAC) serves as the Laboratory's policy planning committee, annually reviewing and recommending the priorities included in such documents as the *Institutional Plan,* budget plans, affirmative action and other human-resource plans, and capital-resource plans. DAC consists of the Director and Deputy Directors, Associate Laboratory Director for Industry and Government Partnerships, and the three Division Directors representing LBNL's three scientific program areas: Biosciences, Energy Sciences, and General Sciences. The Assistant to the Director, Head of Planning and Communications, and Head of Public Communications serve as staff to ensure that plans and communications are consistent and aligned with Laboratory policies, research program plans, and institutional priorities. The consistency of scientific plans with operational plans is assured through the central Director's Action Committee and the reviews and support of the Office for Planning and Communications.

A formal planning and review process for all budgeted items is maintained, calling for field task proposals, capital and equipment needs, and overhead activities. The Director's budget review assesses budget submission and overall program direction. In support of project planning and overhead prioritization, the functional planning staff meet regularly as the Project Planning Group (and in other forums) to enable communications among planning functions and to prioritize institutional projects. The Project Planning Group includes the Offices of Budget and

Performance Measure Result (Continued)

Resources Planning; Information Resources Planning; Facilities Planning; Environment, Health and Safety Planning; and the Planning and Communications Office. In this manner, the planning products are fully integrated and consistent with each other, and reflect the same priorities for projects and activities.

EVIDENCE OF EFFECTIVENESS AND RESULTS

Evidence for the effectiveness of the system for integrating LBNL planning is demonstrated by the consistency among all LBNL plans, including the *1994 Strategic Plan* and its updates, the *1995–2000* and *1996–2001 Institutional Plans*, the *1994 Site Development Plan*, the *Laboratory Integrated Facilities Plan*, the *Affirmative Action Plan*, and the range of information resources and environment, health and safety plans. The effectiveness of this system is also reflected by support for the Laboratory's highest planning priorities, including the recent construction starts for the Human Genome Laboratory, the ALS Structural Biology Center, and the Elise Accelerator.

The Office for Planning and Communications also conducts NEPA planning and administers the Laboratory-Directed Research and Development Program. In this manner, future laboratory research projects or new directions can be incorporated into planning documents at the early stages to ensure their alignment.

The Comprehensive Planning Calendar helps keep planning units and Divisions informed about forthcoming planning requirements and information needs. It enables the scheduling of planning input so that workloads can be more efficiently managed and common information shared. The Calendar includes all major functional area plans and a number of subordinate planning needs. It identifies the administrative and operational units responsible for planning and schedules the due dates in approximately weekly increments for the fiscal year.

CONCLUSION

The performance requirements for this Measure were met or surpassed at LBNL.

Successes/ Shortfalls

LBNL's successes are demonstrated by the consistency among all LBNL plans (e.g., the *Strategic Plan, Institutional Plan, Site Development Plan, Integrated Facilities Plan*, and *Affirmative Action Plan*). The successes of this system are also reflected by support for the Laboratory's highest planning priorities, including the recent construction starts for the Human Genome Laboratory, the ALS Structural Biology Center, and the Elise Accelerator.

Supporting Data

FY 1995–2000 Institutional Plan, Lawrence Berkeley Laboratory, Berkeley, California, PUB-5396 (also available on the World Wide Web).

FY 1996–2001 Draft Institutional Plan, Lawrence Berkeley National Laboratory, Berkeley, California, PUB-5413.

Lawrence Berkeley Laboratory Strategic Plan, 1994, Lawrence Berkeley Laboratory, Berkeley, California.

Objective #1
Criterion 1.3

Management Oversight: *Laboratory leadership establishes effective management oversight and control procedures to meet Contract requirements.* **(Weight = 15%)**

Summary

The Laboratory Director has overall responsibility for oversight and controls to meet contract requirements and cost-effectiveness goals. The Deputy Director for Operations supports the Laboratory Director in meeting these goals by implementing oversight and control systems. Control and oversight functions are in place and result in many successes. For example, the Laboratory's management systems, such as LCATS and LSAD, enable the effective tracking of commitments and allow for informed and effective management actions. All commitments resulting from the 1991 Tiger Team Assessment have been completed earlier than originally scheduled.

Objective #1
Criterion 1.3
Performance Measure 1.3.a

Accountability and Commitments: *The Laboratory demonstrates that it has a system for ensuring that major commitments are managed and information on status of commitments is timely and complete enough to allow informed management action.*

Measurement Deliverable:

Narrative description of system(s) that ensures that major commitments are managed and that timely and pertinent information regarding the status of those commitments allows informed and effective management action(s).

Meets Expectations = Demonstrated system(s) for managing commitments to meet Contract requirements utilizing appropriate management oversight and control procedures.

Exceeds and Far Exceeds = Evidence of implementation and deployment of the system and procedures that ensure that major commitments can be effectively managed in a timely manner that allows informed and effective management action(s).

Note: The UC Manual Rating Guidelines contain a description of the elements that are considered for corrective action management that will be used as a reference point for this Measure.

Performance Measure Result

SYSTEM FOR MANAGING COMMITMENTS

The Laboratory Director has overall responsibility for meeting contract requirements, and he has delegated to the Deputy Director for Operations the responsibility for implementing oversight and control systems to meet this essential objective. Assurance, financial, and audit functions have been established in three offices to effectively provide control systems. The Office of Assessment and Assurance, Office of the Chief Financial Officer, and the Internal Audit Services Department provide the primary management structure to ensure that major commitments are fulfilled and information on the status of commitments is timely and complete to allow informed management action.

Performance Measure Result (Continued)

The Office of Assessment and Assurance (OAA) coordinates the LBNL Self-Assessment Program and conducts its own independent and internal appraisals of LBNL programs and activities. The Office also manages the information systems to track management commitments. The Internal Audit Services Department performs multifaceted audits of LBNL operations to assist management in achieving internal control objectives. The department also coordinates the IG and GAO audits. The Office of the Chief Financial Officer conducts its own financial reviews and is the primary point-of-contact for all external and internal financial audits. Under the direction of the Operations Deputy Director, the units act as the Laboratory's representative for the oversights in their functional areas and coordinate the development of corrective actions resulting from the oversight activities.

In addition to the institutional self-assessment and corrective-action programs, specific control procedures are instituted in the Divisions. For example, Divisions maintain internal self-assessment programs, safety committee reviews, and budget tracking. The Laboratory also maintains programs for environmental mitigation monitoring. The Environment, Health and Safety Division has instituted programs to ensure that statutory and regulatory compliance is maintained. The systems used by functional units and facilities to ensure compliance are defined by Function, Facility, and Project Notebooks. These self-assessment and corrective-action programs are not restricted to technical regulatory compliance, but also are concerned with broader qualitative areas, such as ergonomics and safety education that can affect the productivity of the workplace and the well-being of employees.

The corrective actions in LBNL tracking systems are included as projects that are prioritized and advanced to management through the Project Planning Group. The Deputy Director for Operations finalizes the priority list, and then the projects are submitted to the Director's Advisory Committee for approval and funding.

EVIDENCE OF IMPLEMENTATION AND RESULTS

Major commitments resulting from internal and external oversight activities (e.g., Laboratory self-assessments; internal audits; implementation plans for Directives/Rules/changes to contract clauses; and EPA, IG, GAO audit findings or DOE assessments) are managed through the LBNL Corrective Action Tracking System (LCATS) and the LBNL Self-Assessment Database (LSAD). Each information system identifies the oversight findings, the commitments to correct the findings, the persons responsible, and the completion dates. Quarterly updates are provided to determine the progress of the commitments or to identify changes to the commitments. The changes to the commitments require management approval, usually from Division Directors or the Deputy Director for Operations. During the assessment period, 68 commitments resulting from assessments and implementation plans were tracked using LCATS. Fifty-five of the commitments were completed during this period. LSAD primarily tracked Division self-assessment activities. During the assessment period, 491 significant commitments were tracked by LSAD, and 310 of these commitments were completed.

Additionally, findings from external and internal financial audits are tracked by a specialist within the Office of the Chief Financial Officer to ensure satisfactory progress. The results from this reporting system provide supporting documentation for the Fiscal Year 1995 Performance Measures 4.4.a and 4.4.b. The Internal Audit Services Department also perform follow-up audits to ensure proper progress.

Performance Measure Result (Continued)

When commitments are completed, validation of completion is approved by the functional manager and the concerned Division Director. The Deputy Director for Operations and the DOE Site Office, as appropriate, may also validate completion.

CONCLUSION

The performance requirements for this Measure were met or surpassed at LBNL.

Successes/ Shortfalls

The Laboratory's management systems, as evidenced by LCATS and LSAD, have resulted in major commitments being effectively managed in a timely manner and have allowed for informed and effective management actions. All commitments resulting from the 1991 Tiger Team Assessment have been completed earlier than originally scheduled.

Supporting Data

Corrective Action Management, OAP-IP-004, Lawrence Berkeley Laboratory, Berkeley, California.

Development, Administration, and Support of the LBL Self-Assessment Database (LSAD), OAA-004, Lawrence Berkeley Laboratory, Berkeley, California.

FY93 LBL Self-Assessment Report, Lawrence Berkeley Laboratory, Berkeley, California, LBID-2009.

FY94 LBL Self-Assessment Report, Lawrence Berkeley Laboratory, Berkeley, California, LBID-2082.

LBNL Activity Hazard Documents.

LBNL Corrective Action Tracking System (LCATS).

LBL Facility, Function and Project Notebooks, Lawrence Berkeley Laboratory, Berkeley, California.

LBNL Self-Assessment Database (LSAD).

Maintenance Program Guidelines for Programmatic Equipment, Lawrence Berkeley Laboratory, Berkeley, California, PUB-3122.

OAA Work Procedures for LCATS, OAA-008, Lawrence Berkeley Laboratory, Berkeley, California.

Operating and Assurance Program Plan (OAP), Lawrence Berkeley Laboratory, Berkeley, California, PUB-3111, Rev. 4.

Self-Assessment Manual, Lawrence Berkeley Laboratory, Berkeley, California, PUB-3105.

Self-Assessment Program Implementation Plan, Lawrence Berkeley Laboratory, Berkeley, California, PUB-5344.

Objective #1
Criterion 1.4

Cost Management: *Laboratory leadership manages its costs to maximize its productivity and competitiveness.* **(Weight = 20%)**

Summary

The Laboratory Director has established a primary management goal of reducing administrative, support, and programmatic costs. The Director has delegated this activity to the Deputy Director for Operations. As a key element for success in this area, we have developed an organizational structure that provides an integrated, effective, and efficient alignment of functions. The Laboratory's management has demonstrated effective leadership in ensuring that costs are managed in a manner that maximizes productivity and competitiveness.

Objective #1
Criterion 1.4
Performance Measure 1.4.a

Maximize Cost Effectiveness: *The Laboratory demonstrates an effective system for managing and prioritizing administrative, operational support, and programmatic costs. This will include setting cost-saving goals and measuring progress.*

Note: *The rating for this measure will be based upon equal weight for each of the three cost types listed above.*

Note: *This includes DOE-required ES&H prioritized plans.*

Measurement Deliverable:

Narrative description of system(s) that demonstrates effective management and prioritization of administrative, operational support, and programmatic costs including the establishment of cost-effectiveness and cost-savings goals and a process for measuring progress.

Meets Expectations = Demonstrated Laboratory process(es) that manage and prioritize each of these cost types (administrative, operational support and programmatic)

Exceeds and Far Exceeds = Effective deployment of resources resulting in quantifiable evidence of cost effectiveness, cost avoidance or operational effectiveness.

Performance Measure Result

SYSTEM FOR MANAGING COSTS

The Laboratory Director has established a primary management goal of reducing administrative, support, and programmatic costs through an effective prioritization system. He has delegated this activity to the Deputy Director for Operations. As a key element for success in this area, the Laboratory's organizational structure has been redesigned to provide an integrated, effective, and efficient alignment of functions. The Project Planning Group, at the operational level for capital costs and new activities, and the Director's Action Committee, at the policy/management level, review priorities and provide the management framework for controlling costs. The proposed cost structure for each Division is established by line management with quarterly cost review by the Director's Action Committee.

A wide range of cost-control ideas was sought, and procedures for effecting change have been instituted, including a Finance Forum for Lab-wide financial training of administrative personnel. The Laboratory conducted a process-reengineering

Performance Measure Result (Continued)

review, with full participation by all functional units of Operations. The goal was to cluster aligned work activities, eliminate redundancies and unnecessary work, and support researchers (the customer of the support infrastructure) at the lowest possible cost. Many of these efforts were conducted jointly with the DOE Oakland Operations Office.

The Laboratory management directly involves employees in the ongoing development of cost-saving goals, including processes for measuring successes. Employee representation is achieved through established committees and task forces. Through this mechanism, each management unit provides suggestions as well as input regarding progress towards established milestones. Results are formally verified by Laboratory management and documented by in-house tracking systems (see Performance Measure 1.3).

LBNL management collaborated with other DOE multiprogram national laboratories (included in the scope of the Galvin Task Force) to further assist DOE and its contractors in identifying opportunities for improved Laboratory efficiencies and criteria for cost savings. From this participation, LBNL developed and recommended to DOE a model whereby Laboratory management is accountable for compliance within established regulations of federal, state, and local agencies, as verified by agency audits and appraisals. Specific suggestions for reduction, elimination, or restructuring were provided in the areas of DOE Orders, Budget and Finance, ES&H/EM/QA, DOE Audits and Reviews, Property Management, and Procurement. Coupled to this effort, the Director of the Laboratory and the Manager of the Oakland Operations Office endorsed seven Principles of Operation on March 31, 1994.

EVIDENCE OF DEPLOYMENT AND RESULTS

Effective October 1, 1994, LBNL's management implemented improvements to the organizational system to provide an efficient operational infrastructure. The functions of the Administration Division have been integrated with those of Operations under the Laboratory Deputy Director for Operations. Examples of organizational realignments that resulted in improved integration and more seamless and cost-effective operational support include:

- Consolidation of Procurement and Property Management within the Office of the Chief Financial Officer under one manager, maximizing the skill base and resulting in cost savings.
- Transfer of Transportation, Stores, Mail Services, Warehouse and Receiving, and Bus Services to the Facilities Department.
- Realignment of the Reception Center and the Site Access Services Department to report to Human Resources.
- Assignment of Protective Services to the Environment, Health and Safety Division.

In this year, Laboratory and DOE/Oakland management has made significant progress in reducing the number of reviews conducted across the entire range of Laboratory activities. In addition, more effective cost-control systems have been implemented through improved cost allocations by making use of Cost Accounting Standards.

Many institutional programmatic enhancements achieved as agreements have been reached on reprogramming allocations and funding balances between LBNL's Budget Office and DOE. One example of this effort has resulted in DOE's agreement to reprogram the Material Sciences Division's funding and enabled scientific efforts to continue within newly established authorities.

Performance Measure Result (Continued)

Process improvements, automation efficiencies, and system enhancements implemented this fiscal year have resulted in tangible cost savings. Many of the improvements are quantified and currently measured within the performance self-assessment process. Areas noteworthy of mention are:

Work-For-Others (WFO) Administration Processes: Workload has been reduced significantly through three specific actions: (1) The delegation of signature authorization by DOE Oakland has saved 2–3 weeks in processing time; (2) recommendations for the rewrite of the major WFO DOE Order 4300.2C has resulted in specifically pertinent requirements, or good business practices have been imposed rather than onerous "minimum standards"; (3) agreements on DOE policy changes regarding waivers involving DOE Added Factor and Depreciation will result in increased funding and saved time for both DOE and the Laboratory.

Training Forum: The establishment of a Finance Forum has created Lab-wide efficiencies through the training of administrative personnel in activities such as fiscal year-end closing, budget formulation, details on cost accounting standards requirements, and the use of LBNL's financial databases.

Purchasing System and Practices: During this contract period, LBNL's purchasing system status has been upgraded from "conditional" to "approved," reflecting an evaluation outcome of effective and efficient. Costs savings and efficiencies have been realized by various elevated or waived DOE consent thresholds. Additionally, LBNL/Procurement has (1) developed a revised Advanced Acquisition Planning System for purchases of $100,000 or more to consolidate like-requirement buying; and (2) implemented a new system for simplifying low-value buying with an increase of the small-purchase threshold from $25,000 to $100,000 and an increase of the telephone-order threshold from $5,000 to $25,000. These concepts provide cost savings, better opportunities for competition and socioeconomic subcontracting, and greater assurance that program needs are fulfilled in a timely, effective manner. Electronically implemented through the new ORACLE LBNL Procurement system, these practices provide enhanced quality and production as well as improved cost control. Improved cost control is demonstrated by a reduction in the time required to process purchase orders into the accounts payable system, thus increasing the discount dollars taken from 73.0% to 93.9% during March 1995.

Automation Efficiencies/System Enhancements: Specific accomplishments to date include: (1) reengineering by Finance and ISS of the general ledger, which met the DOE Management Analysis and Reporting System (MARS) requirements in advance of the due date; (2) an in-house electronic time-collection system (Laboratory Employee Time System, LETS), which provides production efficiencies to two Divisions at present and is set for Lab-wide implementation the first half of FY 1996; (3) the Purchasing/Receiving ORACLE System (discussed earlier); and (4) a recharge system for electricity, space, and other support needs to better allocate these important resources. In addition, during FY 1995, a team composed of Facilities, Budget, General Ledger, and Division representatives designed an automated space recharge system. Implementation of this mainframe-resident database is planned for early FY 1996 and will effect a distribution of costs based on needs and result in overall cost savings to Laboratory programs. This space database and recharge system will provide direct access to current space information by which Divisions can evaluate programmatic space needs before charges are assessed. As an interim step to the mainframe database, the space recharge process was enhanced during FY 1995 and is accessible electronically through an Excel database. This enhancement has improved the accuracy, efficiency, and timeliness of the process by eliminating redundant steps.

Performance Measure Result (Continued)

EH&S Prioritized Plans: The Comprehensive Planning Calendar process includes the responsibilities and information requirements that will incorporate environmental, safety, and health concerns into institutional and program planning elements. Examples of planning products include those for program plans and for ES&H support functions. LBNL manages and coordinates its ES&H programs through strategic plans that define activities, source needs, staffing, and regulating responsibilities. These plans include, as examples, the ES&H Management Plan, the Self-Assessment Implementation Plan, NEPA program planning, and waste minimization plans. Other examples are the Environmental Protection Implementation Plan, the Environmental Monitoring Plan, and the Groundwater Protection Management Plan. The Site Development Plan integrates scientific program, institutional, and ES&H objectives and needs in all facilities-related programmatic building-support projects.

CONCLUSION

The performance requirements for this Measure were met or surpassed at LBNL.

Successes/ Shortfalls

The Laboratory's management, as documented within Contract 98 Appendix F Performance Measure accomplishments and the organizational alignment, has demonstrated effective leadership to ensure that costs are managed so as to maximize productivity and competitiveness.

Supporting Data

Fiscal Year 1995 Appendix F Performance Measure data.

FY 1995–2000 Institutional Plan, Lawrence Berkeley Laboratory, Berkeley, California, PUB-5396 (also available on the World Wide Web).

FY 1996–2001 Draft Institutional Plan, Lawrence Berkeley National Laboratory, Berkeley, California, PUB-5413.

Laboratory Communications Planning, Personnel Actions and Organizational Activities, Number 11, September 1994, Lawrence Berkeley Laboratory, Berkeley, California.

LBL Organizational Announcement, Personnel Actions, and Organizational Activities, Number 22, September 1994, Lawrence Berkeley Laboratory, Berkeley, California.

LBL 1994–1995 Communications Plan, Lawrence Berkeley Laboratory, Berkeley, California.

Memorandum to All Employees, LBNL/OAK Operating Principles, Charles V. Shank, Lawrence Berkeley National Laboratory, James M. Turner, U.S. Department of Energy, Oakland Operations Office.

LBL Financial Management System Five-Year Plan, March 1995, Lawrence Berkeley Laboratory, Berkeley, California.

LBL FY 1997 Financial Management System (FMS) Plan, July 1995, Lawrence Berkeley Laboratory, Berkeley, California.

Supporting Data (Continued)

DOE Management Analysis & Report System (MARS) Implementation Schedule Change, April 1995, Memorandum.

LBL Coding Sheet Layout—DOE Management Analysis Reporting System Adjustments, Lawrence Berkeley Laboratory, Berkeley, California.

LBL Proposed Finance Forum Topics and Dates—Fiscal Year 1995, Lawrence Berkeley Laboratory, Berkeley, California.

LBL Proposed Finance Forum Topics and Dates—Fiscal Year 1995, Lawrence Berkeley Laboratory, Berkeley, California.

DOE Budget Workshop, December 1994, Memorandum.

LBL Laboratory Employee Time System Manual, May 1995, Lawrence Berkeley Laboratory, Berkeley, California.

Performance Objective #2

Communication and Trust: *Laboratory leadership fosters communication and trust with stakeholders and internal and external customers.* **(Weight = 15%)**

Summary

Since the development of the LBNL *Strategic Plan* in 1992 (see 1.2.a and 1.2.b), Laboratory leadership has placed a high priority on communications and trust. Two management objectives in the Plan cite the importance of communications strategies to efficiently serve our customers and understand stakeholder issues, and a third objective, "Optimizing the Way We Work," notes the importance of employee dialogue for developing our workforce to its full potential. The final of six concluding action steps in the *Strategic Plan* urges the development of a broad communications program, which has now been established following a series of systematic steps.

An initial study advanced by the Director's Office resulted in a comprehensive analysis of communications programs and processes. This *Communications Report* was followed by the formation of two working groups by the Director, one to advise him on priority issues in communications and the other to develop a Laboratory-wide *Communications Plan.* What resulted after six months of effort was a comprehensive blueprint that identified 65 actions grouped within three overall goals, all focused on maximizing interactions between the Laboratory and its constituencies. The plan, endorsed by management in early 1995, is complementary to the Department of Energy's *Laboratory Outreach Communications Plan*, whose central theme is to increase the trust and confidence of the American public through open and honest communication of responsible action. LBNL's *Communications Plan* also advances this philosophy. Actions in the *Communications Plan* are now tracked for progress, and quarterly meetings with appropriate supervisors are convened to report accomplishments and planning steps. A newly created position, Head for Public Communications, oversees all plan activities and ensures that strong efforts are in place to meet the objectives described.

An integrated community relations program focuses especially on the needs and challenges of the neighboring communities, with particular attention to programs and projects that potentially affect the environment, health, and safety of the region. The community relations program maintains frequent, proactive communications with community members, elected officials, and regulatory staff. LBNL has implemented a number of mechanisms for routine communication with external stakeholders, including the *Community Relations Plan*, fact sheets, public information repositories, public meetings, and regularly scheduled meetings with regulators and city officials. Communications training was offered to Laboratory groups, with a workshop conducted for the Environment, Health and Safety Division.

Barriers to Improvement

The *Communications Plan* is not a rigid document. The implication of the plan's actions may change depending on available resources and funding.

Objective #2
Criterion 2.1

Customer/Stakeholder Focus and Satisfaction: *The Laboratory listens and responds to its internal and external customers and stakeholders in a fair and open process that encourages dialogue and participation.* **(Weight = 15%)**

Objective #2
Criterion 2.1
Performance Measure 2.1.a

Internal and External Communication: *The Laboratory has a system for identifying its customers and stakeholders and establishes systems for ensuring that their concerns are considered in the Laboratory's decision making and planning process.*

Measurement Deliverable:

Narrative description of a system(s) that identifies customers and stakeholders and that also ensures that customers' and stakeholders' concerns are considered in the Laboratory's leadership decision-making and planning process(es).

Meets Expectations = Demonstrated process(es) that:

- Identifies (internal and external) customers and stakeholders;
- Establishes a process(es) that includes customers' and stakeholders' concerns in the Laboratory's leadership decision-making process and planning process.

Exceeds and Far Exceeds = Evidence of effective deployment and results for achieving a fair and open process that encourages two-way communication with customers and stakeholders and ensures that concerns are considered in the Laboratory's decision-making and planning processes.

Performance Measure Result

COMMUNICATIONS PROGRAM

A multilevel communications program that addresses customers and stakeholders was initiated in 1994–1995. The program provides a comprehensive, effective system for two-way interaction and information delivery. Internal constituencies are served by a variety of mechanisms, offering opportunities for understanding and feedback, beginning at the management "line" level and proceeding upward through the organizational structure. Media are matched with target audiences to achieve maximum efficiency and impact.

A focused effort in preparing the *Strategic Plan* identifies customers and stakeholders, and the *1994–1995 Communications Plan* also defines audiences for each of its three goals: "a distinctive identity and visibility" for LBNL, "strong relationships with constituencies," and a "unified Laboratory community." There are 65 actions in the *Communications Plan* addressed to specific segments of the total of 21 audience groups identified as the Laboratory's customers and stakeholders.

The Laboratory encourages horizontal as well as vertical information exchanges with customers and stakeholders, largely focusing on senior management and Division Directors as conduits upward and downward. Division Directors have been kept informed and have participated in decision making via carefully planned and conducted monthly management meetings, and senior management incorporated employee attitudes and needs into deliberations of the Director's Action Committee, which meets weekly. On a quarterly basis, "heads" leadership (65 Laboratory

Performance Measure Result (Continued)

program leaders) are invited to join the Directors in an information dialogue and exchange. The Laboratory's managers for communications and public information attend and report relevant actions from all meetings to ensure that the LBNL community have been promptly and comprehensively informed of all major decisions.

Beyond the organizational mechanisms mentioned above, the Directorate has engaged in offline personal dialogues with employees through scheduled Division visits, all-hands "town meeting" updates on major decisions or issues, informal "brown-bag" lunch meetings, and regular addresses such as the annual "state-of-the-Laboratory" talk by the Director. In each instance, questions and comments have been encouraged, and an atmosphere of openness and expression maintained.

EVIDENCE OF DEPLOYMENT

Central to LBNL's communications network has been the weekly employee newspaper *Currents*, which reports information about Laboratory management and research programs, policies, activities, and plans. It has been the centerpiece of a network of program-generated newsletters and other communications tools that regularly inform the LBNL community of important and relevant issues. Electronic mail systems (level-one e-mail messages are sent to virtually all employees on an as-needed basis), and administrative memos offer additional outlets for need-to-know distribution. Additional, more specialized news vehicles, such as the *Facilities Quarterly* and the *ALS News*, serve the communities interested in their activities.

Advanced technology also augments the internal communications system through the availability of the Internet, in particular the World Wide Web, which provides instant access to documents and messages such as *Currents* and other Laboratory publications. The Web and the LBNL Home Page continue to develop as the convenient electronic gateway to Laboratory information for external and internal audiences. LBNL has refined its Home Page and added search capabilities to offer maximum usefulness and ease of navigation. In addition to this macro-outreach device, audiences offsite have been targeted based upon their interests and needs, and are served by multiple vehicles. News media, for example, receive regular press releases on achievements, programs, and activities. Frequent personal interactions with the press have informed our efforts and refined our strategies. They and other external audiences—including DOE, the University of California, adjacent communities, representatives of business and scientific constituencies, and government agencies—have been kept apprised of Laboratory experiences through general-interest publications such as "LBNL Research Review," "Research Highlights," and the "Annual Report to the Regents." Hundreds of scientific publications annually served the international research community.

A supportive, positive Laboratory for employees also depends upon the quality of educational, recreational, and social programs that permeate the environment. LBNL provides a rich mix of activities, ranging from "Earth Month" celebrations and "fun runs" to popular lecture series and week-long cultural fairs. Diversity continues to be celebrated in the LBNL community, and enhancing programs for social interaction represents an important action in the *Communications Plan*.

Information from LBNL's customers and stakeholders is communicated through line management and considered in LBNL decision-making (see Performance Measure 1.2.a above). LBNL has actively sought suggestions for projects, such as the construction of the Human Genome Laboratory and the transportation of shielding blocks through Berkeley, from groups including the City of Berkeley Traffic and Planning Department and the Community Environmental Advisory Committee. Laboratory management believes that the information exchanged and the trust

Performance Measure Result (Continued)

developed through these meetings have contributed to the on-schedule performance of these activities.

Finally, it is important to the Laboratory that its internal and external stakeholders understand its mission and the value of scientific discovery. Therefore, LBNL has been dedicating significant time and effort to staging a community Open House. Scheduled for October 28, 1995, this event will reintroduce the Laboratory to its many constituencies and communicate the importance of research to America's future. The event will be particularly useful as a way of introducing the new Laboratory name to the public and of conveying the distinction it brings to the region and the state.

CONCLUSION

The performance requirements for this Measure were met or surpassed at LBNL.

Successes/ Shortfalls

A representative survey of *Currents* readership conducted in early 1995 showed that almost 90% of those sampled considered the newspaper to be a valuable communications tool. The results of the survey, which asked readers to comment on issues regarding content and design, were incorporated into a format adjustment to better respond to customer needs.

In 1993, the Community Relations Office conducted community interviews with elected officials, agency staff, environmental organizations, businesses, site neighbors, and LBNL employees. The interviews provided the basis for the information contained in the Resource Conservation Recovery Act (RCRA) *Community Relations Plan* (PUB-727). The plan is a guideline for community relations activities and is used in conjunction with the site-wide community relations plan.

Communication metrics for FY 1995 to date: 29 press releases and 6 press advisories, 6 major publications and brochures (*Research Review*, Annual Report, program publications), 29,600 "hits" per week on the LBNL World Wide Web home page, 41 issues of *Currents* published with about 200 articles on Laboratory activities.

Supporting Data

Community Relations Plan, Lawrence Berkeley National Laboratory, Berkeley, California, PUB-727.

Currents, LBNL's news weekly, Lawrence Berkeley National Laboratory, Berkeley, California.

Industry and Government Partnerships Newsletter, Lawrence Berkeley National Laboratory, Berkeley, California.

Lawrence Berkeley Laboratory Strategic Plan, 1994, Lawrence Berkeley Laboratory, Berkeley, California.

LBL 1994–1995 Communications Plan, Lawrence Berkeley Laboratory, Berkeley, California.

Facilities Quarterly, Lawrence Berkeley National Laboratory Facilities Department.

Level 1 Postings (e-mail bulletins to all LBNL employees).

Performance Objective #3

Industrial Collaboration and Technology Transfer: *Laboratory leadership demonstrates support of effective systems for establishing and managing collaborations with industry to improve U.S. economic competitiveness through technology transfer.* **(Weight = 20%)**

Summary

DOE has identified industrial competitiveness as a key derivative mission of the national laboratories—to promote economic growth and create high-wage jobs through research and development partnerships with industry. It is a rational payoff from investments made in the laboratories' historical energy and basic research missions. U.S. competitive advantage can logically benefit from research performed at the DOE national laboratories. The significant investment in the laboratories during the past 50-plus years has produced not only stunning scientific breakthroughs but also a host of unique facilities and tools. In place is a cadre of scientists skilled in mission-directed research and an impressive infrastructure of engineering, systems management, and computational horsepower. It is inherently cost-effective and efficient to leverage this investment on problems of importance to U.S. industry. Accordingly, LBNL has instituted efficient, fair, and focused industrial programs that are considered to be among the best in the ER laboratory system.

Barriers to Improvement

None.

Objective #3
Criterion 3.1

Industrial Collaboration: *The Laboratory's collaborations with industry are appropriately managed consistent with applicable federal and state laws and all applicable DOE requirements which have been accepted by the University under the terms of the contract. Intellectual property arising from these collaborations is appropriately managed.* **(Weight = 20%)**

Objective #3
Criterion 3.1
Performance Measure 3.1.a

Efficient and Effective Systems: *The Laboratory demonstrates that it has systems in place that facilitate efficient and effective management of industry collaborations, e.g., cost management, schedule commitments, follow up on self-assessments and corrective action plans, intellectual property, and conflict of interest.*

Measurement Deliverable:

Narrative description of a system(s) that facilitates efficient and effective management of industry collaborations.

Meets Expectations = Demonstration that systems are in place to facilitate and manage industry collaborations in a manner that is consistent with applicable federal and state laws and the jointly agreed upon DOE (contractual) requirements.

Exceeds and Far Exceeds = Evidence of effective deployment and results for achieving an efficient and effective management system for Laboratory and industry collaborations.

Performance Measure Result

MANAGEMENT OF INDUSTRY COLLABORATIONS

The Laboratory Director has overall responsibility for management of industry collaborations. He has delegated the development and implementation of management systems to the Associate Laboratory Director for Industry and Government Partnerships, who has assigned this function to the Technology Transfer Department. The Department has instituted management systems and policies to facilitate efficient and effective management of industry collaborations, with significant improvements based on new procedures developed with the DOE Oakland Operations Office. (See the chart showing the improvement in the time required to institute a cooperative research and development agreement or CRADA.) In the past three years, technology transfer efforts have helped secure over 90 partnerships between LBNL and industry. Technologies developed by LBNL have a positive impact on the U.S. economy. They have reduced energy costs and dependence on foreign oil, created businesses, and saved jobs. LBNL currently has 50 CRADAs worth $42M. Federal dollars are matched (better than 1:1) with private funding for projects that have distinct benefits to both industry and LBNL's research capabilities. For example, Intel signed a CRADA related to the Advanced Light Source (ALS) that obtains more than twice the funding from the company's side, including $281K in cash contributions. The Intel work is coordinated with an ongoing effort at LBNL to respond to Semiconductor Industry Association Roadmap needs for advanced technologies.

Note: Examples of "industrial collaborations" include CRADAs and some Work-For-Others projects, user facility agreements, personnel exchange, and technical assistance.

Performance Measure Result (Continued)

DEPLOYMENT OF SYSTEMS

Systems have been put in place to facilitate and manage industry collaborations consistent with state and federal law and Contract 98. Some examples of these systems include:

Fairness of Opportunity: Information on opportunities to collaborate, to use LBNL user facilities, and to license LBNL technologies has been broadly disseminated through scientific journals, tech transfer publications such as "Business Opportunities," LBNL's World Wide Web Home Page, and participation in major conferences and trade fairs. A Small Business Plan also is in force to keep access to LBNL high for small, minority, and woman-owned businesses. One indication of the effectiveness of our outreach has been the rise in the number of inquiries from the private sector from about 100 to about 900 per year. LBNL also participated in the UC Access (UCA) Program and helped in the move to a Web-based format for this system. LBNL has posted technologies available for licensing and descriptions of our user facilities with UCA. Also, special materials have been prepared to communicate the value of LBNL facilities to the community. For example, an ALS industrial applications brochure has been widely disseminated to promote use of the ALS. This brochure won several awards for its outstanding communication capability.

Conflict of Interest: LBNL has a conflict-of-interest evaluation and management process for its business transactions. In the area of industrial collaborations, a disclosure of financial interest by the principal investigator (PI) continues to be required for any nongovernment-sponsored work-for-others (WFO). Likewise, for the CRADA process, a disclosure of financial interest by the PI and others in decision-making roles is required. Any positive disclosure triggers a detailed, documented review, and the Laboratory Director's approval is required to proceed with the proposed project.

Peer-Reviewed Project Selection: LBNL has instituted a peer-reviewed system for DOE ER-LTT fund distribution. Proposal calls include technical, management, and strategic evaluation criteria against which proposals by LBNL and industry partners compete. Scientific peer review is the first step in the proposal prioritization process. Final selection is made by a committee composed of LBNL management and senior management from universities and industry. Thus, the very best one-third of the proposals are identified and funded.

Intellectual Property Management: LBNL's management system requires that all inventions be disclosed to the LBNL Patent Department. The Patent Department and Technology Transfer/Licensing staff meet weekly to evaluate new disclosures, determine marketing, patenting, and licensing plans, and devise maintenance strategies. Decisions are documented for the inventor(s) and DOE. Activities in place in support of intellectual property management include seminars for Division administrators and scientists, "Patent Corner" in *Currents* with questions and answers, forms and petitions available on the Internet, and an equity position for license rights in a recently negotiated contract.

Performance Measure Result (Continued)

PROJECT MANAGEMENT

Industrial collaborations require a more focused project-management approach than the more traditional research conducted solely for the government customer. LBNL has developed a project-management tracking and reporting tool for use by the PIs to evaluate progress on milestones and deliverables versus cost, effort, and schedule. This system obtains monthly accounting data electronically and offers the PI a quick tool for evaluation and reporting. LBNL has been invited by the DOE Headquarters Program Manager to present the system to other national laboratories as a best practice. Training for users is under way.

As evidence of the effectiveness of the management systems in place, the graphs included in this section demonstrate quantitatively the improvements accomplished in the areas of CRADA processing time, rising CRADA activity, and the trend in licensing activity. In addition, there are numerous "case-study" examples available, including creation of a spin-off company from technology transfer activity and equity sharing with a company, which give a qualitative measure of successful management of industrial collaborations. One such example is as follows:

Seagate Example: LBNL and a subsidiary of Seagate Technology, a firm in the San Francisco Bay Area that manufactures computer disk drives, are working together to make higher-density, more reliable disk drives. Utilizing a unique surface-characterization technology developed at LBNL with funding from DOE's Basic Energy Sciences Program, the partners are making new types of amorphous carbon coatings that can be applied during the production of a hard disk's thin magnetic layer. Considered a key requirement for increasing the storage capacity and reliability of hard drives, these coatings protect a magnetic layer from the wear and tear that occur during the startup and operation of a computer. Seagate is now marketing a new compact, high-capacity disk drive incorporating advanced coatings developed as a result of this collaboration. These substrates allow more disks to be packed into a single drive, giving Seagate a significant competitive edge. The disk media are manufactured in Fremont, CA, saving highly skilled production jobs that otherwise might have been lost.

CONCLUSION

The performance requirements for this Measure were met or surpassed at LBNL.

Successes/ Shortfalls

LBNL, working with the DOE Oakland Operations Office, has significantly reduced the cycle time required for CRADA and WFO approvals.

Team-building with DOE Oakland.

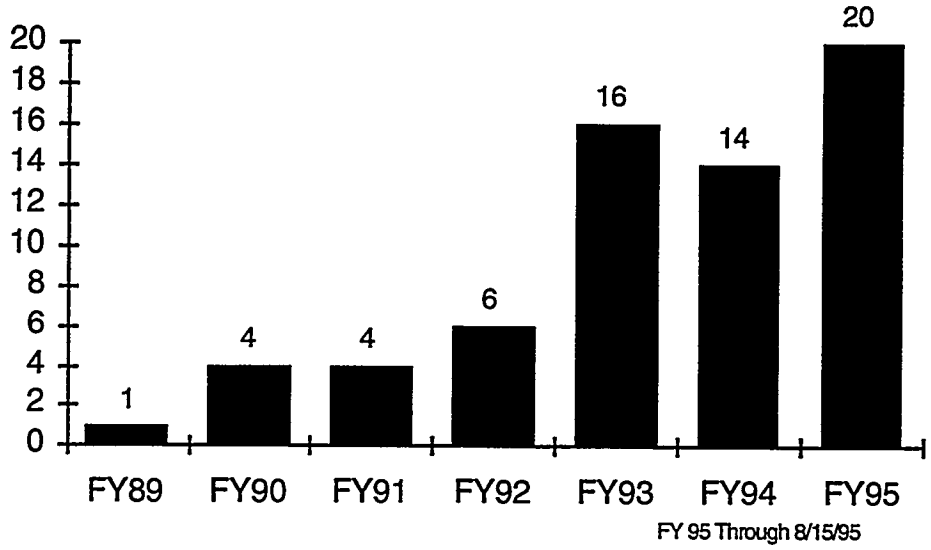
Supporting Data

FY95 ER-Program Plan, Lawrence Berkeley Laboratory, Berkeley, California, PUB-5399.

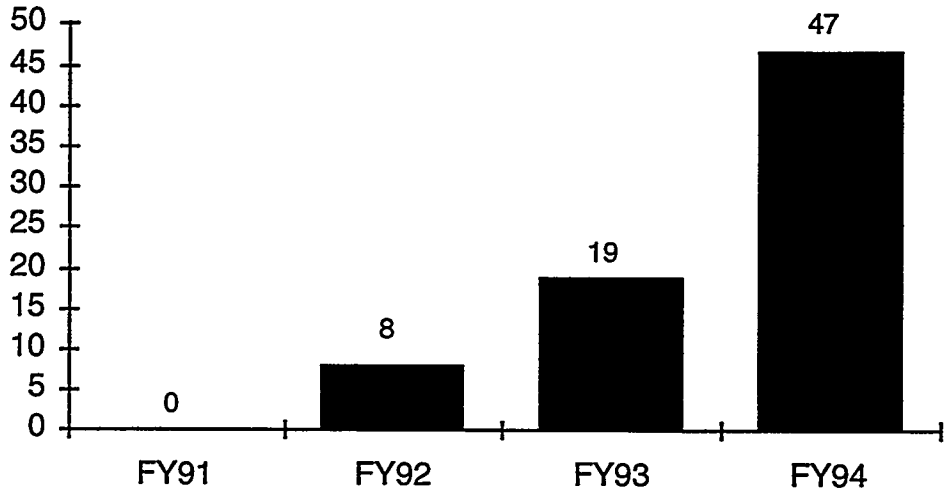
The Advanced Light Source—America's Brightest Light for Science and Industry, Lawrence Berkeley Laboratory, Berkeley, California, PUB-742.

Supporting Data (Continued)

Licensing Activity FY1989-1995

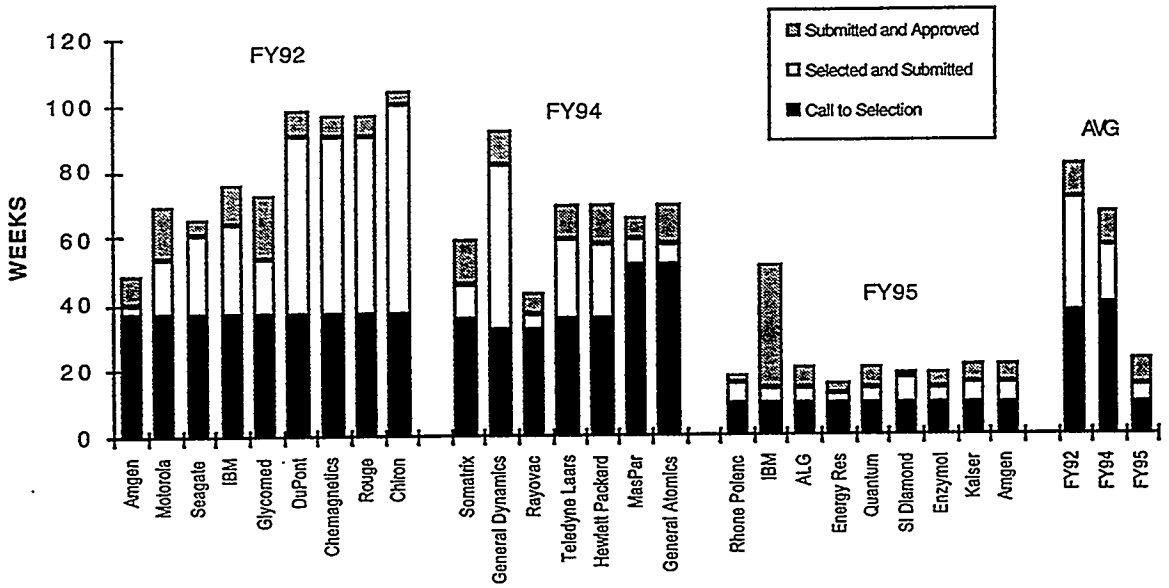


Rising CRADA Activity



Supporting Data (Continued)

Reduction in CRADA Processing Time



Performance Measure 3.1.a

Improvement Actions for Laboratory Management				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates

(None.)

Self-Assessment Report for Fiscal Year 1995

Environment, Safety, & Health

Lawrence Berkeley National Laboratory

Performance Characterization

In the ES&H functional area in FY 1995, the Lawrence Berkeley National Laboratory (LBNL) completely met all Performance Measure requirements and met required Success Criteria in 15 out of 22 Performance Measures. Minor infractions were identified in three Performance Measures, and LBNL did not fully meet criteria in four other Performance Measures. Corrective actions have been initiated for all Performance Measures where LBNL did not fully meet Performance Measure requirements or required Success Criteria, and, for the most part, corrective actions have been completed. Overall evaluation of ES&H management should result in an evaluation of at least "Meets Expectations"—that is, the minor deficiencies in the seven Performance Measures should not result in a large degradation by DOE or the UC Office of the President in their evaluation of LBNL's performance.

One item of particular importance in the self-assessment of ES&H management performance in this period relates to nonconformances in waste shipments to Hanford. This item is discussed briefly in Performance Measure 2.1.a, "Tracking and Trending of Findings and Violations"; however, there is currently no Performance Measure in the FY95 suite of Performance Measures in which to accurately account for the management deficiencies captured in this event and in subsequent investigations (note that FY96 Performance Measure 3.1.a, "Operational Exceptions," does provide the proper venue). This deficiency is of particular note, since:

- It caused Hanford to be issued a Notice of Violation from the Washington State regulatory agency (their equivalent of our DTSC).
- It has cost LBNL approximately $700K to date.
- It is indicative of systematic management failure and QA program failure.
- It has the potential to impact our primary customer (LBNL science staff) through inability to ship waste offsite.

AREAS OF EXCELLENCE

LBNL completely met all Performance Measure requirements as well as the Success Criteria in 15 out of the 22 ES&H Performance Measures. The areas of excellence are:

PM 1.1.a	ALARA Program
PM 1.1.b	Environmental ALARA Program
PM 1.1.e	Process Waste Reduction
PM 1.1.f	Landfill Waste Reduction
PM 1.1.g	Medical and IH Interface
PM 1.1.h	Pollution Prevention Opportunities
PM 2.1.b	Tracking and Trending of Environmental Releases
PM 2.1.c	OSHA Serious or Imminent Danger Management
PM 2.2.a	FFCA Commitments
PM 3.1.a	ES&H Integration
PM 3.3.a	Accountability
PM 3.3.b	Training
PM 3.4.a	Conduct of Operations Implementation
PM 3.4.d	Operating Parameters
PM 4.1.a	Risk Assessments

Performance Characterization (Continued)

AREAS OF MINOR INFRACTIONS

PM 2.1.a, Tracking and Trending of Findings and Violations

Self-Assessment: All Performance Measure requirements have been met as well as those of the Success Criteria. A proactive management strategy is in place. Reductions were significant in the overall compliance rating as well as in each category. However, significant weaknesses in our waste-handling operations were identified by other means than audits or inspections; even taking those into consideration, however, performance remains better than the baseline.

PM 3.4.b, ORPS Corrective Actions

Self-Assessment: A proactive strategy is in place; corrective actions are completed on schedule with minor exceptions (missed one date by one day, missed one date by two days, and two were missed over the Christmas break). LBNL and DOE have agreed upon a method for dealing with corrective actions that may have to be rescheduled. Past Corrective Actions are all closed. The Performance Measure requirements as well as those of the Success Criteria have been met.

PM 5.1.a, Regulatory Customer Satisfaction

Self-Assessment: The survey results (albeit with only one result and no official analysis or follow-up from DOE/UC) were positive; the excerpts presented in the Supporting Data section show that LBNL's interactions with external regulators are exemplary.

AREAS WHERE LBNL DID NOT FULLY MEET PERFORMANCE CRITERIA

(**NOTE:** Data related to the following four Performance Measures indicate performance where LBNL did not fully meet the Performance Measure criteria or all of the Success Criteria. No additional corrective actions need to be initiated because of these self-assessments.)

PM 1.1.c, Exposure Prevention

Self-Assessment: Seven events (Pb PEL exceedences) occurred in the reporting period for which Occurrence Reports should have been generated but were not (there would have been four Occurrence Reports). Data from the baseline year of 1993, wherein no Occurrence Reports were generated, cannot be accepted as true data since no Occurrence Reports were generated in 1994, either. That is, data are unreliable as to whether an increasing trend exists. A proactive management strategy does exist to prevent exposures; no radioactive material intakes resulting in internal exposures above 0.1 rem occurred in the reporting period. The fact that potential exceedences were identified is indicative of a robust Industrial Hygiene (IH) program that actively seeks to protect workers from toxic exposures.

PM 1.1.d, Accident Prevention

Self-Assessment: A proactive management strategy is in place to reduce frequency and severity of personnel accidents. A downward trend in severity rate was achieved for strains/sprains and repetitive motion injuries (RMIs). A downward trend in worker compensation costs is evident. A downward trend in frequency rate for strains and sprains is shown. The frequency rate increased for RMIs and lacerations, and the severity rate for lacerations/punctures increased in CY94. The increases and decreases are not statistically significant for any of these categories.

Performance Characterization (Continued)

It is recognized that an initial increase may be experienced whenever a new prevention program is introduced and that some variability is expected that may not be indicative of a trend (see Assumption #2 for this Performance Measure). The intent of the Performance Measure was not achieved in that a downward trend is not apparent in all categories.

PM 3.2.a, DOE Commitments

Self-Assessment: LBNL missed the due date for the Environmental Protection Implementation Plan (EPIP); there were, however, extenuating circumstances: (1) The Success Criteria (related to gaining concurrence with DOE for extending a due date) did not exist when the date was missed; and (2) the DOE HQ (EH-24) audit preparation used available person-hours allocated for preparation/completion of the EPIP.

The Performance Measure requirements were not met; it should be noted, however, that LBNL completed the Site Environmental Report (SER) by the June 1, 1995, due date (the first DOE/OAK SER to be completed by the due date in over five years).

PM 3.4.c, Control of Radioactive Material

Self-Assessment: Although LBNL's recent performance shows an improving trend and is indicative that the corrective action plan/proactive management strategy is effective, the Performance Measure requirements have not been met. There were three Occurrence Reports related to loss of radioactive material control in the baseline period and four Occurrence Reports in the performance period.

Performance Objective #1

Protection and Prevention: *The Laboratory will conduct operations in a safe manner that protects human health, the environment and the public and prevents adverse impacts thereon.* **(Weight = 40%)**

Summary

LBNL management of ES&H operations includes adequate protection and prevention mechanisms. The following performance metrics related to safe operations which protect human health, the environment, and the public were completely satisfied:

PM 1.1.a	ALARA Program
PM 1.1.b	Environmental ALARA Program
PM 1.1.e	Process Waste Reduction
PM 1.1.f	Landfill Waste Reduction
PM 1.1.g	Medical and IH Interface
PM 1.1.h	Pollution Prevention Opportunities

Minor deviations from completely satisfying the performance metrics were identified in PMs 1.1.c, "Exposure Prevention," and 1.1.d, "Accident Prevention." For PM 1.1.c, there are identified several technical OSHA deviations; however, there is no evidence that any human was harmed. For PM 1.1.d, the PM criteria prohibit completely satisfying the metric requirements (see Barriers to Improvement).

Barriers to Improvement

The Performance Measure requirements for PM 1.1.d, "Accident Prevention," require a statistical trend to be evaluated on the basis of a small number of incidents, making statistical evaluations meaningless.

Objective #1
Criterion 1.1

Effective Protection and Prevention Systems: *An effective Environment, Safety and Health Program will identify, control and respond to hazards. The intent of the following group of performance measures is to assure that the Laboratory's ES&H systems effectively address protection and prevention. They represent key protection and prevention elements that are adequate to demonstrate the effectiveness of ES&H systems.* **(Weight = 40%)**

Objective #1
Criterion 1.1
Performance Measure 1.1.a

Radiation Protection of Workers: *Occupational radiation doses from DOE operations will be measured to assure that applicable 10 CFR 835 limits are not exceeded. The collective occupational radiation dose will not exceed 95% of the five- year running average of the collective occupational dose for LBNL and LLNL. The collective occupational radiation dose will not exceed 85% of the two-year running average of the collective occupational dose for LANL. Any actual or anticipated significant change in workloads will be brought to the attention of UC and DOE as soon as possible and an appropriate change is to be made in this goal. Each Laboratory will define its site-specific control level for collective dose in coordination with its local DOE office by October 1, 1994.*

Assumptions:

- For purposes of this goal, significant change should be interpreted to be a change of 10% (or more) in workload that would affect radiation dose.
- The measure should be used as a management tool to proactively determine programmatic changes that will affect dose.
- For FY95 the performance period is January 1, 1994, through December 31, 1994.
- The Laboratory will not exceed the 10 CFR 835 limits and will manage to the more stringent administrative levels.
- ***The term "control level" has replaced the term "de minimus" used in earlier* versions.**

Success Criteria *(Meets Expectations):*

- A proactive management strategy ***(such as an effective ALARA Program)*** is in place to reduce exposure.
- The 95% or the 85% goal is achieved.
- All doses are below 10 CFR 835 limits.
- A ***control level*** is established.
- ***If the 95% or 85% goal is not met directly, the ALARA efforts made over the course of the year should be described. If cost-effective measures have been implemented appropriately, then a "Meets Expectations" rating should be received, regardless of the fact that the numerical goal was not achieved. Issues to be considered include: ALARA efforts, workload, dose rate associated with the material being handled, and the cost-benefit of further dose reduction.***

NOTE: The "new" assumptions and success criteria agreed to for FY95 are shown in ***bold italics.*** (Version 3/15)

Objective #1
Criterion 1.1
Performance Measure 1.1.a (Continued)

Success Criteria (Exceeds or Far Exceeds Expectations):

- ***Is evaluated by considering a combination of the following:***
  —An aggressive ALARA Program.
  —A reduction of more than what is indicated in the Performance Measure.
  —Evidence of Senior Management involvement/ leadership in the ALARA Program.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Joe Graf LBNL: R. Kloepping BSO: H. Carwell	R. Kloepping, T. Sundsmo	H. Carwell (4296)

Performance Measure Result

The five-year average collective personnel exposure (1989 through 1993: 17.9, 14.5, 5.04, 6.3, 6.7) at LBNL was 101 mSv (1 millisievert equals 0.1 rem). The resulting Appendix F Performance Measure for Calendar Year 1994 is 95% of this five-year average, or 96 mSv. The graph in the Supporting Data section summarizes the Appendix F Performance Measure results. As seen in the graph, the 1994 Performance Measure goal has been exceeded in that a 44% reduction was achieved under the five-year running average. That is, the 1994 cumulative dose was 57 mSv.

Doses received by individuals at LBNL are significantly below the 10 CFR 835 limits. The maximally dosed individual at LBNL received about 5.02 mSv, which is 10% of the 10 CFR 835 limit of 50 mSv; however, the average radiation worker at LBNL received an annual dose of about 0.04 mSv, less than one tenth of one percent of the limit.

CONTROL LEVEL

In letter DIR-94-384, dated September 30, 1994, LBNL proposed a *de minimis* (control level) collective dose to the Berkeley Site Office. The dose proposed was 6 rem, or 60 mSv. Concurrence was achieved in a letter from DOE, dated December 19, 1994.

PROACTIVE MANAGEMENT STRATEGY

The ALARA committees have documented internal bases for the ALARA cumulative dose goal and five additional radiological goals to help maintain activities at the Laboratory ALARA. These goals and bases have been communicated directly to Laboratory Principal Investigators, and indirectly through the Radiation Work Permit Program and workplace monitoring. Following is a brief description of the ALARA Program from the LBNL Radiation Protection Program.

ALARA Program Statement

Title 10 of the Code of Federal Regulations, Section 835.101(c), requires that there be a formal documented program at LBNL that is designed to assure radiation exposures are maintained as low as is reasonably achievable (ALARA). The primary mechanisms for training personnel, monitoring the workplace, controlling work activities, and maintaining radiation exposures ALARA are implemented through compliance with the various individual requirements of 10 CFR 835. The

Performance Measure Result (Continued)

following paragraphs supplement these requirements and outline LBNL's ALARA Program.

ALARA is an approach to radiation protection to manage and control exposures (both individual and collective) to the workforce and to the general public at levels that are as low as practicable, taking into account social, technical, economic, practical, and public policy considerations. ALARA is not a dose limit but a process that has the objective of attaining doses as far below the applicable regulatory limits as is reasonably achievable.

It is LBNL policy that individual and collective ionizing radiation exposure to LBNL personnel and to the general public be maintained at levels that are as low as is reasonably achievable. To this end, a formal ALARA Program has been established at LBNL that includes the following: ALARA committees tasked with implementing the program; ALARA goals to provide incentives and to evaluate performance; training of all affected personnel; performance of audits; documented reviews of radiological work; design reviews of facilities; and the maintenance of formal records to document all aspects of the program.

Senior Management Involvement/Leadership

There is an ALARA Executive Committee chaired by the Deputy Laboratory Director for Operations (Klaus Berkner). This committee also includes the Rad Con Manager, chair of the ALARA Working Committee and the Division Directors for AFRD, EH&S, and LSD. This committee meets to review and approve Lab ALARA goals and other ALARA issues.

Examples of LBNL senior management involvement with the ALARA Program, implemented by the ALARA Executive Committee members include:

- A prompt, formal response with specific corrective actions in response to a negative trend in contamination control that was identified by tracking one of the six Laboratory ALARA goals.
- A major restructuring of the Radiation Safety Training Program to emphasize job-specific application of good work practices in order to minimize personnel radiation exposure and potential for contamination.
- A legal commitment in response to 10 CFR 835 to continue the formal, aggressive ALARA Program that was initiated two years prior to any legal requirements.
- Continued critical review, revision, and approval of the LBNL ALARA goals to ensure these goals are meaningful, well-documented, and representative of the current work activities at the Laboratory.

Responsibilities

EH&S policies, programs, and procedures spell out specific management and employee responsibilities. However, the people who have the most important role in reducing exposure, waste, and environmental effluents are the workers that use radioactive materials and radiation-producing devices. For each job involving exposure to radiation or radioactive material, each worker is responsible for understanding the job requirements, the radiological control measures, and ALARA practices. Workers are responsible for being aware of and understanding the radiation hazards in the workplace.

To help implement the ALARA philosophy, Radiation Assessment Group personnel are responsible for performing ALARA work/experiment reviews, providing advice

Performance Measure Result (Continued)

and assistance to LBNL programs, and monitoring job activities to assure that exposures and contamination levels are being maintained ALARA.

Oversight and guidance for the ALARA Program is provided by two committees—the ALARA Executive Committee and the ALARA Working Committee. The Executive Committee is responsible for setting site annual ALARA goals, approving individual program ALARA goals, annually reviewing performance relative to these goals, approving ALARA design reviews, coordinating the annual ALARA Program appraisal, determining special criteria for investigation of abnormal events, and advising upper management on improving progress toward minimizing radiation exposure and radiological releases.

The ALARA Working Committee is responsible for providing day-to-day oversight of the ALARA Program at LBNL. The ALARA Working Committee members may include the LBNL Divisions of EH&S, Nuclear Science, Life Science, AFRD (Accelerator and Fusion Research Division), and other personnel as necessary to support the activities being reviewed.

Radiological Goals

The ALARA Executive Committee establishes site-wide ALARA goals that are selected based on their importance to the radiological safety and environmental protection. These goals may include, but are not limited to:

- Annual collective external dose.
- Annual collective internal dose.
- Number of personnel contamination incidents.
- Square footage and duration of posted contamination areas.
- Radioactive waste volume that is routinely generated.
- Activity released annually in airborne and liquid effluents.

Radiological Design Reviews

EH&S shall conduct a radiological design review for new facilities that will require a controlled area or a major facility modification within an existing controlled area. The radiological design review should be done at the earliest convenience during project design. This design review should emphasize long-term radiological impacts during the anticipated lifetime of a new design or modification. The following elements should be considered:

- Assessment of anticipated occupational doses following construction.
- Review of design features for radiological protection.
- Identifying design parameters and features that affect occupational exposure, including spacing, shielding, containment devices, ventilation systems, interlocks, solid waste management, and effluent control.
- Selecting optimum alternatives that are ALARA for design parameters and features that affect radiological exposure.
- ALARA optimization methods for determining alternatives within the limiting design objectives. Optimized parameters and features should be incorporated into the design package.

Performance Measure Result (Continued)

ALARA Reviews

ALARA work/experiment reviews assess radiological impacts, determine optimum radiological controls, track the effectiveness of controls, and document lessons learned. The rigor and formality of ALARA work planning should be commensurate with the relative risks associated with the activity. ALARA reviews shall be determined by assessments through the work authorization process. The review should be conducted for all operations, practices, and procedures that involve the potential for high individual or collective dose equivalent.

The process of implementing ALARA reviews should emphasize two primary goals:

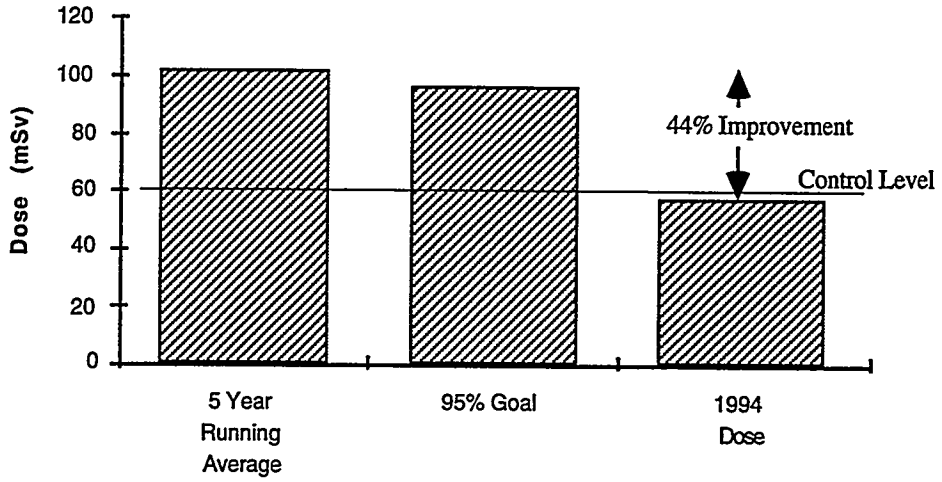
1. Establishing a graded approach that ensures that the level of review is appropriate for the radiological hazards.
2. Ensuring that optimization techniques provide appropriate controls (cost) based on the potential hazard reduction (gain).

Successes/ Shortfalls

There is a proactive management strategy. The 95% goal was exceeded (achieved 44% reduction). Collective dose is at the control level. No exceedences of the 10 CFR 835 limits occurred (highest-dosed individual received 10% of the 10 CFR 835 limit). The control level was established and approved. All criteria of the Performance Measure as well as the established Success Criteria were met.

Supporting Data

Collective Personnel Exposure



Performance Measure 1.1.a

Data Source: LBNL Dosimetry Records.

Objective #1
Criterion 1.1
Performance Measure 1.1.b

Radiation Protection of the Public: *Public radiation doses to the maximally exposed individual from DOE operations will be calculated to assure that applicable Federal limits are not exceeded. The public radiation dose will show a reduction from previous yearly calculated dose values until the site* ***control level*** *is reached. The site* ***control level*** *is to be proposed by each Laboratory and jointly agreed to by the UC and DOE by October 1, 1994. Any actual or anticipated significant change in workloads will be brought to the attention of the UC and DOE as soon as possible and an appropriate change is to be made in this goal.*

Assumptions:

- For purposes of this goal, significant change should be interpreted to be a change of 10% (or more) in workload that would affect radiation dose or toxic exposures.
- The measure should be used as a management tool to proactively determine programmatic changes that will affect dose.
- For FY95 the performance period is January 1, 1994, through December 31, 1994.
- ***The term "control level" has replaced the term "de minimus" used in earlier versions.***

Success Criteria *(Meets Expectation)*:

- Federal limits are not exceeded.
- Reduction in annual calculated dose is achieved.
- A proactive management strategy is in place to reduce the public dose or to maintain the dose at ***control levels.***
- A Laboratory-specific ***control level*** is established.

Success Criteria (Exceeds Expectations):

- ***All exposures to the public are at or below the control level; OR significant improvement (>10% reduction) from previous year is achieved.***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Joe Graf LBNL: R. Kloepping BSO: H. Carwell	R. Pauer, H. Tran	H. Carwell (4296)

Performance Measure Result

The LBNL contribution to public dose is measured and reported in the Annual Site Environmental Report and is well below Federal limits. The total dose to an offsite maximally exposed individual during CY94 is calculated to be less than the established control level of 3 mrem (more accurately, about 1.5 mrem). The dose that a maximally exposed hypothetical neighbor could receive from our operations is about 1.5% of the allowable Federal limit (100 mrem). This dose level is also within the established LBNL control level of 3 mrem, which was the public dose

Performance Measure Result (Continued)

calculated during the base year of CY93. This shows a reduction of dose from the 1993 value—that is, the 1993 dose was calculated to be approximately 3 mrem; the 1994 dose (as seen in the Supporting Data chart) is calculated to be 1.5 mrem.

CONTROL LEVEL

In a September 21, 1994, letter to Richard Nolan (DOE BSO) and Howard Hatayama (UCOP); LBNL proposed a site de minimus of 3 mrem. LBNL received concurrence on October 25, 1994, from Howard Hatayama. LBNL received concurrence with this value on October 26, 1994, from Richard Nolan.

PROACTIVE MANAGEMENT STRATEGY

The proactive management effort to reduce the public dose and minimize environmental releases is achieved through activities of the environmental radiological dose assessment program and the LBNL environmental ALARA program.

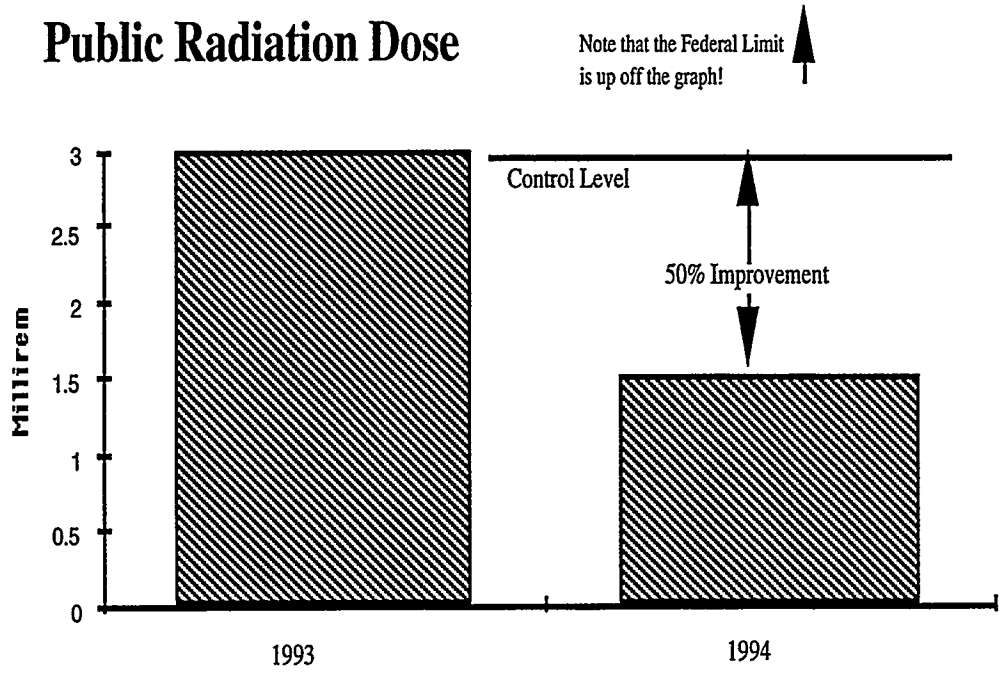
Through the LBNL Environmental Protection Group environmental radiological dose assessment program, all current and future research experiment protocols at LBNL are actively reviewed, analyzed, and monitored for any radiological impacts to the public and the environment. Environmental releases are minimized through engineering controls (absorbers, filters), administrative controls (permits, beamline schedules), and inventory controls (limit on annual possession quantities). Real-time and periodic environmental monitoring data are routinely analyzed for emission trends, and benchmarked against the LBNL established environmental ALARA goals.

The LBNL environmental ALARA program was formalized in November 1994 and incorporated into the routine activities of the existing LBNL ALARA Committee (see Performance Measure 1.1.a above for a more detailed description of LBNL's ALARA Program). The ALARA Committee meets once a month to review past and present environmental releases/contaminations, in addition to considering other safety concerns. If necessary, root cause analysis for environmental release incidents is performed and recommendations are provided for corrective actions. In addition, the ALARA Committee has begun efforts to establish LBNL annual environmental ALARA goals. These goals will be reviewed and monitored by the committee quarterly to ensure that public doses and routine environmental releases are well below regulatory standards. An Environmental ALARA Implementation Plan is in development and will be completed by December 1, 1995.

Successes/ Shortfalls

A proactive management strategy is in place. No exceedences of limits occurred (our level is 15% of a proposed [reporting] limit and insignificant compared to regulatory limits). The calculated dose was reduced by 50% from 1993 to 1994; the calculated dose is below the control level. The control level was established and approved. Consequently, the Performance Measure requirements as well as all of the Success Criteria have been met.

Supporting Data



Performance Measure 1.1.b

Objective #1
Criterion 1.1
Performance Measure 1.1.c

Exposure Prevention: *The scope of this measure includes exposure to toxic materials and physical agents. The number of ORP reportable occurrences and the number of toxic-material exposures above applicable action levels will be tracked. A decreasing trend is expected.*

Assumptions:

- ***The intent is to prevent employee exposures to toxic and radioactive materials.***
- ORP reportable occurrences are defined as: (a) any ***unplanned and*** confirmed intake of radioactive material by a worker that would result in a committed effective dose equivalent from all intakes that is equal to or greater than 0.1 rem: (b) toxic-material exposure exceeding PEL, TLV or other published occupational health standards.
- Data for this Measure are reported as the number of occurrences or exceedences versus the number of measurements taken.
- Some variability is expected which may not be indicative of a trend. ***Changes in operational levels or volumes shall be considered fully.***
- ***For FY95 "action level" is defined as only those official action levels listed by OSHA.***
- ***Exposure measurements will be corrected by the protection factor of the personal protective equipment in use.***

Success Criteria *(Meets Expectations):*

- A decreasing trend of ORP reportable occurrences is achieved.
- There is no intake of radiation greater than 0.1 rem.
- There is no toxic material exposure greater than PEL, TLV or other applicable occupational health standard.

Success Criteria (Exceeds Expectations):

- A proactive management strategy is in place to decrease the number of occurrences, which includes follow-up to exceedence of action levels.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Ed Ballard LBNL: M. Kotowski BSO: T. Goldman/K. Rivera	R. Kloepping, M. Schoonover, J. Chung	Joanne Lawrence (5342)

Performance Measure Result

One Occurrence Report (since January 1992) fits this category and documents events where the lead PEL was exceeded in seven instances. In June, July, and September 1994 individuals removing lead were exposed to atmosphere concentrations exceeding the PEL using Time Weighted Average (TWA) and accounting for OSHA-allowed Protection Factors (PF) of Personal Protective Equipment (PPE). Quantitative data for respirator fit tests indicate a PF larger than that used in calculating the potential exposures, so it is probable that no individuals were actually exposed. Management action as a result of this investigation

Performance Measure Result (Continued)

includes reviewing the sampling protocol to get better data. The Occurrence Report was recently issued (July 1995) and relates more to the lack of timeliness in investigation and reporting than to a potential exposure of individuals. However, it is appropriate to count these events in this category for this performance period.

PROACTIVE MANAGEMENT STRATEGY DESCRIPTION

IH (Industrial Hygiene) personnel perform site-wide evaluations of the various IH risks and promulgate control programs (e.g., asbestos control program, respiratory protection program, Chemical Hygiene and Safety Plan) to mitigate these risks. Individual operations are also surveyed and evaluated. For those that need controls beyond the general programmatic elements, individualized consultations are provided. Functional appraisals, medical surveillance, exposure monitoring, and other functions act as a double check on this system to assure that it is working (see Performance Measure 3.1.a, related to integration of ES&H into LBNL operations, and Performance Measure 1.1.g, related to IH and Medical Interface).

The Radiation Assessment Group performs site-wide evaluations of various radiological risks and promulgates control programs (e.g., Radiological Control Manual, ALARA committees, Radiological Work Authorization/Radiological Work Permit Program, PUB-3000 sections [see also Performance Measure 1.1.a for a description of the LBNL ALARA Program]) to mitigate these risks. Radiological operations are surveyed and evaluated, and individualized consultations are provided. Functional appraisals, medical surveillance, exposure monitoring, and other functions act as a double check on this system to assure that it is working (see Performance Measure 3.1.a, related to integration of ES&H into LBNL operations).

Successes/ Shortfalls

Seven events (Pb PEL exceedences) occurred in the reporting period for which Occurrence Reports should have been generated but were not (there would have been four Occurrence Reports). The baseline year of 1993 wherein no Occurrence Reports were generated cannot be accepted as true data since no Occurrence Reports were generated in 1994, either. That is, data are unreliable related to whether an increasing trend exists. A proactive management strategy does exist to prevent exposures and no radioactive material intakes resulting in internal exposures above 0.1 rem occurred in the reporting period. The fact that potential exceedences were identified is indicative of a robust IH program that actively seeks to protect workers from toxic exposures.

Supporting Data

With respect to measurements for toxic exposures for the period July 1 to present:

- Number of qualitative and quantitative evaluations representative of personal occupational exposure = 113.
- Number of direct reading and time-weighted average measurements and samples = 137.
- Number of Occurrence Reports in the reporting period = 0.*

*Should have initiated four.

Data Source: Industrial Hygiene Records.

Supporting Data (Continued)

With respect to measurements for radiation exposures: LBNL routinely monitors about 1,856 employees for external radiation exposure and 243 personnel for internal exposure. Additionally, workplace air is sampled to assess potential internal uptake of radioisotopes in 24 locations throughout LBNL. In each location, the potential for airborne contaminants is routinely assessed through the Radiological Work Authorization Program. Sample results are also reviewed. If the risk is low and sample results are continually negative, the sampling is discontinued. Over the past year the number of sampled locations has decreased (from 31 locations to 24) for this reason. The only location where airborne workplace contamination has been routinely detected is the NTLF. All personnel working at the NTLF are routinely assessed for internal deposition.

Data Source: Radiation Assessment Records.

Objective #1
Criterion 1.1
Performance Measure 1.1.d

Accident Prevention: *Severity and frequency of accidents over the past 3 years (1991–1993) was analyzed to identify the top 3 personnel accident types in each area. The number of Bureau of Labor Statistics reportable occurrences of these accidents will be tracked. A downward trend is expected as compared to the baseline years.*

Assumptions:

- A Laboratory/DOE subteam is in the process of defining the baseline population, including subcontractors, from which statistics will be collected at each Laboratory. It is envisioned that the base will be slightly different for each Laboratory.
- It is recognized that an initial increase may be experienced whenever a new prevention program is introduced and that some variability is expected which may not be indicative of a trend.
- ***A goal of this Performance Measure is to reduce Worker's Compensation costs. How this is accomplished should be discussed as part of proactive management strategy.***
- ***Data will be collected for the period January 1, 1994, through December 31, 1994.***

Success Criteria *(Meets Expectations):*

- A downward trend in frequency and/or severity for each of three accident types is achieved.

Success Criteria (Exceeds Expectations):

- A proactive management strategy is in place to reduce frequency and severity and to include the subcontractor workforce.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Ed Ballard LBNL: M. Kotowski BSO: T. Goldman/K. Rivera	J. Chung, M. Kotowski	Joanne Lawrence (5342)

Performance Measure Result

DATA ACQUISITION

LBNL's Occupational Safety Group reviewed the 1991–1993 data related to Bureau of Labor and Statistics (BLS) occurrences of injuries to LBNL personnel. The LBNL/DOE subteam (M. Kotowski/A. Sy) agreed that RMI, strains/sprains, and lacerations/punctures are the target accident types. LBNL established a database for tracking, trending, and analysis of injuries and illnesses. The key component to this database is the Supervisors Accident Analysis Report (SAAR), which serves as the initial notification of an employee's occupational injury or illness. The Regulations and Procedures Manual (RPM) instructs employees to immediately report any injury or illness sustained while at work to Medical Services. After evaluation and necessary treatment, Medical Services generates the SAAR.

Performance Measure Result (Continued)

Caution should be used when viewing these data since, when dealing with such a small sample size, minor changes in figures can have a disproportionate effect on the outcome.

RESULTS

Data for 1994 indicate reductions in severity rate for strains/sprains and RMI; frequency rate also shows a reduction for strains/sprains. Every other indicator shows a slight increase for CY94. To the best of our ability to determine, neither the positive nor the negative changes are statistically significant. More significant changes, or sustained trends over a number of years, would be required to make a claim to statistical validity. However, the increase in frequency rate and the concurrent decrease in severity rate is consistent with the theory that the heightened awareness with a new accident prevention program will reduce serious injuries but result in increased frequency of reports. (See Assumption 2 above.) Severity is defined in BLS as lost/restricted workdays per 200,000 employee hours, and Severity Rate is calculated as (LWD + RWD) times 200,000 divided by total employee hours.

PROACTIVE MANAGEMENT STRATEGY

A reorganization of the EH&S Division resulted in the formation of a new team approach to addressing EH&S problems, including accident prevention issues. The objective of this new interdisciplinary structure is to establish cross-functional and integrated teams to implement safety and health programs, systems, and services; the new organization will also help in monitoring and educating to assure compliance, control, and mitigation of workplace hazards. The following strategies are now being implemented to improve the accident prevention efforts.

Repetitive Motion Injuries

LBNL has mounted an aggressive ergonomics program to address repetitive motion injuries, in particular those associated with computer workstations. Many of the field health and safety professionals have completed the four-hour course EHS 067, "Office Ergonomics Evaluators' Training," and are now available to evaluate employee workstations. Workstation evaluations are available for all employees who request this assistance.

LBNL also offers a two-hour class, EHS 060, "Ergonomics for Computer Users," and maintains an ergonomics laboratory where employees can inspect and try out ergonomic workstation furniture and equipment. An LBNL list of ergonomic supplies is maintained and published on the Internet.

Other reports of repetitive motion injuries are forwarded to the LBNL ergonomist, who conducts a workplace evaluation for each of them.

Strain/Sprain Injuries

In our analysis of existing data, strain/sprain injuries result from many different causes—lifting, falling, jumping, bending, etc. This wide variety of causes is not amenable to a single program for accident prevention. We have revised our data collection to include causal factors coding beginning July 1, 1995, to allow better definition of the injury types that make up this broad category.

Strain/sprain injury reduction in the meantime is addressed through additional focus on accident data. See below.

Performance Measure Result (Continued)

Lacerations

Lacerations are a distant third accident type for LBNL in terms of frequency and severity. The increase in severity for 1994 was due to a single incident, which resulted in 103 days of lost time.

Injury/Illness Data Collection

LBNL is now in the process of implementing additional data collection to allow better data analysis. Specifically, we will begin collecting information on three causal factors: equipment involved, types of energy involved, and unsafe conditions/behavior. Two hours of training have already been provided to field health and safety professionals to help improve the quality of injury data collected.

Contractor Injury/Illness Statistics

In the past, LBNL has collected some data on contractor injuries and illnesses, but not rigorously enough to allow statistical analysis. Beginning with the second quarter of 1995, LBNL has begun the collection and reporting of such data to DOE.

Additional Visibility for Accident Data

To effect a general reduction in accident rates, LBNL has implemented a program to report accident statistics and specific information for individual cases back to specific subunits of the organization.

Workers' Compensation Loss Control Program

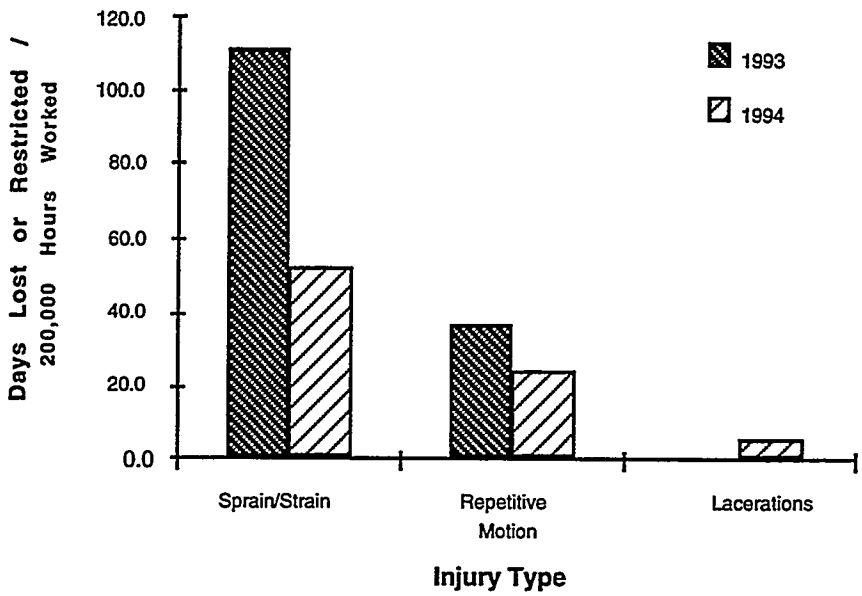
LBNL is implementing a program to control the costs of workers' compensation. This program will include case reviews (which will include additional focus on early return to work efforts), analysis of workers' compensation statistics to determine accident trends, and correlation of workers' compensation statistics with injury statistics collected for OSHA and occupational safety purposes. At this point, a general agreement on the scope of this program has been obtained, and LBNL senior management has been briefed on workers' compensation issues and proposed plans.

Successes/ Shortfalls

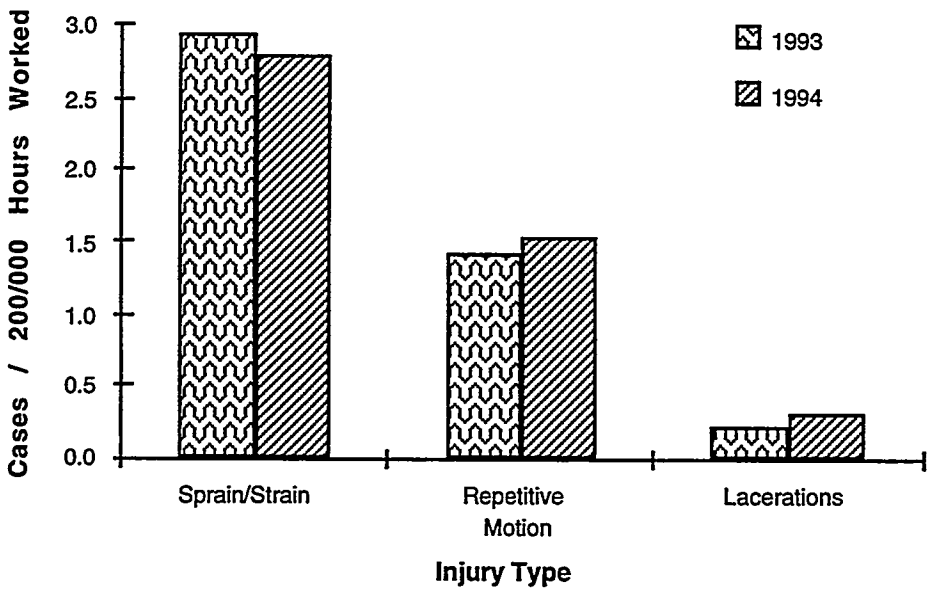
A proactive management strategy is in place to reduce frequency and severity. A downward trend in severity rate was achieved for strains/sprains and RMI. A downward trend in workers' compensation costs is evident. A downward trend in frequency rate for strains and sprains is shown. Frequency rate increased in RMI and lacerations and severity rate for lacerations/punctures increased in CY94. The increases and decreases are not statistically significant for any of these. It is recognized that an initial increase may be experienced whenever a new prevention program is introduced and that some variability is expected that may not be indicative of a trend (see Assumption #2). The intent of the Performance Measure was not achieved in that a downward trend is not apparent in all categories.

Supporting Data

Severity Rates For Leading Injury Types



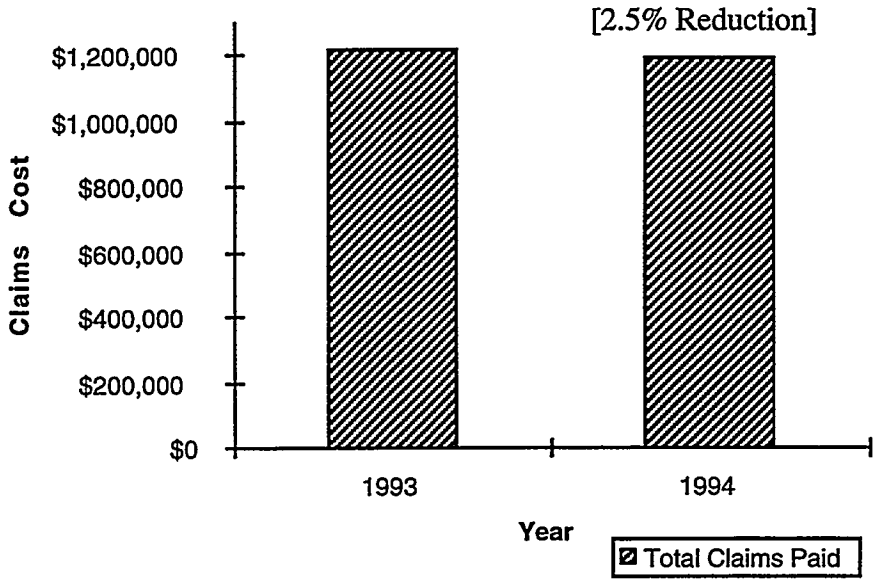
Frequency Rates for Leading Injury Types



Performance Measure 1.1.d

Supporting Data (Continued)

LBNL Workers Compensation Claims Paid



Performance Measure 1.1.d

Objective #1
Criterion 1.1
Performance Measure 1.1.e

Process Waste Minimization: *Jointly, DOE and the Laboratory selected 3 of 5 process wastestreams that were the highest generators of waste (hazardous, LLW, TRU or mixed) for 1993. The Laboratory will reduce the rate of generation of each wastestream by 5% per year based on the previous year's production. Any actual or anticipated significant change in workloads will be brought to the attention of the UC and DOE as soon as possible and an appropriate change is to be made in this goal.*

Assumptions:

- For purposes of this goal, significant change should be interpreted to be a change of 10% (or more) in workload which would affect waste generation rates.
- The performance period is January 1, 1994, through December 31, 1994.
- Recycling is considered to be a method of waste minimization.
- ***The goal is to continuously reduce the 3 to 5 selected wastestreams.***

Success Criteria *(Meets Expectations):*

- Reduction in rate of generation of each of three wastestreams by ***an average of 5% per year*** is achieved.
- A proactive management strategy is in place to minimize process wastes.
- ***Credit should be given for capital investments to realize reductions over more than a year.***

***Success Criteria* (Exceeds Expectations):**

- Credit will be given for greater than 5% reduction in any of the three wastestreams.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Harry Galles LBNL: Ron Pauer DOE: Carl Schwab/ Tanya Goldman	R. Pauer, B. Smith, B. Miller	T. Goldman (6344) .

Performance Measure Result

After the institution of this Performance Measure, LBNL focused its efforts on developing the tracking capabilities required to provide accurate evidence of LBNL's progress in its waste-minimization/pollution-prevention (WMin/PP) efforts. With regard to this Performance Measure, the graphs shown in the supporting data section demonstrate the Laboratory's considerable success in CY94. LBNL greatly exceeded the waste reduction goals for acids (76% reduction vs. 5% goal), coolants (61% reduction vs. 5% goal), and contaminated solids (28% reduction vs. 5% goal).

To support our continued success LBNL has requested and received funding from EM-334 to train waste generators in Pollution Prevention Opportunity Assessment (PPOA) methods and to focus PPOAs on the three wastestreams covered by the Performance Measure. The continued analysis of waste-generation activities for acids, coolants, and contaminated solids will reduce these streams to levels that are as low as practicable.

Performance Measure Result (Continued)

PROACTIVE MANAGEMENT STRATEGY DESCRIPTION

LBNL's WMin/PP efforts have evolved into a multifaceted program that cuts across all major Laboratory site-wide and waste-generator functions. Within this integrated program, WMin/PP staff facilitate waste-generator efforts to determine where WMin/PP opportunities exist within their programs and perform PPOAs to determine the most effective courses of action. Recommendations might include reduced generation at the source, process changes, employee awareness, administrative controls, or increased reuse and recycling. Once the most effective course of action has been determined, LBNL WMin/PP staff work with LBNL generators to create planning documents and budget requests to support the implementation of specific waste reduction activities.

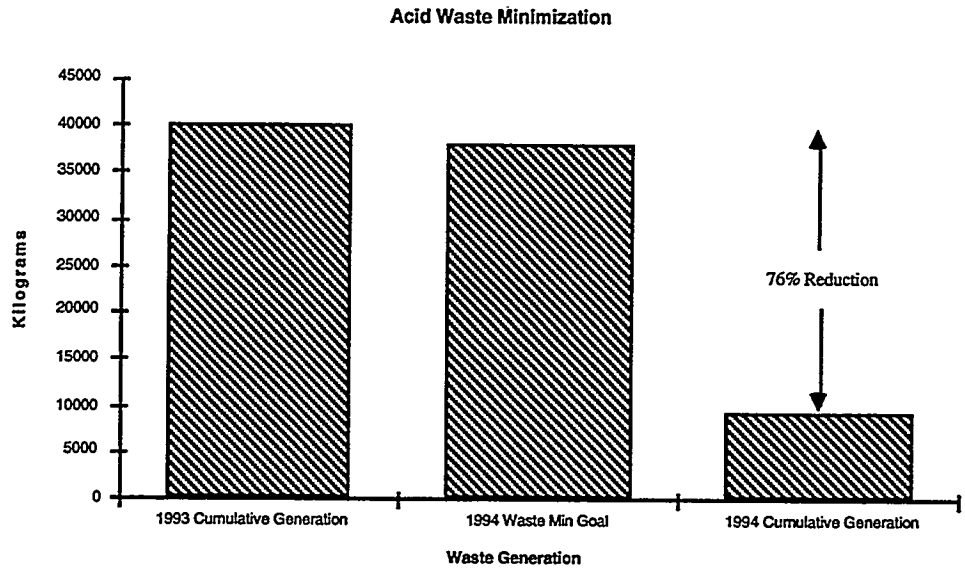
A variety of programs have been initiated to promote Laboratory-wide waste reduction. For example, the LBNL Chemical Exchange Program makes surplus chemicals available to interested parties at no cost. This exchange commitment reduces not only the materials being sent offsite for disposal, but also reduces procurement costs. Successful interface with LLNL for intersite exchanges has enhanced the versatility of the Chemical Exchange Program.

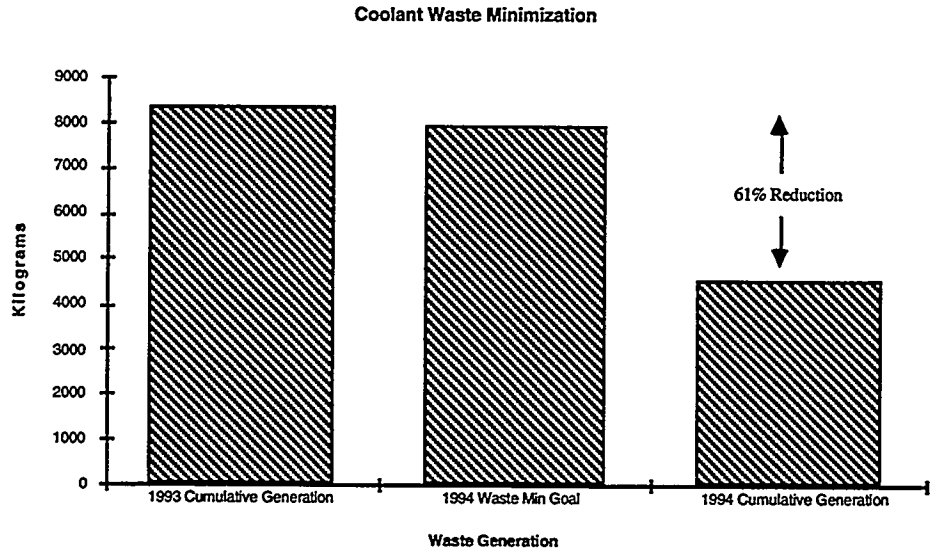
Employee awareness campaigns are carried out annually at the Laboratory; the theme for FY95 is Pollution Prevention Opportunities at LBNL. In addition, LBNL will participate in outreach activities, including poster presentations at local meetings, and will host a DP/ER workshop late in FY95, with the focus on wastes generated by machine shop activities. The workshop will certainly result in new ideas for waste reduction in the shop setting, which may be implemented at LBNL and at the home institutions of all workshop attendees.

Successes/ Shortfalls

All of the Performance Measure requirements have been met as well as those of the Success Criteria. There is a proactive management strategy in place. Waste reduction goals were significantly exceeded in all three wastestreams (76%, 61%, and 28% reductions, compared to the 5% reduction goal).

Supporting Data





Performance Measure 1.1.e

Supporting Data (Continued)

Performance Measure 1.1.e

Objective #1
Criterion 1.1
Performance Measure 1.1.f

Solid Waste Minimization: *The Laboratory will decrease the aggregate weight of all waste generated site-wide by 10% per calendar year. Any actual or anticipated significant change in workloads will be brought to the attention of the UC and DOE as soon as possible and an appropriate change is to be made in this goal.*

Assumptions:

- For purposes of this goal, significant change should be interpreted to be a change of 10% (or more) in workload which would affect waste generation rates.
- The 10% aggregate weight reduction may include non-hazardous solid waste. Air emissions and sanitary wastewater are excluded.
- Recycling is considered to be a method of waste minimization.
- The performance period is January 1, 1994, through December 31, 1994.
- ***Demolition and decommissioning waste should be handled as a change in workload.***
- ***Construction debris and waste should be discussed in the self-assessment but separated from the baseline for the purpose of calculating the 10% reduction.***
- ***Waste minimization and recycling efforts implemented on demolition projects should be discussed in self-assessments.***

Success Criteria *(Meets Expectations)*:

- A reduction of 10% per calendar year is achieved.
- A proactive management strategy is in place to minimize solid waste.

Success Criteria (Exceeds Expectations):

- For greater than 10% reduction in any calendar year.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Harry Galles LBNL: Ron Pauer DOE: Carl Schwab/ Tanya Goldman	R. Pauer, B. Smith, B. Miller	T. Goldman (6344)

Performance Measure Result

The goal for this Performance Measure is a 10% per year reduction in the total aggregate weight of nonhazardous, hazardous, radioactive, and biohazardous wastes shipped offsite for disposal, compared to the total aggregate weight shipped in 1993. The 1993 baseline was estimated because nonhazardous waste generated at LBNL in 1993 was combined with similar waste from the UC campus. LBNL management recognized an improvement opportunity and renegotiated the contract with the recycling contractor to provide a means for creating an accurate baseline in 1994. As is shown on the graph in the supporting data, the Laboratory exceeded its goal of a 10% annual reduction (a 17% reduction was achieved) in the aggregate weight of waste shipped offsite for disposal.

Performance Measure Result (Continued)

PROACTIVE MANAGEMENT STRATEGY DESCRIPTION

To date, waste minimization programs have been extremely successful. In 1992 (prior to the institution of the Performance Measure), the goal of 5% reduction in solid waste was achieved through the initiation of an aggressive recycling program. LBNL was recognized for this effort in 1993 and received a DOE award for Solid Waste Recycling and Affirmative Procurement. Recycling contracts continue to be established for a variety of wastestreams, including glass, uncontaminated and contaminated soils, abrasives, metals, mercury, fluorescent lights, and many others.

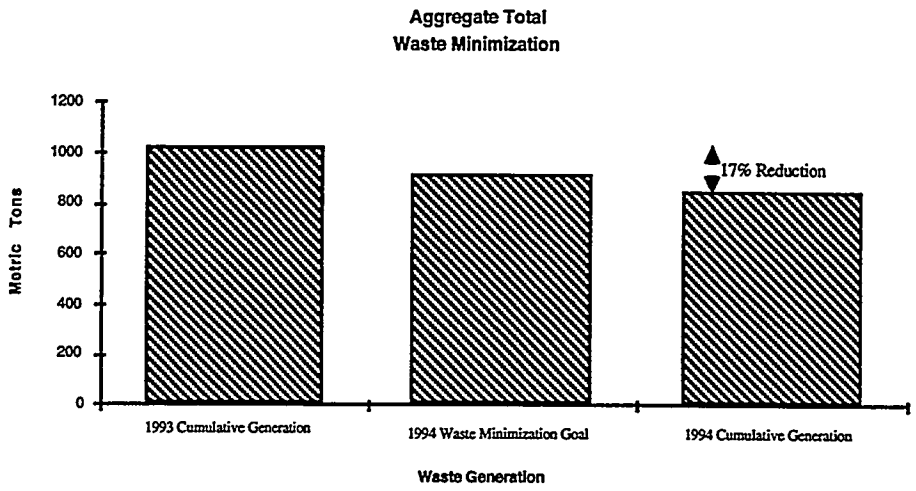
LBNL has initiated several programs to reduce the total aggregate weight of wastes shipped offsite for disposal. Because radioactive and biohazardous wastestreams comprise less than 2% of the total aggregate weight, and because hazardous waste makes up only 15% of the total aggregate, LBNL has focused its efforts on the nonhazardous wastestream. Foremost among these efforts is LBNL's paper recycling program, requiring LBNL generators to separate their paper waste into dry and wet (blue liner) cans. Additional sorting for recycling is performed by the contractor that picks up LBNL nonhazardous waste, leading to significant reductions in paper waste disposal. In addition, several LBNL operations have switched to electronic data dissemination systems, reducing the amount of paper used in LBNL communications. The Laboratory will conduct a Pollution Prevention Opportunity Assessment (PPOA) for waste in FY95 to search for additional methods to reduce this stream.

In addition to the paper waste reduction efforts outlined above, LBNL is embarking on a site-wide "Yard Waste Reduction" program in FY95, including the purchase of a shredder and several mulchers to be used for recycling most of the Laboratory's yard waste. This new activity will reduce the total aggregate weight of LBNL wastes by an estimated 10% compared to 1994, which will enhance the Laboratory's chance of meeting its 1995 target for total aggregate waste reduction. Other efforts to reduce the Laboratory's total aggregate waste will follow from the PPOA training being given to many LBNL generators in February of 1995, and from the efforts of a special generator task force that will focus on wastestreams that are critical to the Laboratory's success in meeting the total aggregate waste reduction goals.

Successes/ Shortfalls

The Performance Measure requirements as well as the Success Criteria have been met. That is, a proactive management strategy is in place and a greater than 10% reduction in waste generation was achieved (achieved a 17% reduction).

Supporting Data



Performance Measure 1.1.f

Objective #1
Criterion 1.1
Performance Measure 1.1.g

Medical and Industrial Hygiene Interface: *Using a risk-based approach, the Laboratory will develop and implement a site-wide exposure assessment and monitoring plan to characterize employee exposures to hazardous chemicals, physical agents (except ionizing radiation) and biological agents. The plan will be developed by April 1, 1995. Monitoring data from implementing the plan will be provided to the medical staff who will utilize the data in the health evaluation of employees. Baseline data will be collected during FY95. Continuous quality improvement will be based on a peer review of a random sample of employee medical charts to evaluate the interaction between the Industrial Hygiene and Medical groups.*

Assumptions:

- ***The intent of this measure is to help prevent injuries and illnesses from occupational exposures to chemical, biological and physical agents. The long term goal is primary prevention and enhancement of secondary prediction capabilities (early detection and intervention, minimization of adverse health effects and implementation of corrective action).***
- ***The site-wide Exposure Assessment and Monitoring Plan to be developed by 4/1/95 will incorporate a section on how data will be integrated into the medical surveillance process.***
- ***Exposure assessment baseline data collection will begin in FY95 and will be done in accordance with the Exposure Assessment and Monitoring Plan.***
- ***A Peer Review Plan will be developed by the Medical Directors.***

Success Criteria *(Meets Expectations)*:

- The ***Exposure Assessment and Monitoring Plan*** is developed by 4/1/95.
- The plan is of sufficient quality and includes Industrial Hygiene and Medical interface.
- Exposure and monitoring information is used by the Medical group.

Success Criteria (Exceeds Expectations):

- A quality peer review process is in place.
- ***The Exposure Assessment and Monitoring Plan is implemented by 7/1/95.***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Ed Ballard LBNL: M. Kotowski BSO: T. Goldman/K. Rivera	J. Chung, J. Salazar, C. Grondona, H. Stauffer	K. Rivera (6343)

Performance Measure Result

Industrial Hygiene (IH) has conducted site-wide exposure assessment and monitoring activities to characterize employee exposures to hazardous chemicals, physical agents (except ionizing radiation), and biological agents prior to the existence of this Performance Measure (see excerpts from pertinent documents in the supporting data). Consequently, this effort was initiated prior to April 1, 1995.

Performance Measure Result (Continued)

Formal components of the plan have included the Industrial Hygiene Monitoring Plan, Section J of the CHSP (approved August, 1992), and Medical Surveillance Plans (approved March 15, 1994). As a further refinement, IH and medical stakeholders collaborated to produce a comprehensive "Exposure Assessment and Monitoring Plan" (dated March 31, 1995); this plan describes in detail the process for characterizing at-risk exposure groups of high priority at the Laboratory, the tools available for defining and evaluating these groups, and the interactions that take place on an operational level between the medical service providers and IH professionals at LBNL (see description in the supporting data). An ad hoc working group was established that includes medical, and IH membership, as well as other LBNL-EH&S stakeholders (e.g., Occupational Safety, Radiation Safety), that will build on direction authored in the Exposure Assessment and Monitoring Plan, and provide guidance for its effective implementation. Implementation of the plan was initiated prior to July 1, 1995, in the form of a pilot. Based on the pilot results, refinement/implementation iterations of the program are ongoing. As has been the case since before this Performance Measure (and as seen in the following excerpts presented in the supporting data), monitoring data from implementing the plan are provided to the medical staff who use these data in the health evaluation of employees.

The chart review (showing that medical uses information provided by IH) was completed on May 11, 1995, at LBNL. The report summary (May 17, 1995) includes the following: "LBNL Health Services enjoys a young but proactive, practical daily interactions supported by their shared geographical quarters—a real 'plus.' LBNL Occupational Medicine (OM) staff are adapting/developing the homogeneous exposure groups (HEG) model to LBNL worker surveillance as a collaborative OM/IH effort. Realization of OM and IH initiatives for concurrent development of electronic systems and database promises a unique opportunity to interface these systems in support of each other from the 'get go'."

PEER REVIEW PROCESS

- Representatives from Occupational Medicine (OM) and IH select occupational exposure(s) categories based on high volume or high risk for the purpose of medical record review. The objective of the medical record review is to evaluate the interface between OM and IH (or other health and safety professionals such as Health Physics or Industrial Safety) staff in support of the minimization of illness/injury and adverse health effects in the workplace.
- Specific indicators of satisfactory IH/OM interface are identified by IH and OM. Examples might be letters or records of oral communication between disciplines, exposure monitoring data in medical records workplace evaluation, or multidisciplinary worksite visit notes in medical records or in IH records.
- Medical records will be selected randomly from a list of employees in the identified risk group. Medical records will be reviewed by a designated reviewer from another laboratory OM program, assuring maintenance of confidentiality. At least five records of each selected group will be reviewed. The number of charts to be reviewed and the means to identify the workers are provided to medical records group and the records are then pulled for review.
- As appropriate, if IH or other health and safety records are being reviewed the names of the employees whose records are being reviewed will be given to IH reviewers so that the records may be obtained.

Performance Measure Result (Continued)

- The Medical Director designee assigned to review medical records will note if the agreed-upon indicators are present or absent. As needed, IH will provide review of exposure records.
- Information is collected, recorded by the chart reviewer(s) and is reported to the OM/IH peer review group for review and discussion. This OM/IH peer review group shall prepare a summary report describing areas reviewed and identifying issues related to interface activities and systems with attendant opportunities for continuous quality improvement.

Successes/ Shortfalls

LBNL met the April 1, 1995, deadline for establishment of a monitoring program. The program includes medical/IH interface; the program also includes requirements for medical to use the information. An evaluation of medical's use of the information was performed and the peer review process has been established. The plan was implemented as a pilot prior to July 1, 1995. All of the Performance Measure requirements as well as those identified in the Success Criteria have been met.

Supporting Data

Following are pertinent excerpts from the identified plans—items in italics are particularly pertinent to this Performance Measure:

LBNL EXPOSURE ASSESSMENT & MONITORING PLAN (3/31/95)

Elements

The elements of the LBNL Exposure Assessment & Monitoring Plan are:

- Initial workplace characterization (where are the potential exposures?).
- Assessment of qualitative risk and prioritization of exposed individuals (who is exposed and at what level? How toxic are the agents?).
- Quantitative assessment of individuals with the greatest potential risk (who requires priority in a monitoring campaign? What is the level of exposure?).
- Informed decision-making and interpretation based on obtained quantitative data (do sampling results indicate overexposure? If so, what additional controls should be implemented?).
- Reporting of result (who needs to be informed about exposure information?).
- Reevaluation of workplace exposures to ensure a quality program (once results have been reported, when does one need to reevaluate?).

IH MONITORING PLAN

Objectives

The objectives of the Lawrence Berkeley National Laboratory (LBNL) Industrial Hygiene Monitoring Program are:

- To determine the potential for employee exposure to potential health hazards associated with specific operations at the LBNL site.
- To evaluate controls and work procedures that are used to reduce employee exposures associated with specific operations.

Supporting Data (Continued)

- To document the hazard evaluation and exposure levels of employees, supervisors, or other personnel for operations of concern, along with recommendations for engineering controls and other measures that should be implemented to reduce employee exposure.
- To comply with the employee exposure monitoring requirements under the 29 CFR 1910.1450, Occupational Exposure to Hazardous Chemicals in Laboratories, in addition to other applicable DOE-required regulations.

Review of Operations

The IH Group will perform hazard assessments upon LBNL operations to determine those associated with possible significant employee exposures. Operations will be evaluated for their potential for producing exposure excursions over the OSHA Action Level or Permissible Exposure Level or other level considered to be of significant concern of physical or chemical agents (excluding ionizing, non-ionizing radiation and lasers).

Generally, the IH Group will perform hazard assessments on laboratory operations upon:

- Employee, Principal Investigator or Supervisor request.
- Performance of Plant Engineering design reviews.
- *Review of Medical Department Accident/Illness reports.*
- OSP Reviews.
- Discovery of unsafe conditions during routine building inspections or other investigative activity.

The Industrial Hygiene review process will consider the following aspects:

- Use of chemical agents where material is volatile or is a finely divided particulate.
- The potential for dermal contact with chemicals.
- The potential for exposure to physical agents (i.e., lasers, noise, non-ionizing etc.).
- Use of engineering and administration controls to control employee exposure.
- Use of respiratory protection.
- Frequency of operations involving the use of hazardous agents.
- Published literature on hazardous agent(s) and the results of monitoring analogous operations.

The results of these hazard evaluations will determine where subsequent exposure monitoring assessments are needed.

Communicating Results

Written industrial hygiene monitoring results will be given to the Principal Investigator/Supervisor. *When significant exposures are found (at least when greater than 50% of the TLV [Action Level]) a copy of any written communication notifying supervisors of employee exposure results will be forwarded to the Health Services Group for inclusion in the employee medical files.*

Supporting Data (Continued)

SECTION J OF CHSP

3. Identifying the Need for Medical Surveillance

Generally the purpose of a Medical Surveillance Program is to watch for early health effects that may be related to an exposure and serve as an early warning of more serious health effects that could ensue. Occasionally, medical surveillance is utilized to help establish the dose of a chemical that the body has received.

Medical surveillance may be useful in: (1) assessing the effects of exposure to hazardous chemicals; and, (2) ruling out bodily damage/injury. Unfortunately, medial examinations are not always useful in measuring the actual dose of a hazardous chemical that the body receives. Most medical tests are not specific for the chemical exposure and tests used actually measure damage, or the early signs of disease (e.g., liver enzymes). *Medical surveillance is more useful when performed in conjunction with exposure monitoring* because the potential dose is easier to assess and correlate with any clinical findings that may be present.

Medical surveillance may be useful in a number of different operations and should be considered on a case-by-case basis. However, there are four occasions in which employees must be provided the opportunity to receive medical surveillance to address the potential for adverse health effects associated with exposures:

- When employees develop symptoms that appear to be associated with exposures to hazardous chemicals.
- *When employees are involved in responding to a spill, leak, explosion or other release that results in exposures to hazardous chemicals.*
- *When air monitoring has demonstrated exposures at or above occupational exposure limits.*
- When required by substance-specific OSHA regulations.

MEDICAL SURVEILLANCE PLAN

Criteria for a Medical Surveillance Program

Within the last few decades, many employers in industry and government, including LBNL, have instituted medical surveillance programs. To become and remain successful, such programs need to meet the following criteria:

- The medical surveillance program must have support from upper management.
- An adequate professional staff in Health Services and in other essential disciplines, such as Industrial Hygiene and Health Physics, must be available.
- *Systems and procedures must be established to inform Health Services staff about those employees who may be at risk to hazards in the workplace, and to do so on an ongoing basis and in a timely fashion. Without knowing which employees may be at risk and without knowing the nature of the risk, Health Services staff cannot conduct the appropriate medical surveillance to mitigate and respond medically to workplace hazards.*
- Health Services staff must have the professional knowledge and experience to recognize and define employees at risk, determine which tests and examinations to perform, and—of crucial importance—know how to interpret the results.

Supporting Data (Continued)

- All participants in the implementation of the MSP must respond to scientific advances and to new State and Federal requirements, as well as to changing surveillance needs in the workplace.

Objective #1
Criterion 1.1
Performance Measure 1.1.h

Source Reduction and Pollution Prevention: *The Laboratory will survey their operations for opportunities related to source reduction/ pollution prevention by January 31, 1995. The Laboratory will identify by March 1, 1995, a site-specific number of prioritized opportunities and a set of milestones/metrics that measure success for each opportunity. If opportunities are not found, supporting data must be supplied. The Laboratory will be measured by progress on the set of site-specific milestones. Criteria for selecting opportunities include reduction of discharge points, chemical substitution or process changes that reduce pollutant mass emissions and/or recycle, reuse process changes. These opportunities should be separate and distinct from those identified in Performance Measure 1.1.e. In addition, the overall impact of the opportunities should be maximized by using cost/benefit analysis.*

Assumptions:

- The intent of this measure is to have a process integrated into the pollution prevention program for assessing ongoing and new activities to reduce pollution sources.

Success Criteria *(Meets Expectations)*:

- The survey of opportunities is completed by 1/31/95.
- A prioritized list is developed or supporting documentation that opportunities were not found provided by 3/1/95. A cost/benefit analysis is used for each opportunity evaluated.
- A proactive management strategy is in place to prevent pollution.
- Good progress is made on milestones.

Success Criteria (Exceeds Expectations):

- ***Meeting milestones on substantive opportunities with a mutually agreed upon aggressive schedule is an "Exceeds."***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Harry Galles LBNL: Ron Pauer DOE: Carl Schwab/ Tanya Goldman	R. Pauer	T. Goldman (6344)

Performance Measure Result

SOURCE REDUCTION AND POLLUTION PREVENTION SURVEY

LBNL prepared an initial list of candidate wastestreams under four categorical headings, according to principal motivation for reducing the stream:

- Compliance (successful progress toward published WMin/PP goals).
- Large wastestreams (large potential reductions in mass or volume).
- Expensive wastestreams (large potential reductions in disposal costs).
- Site and public safety (particularly hazardous wastestreams).

Performance Measure Result (Continued)

The list of wastestreams was reorganized into a "wastestreams opportunity hierarchy," to allow consolidation, elimination of redundancy, and further inspection for completeness. All major LBNL wastestreams are included and the level of detail is such that high priority streams can be selected for PWAs or PPOAs. In addition to the major waste categories, specific Division PPOAs were added to provide redundant cross-coverage, and to ensure that all LBNL personnel will be given an opportunity to become involved in the Laboratory's WMin/PP efforts.

The list was discussed with the DOE/BSO and submitted to them on January 31, 1995. Concurrence was subsequently granted as documented in Q-mail exchange with the DOE POC.

PRIORITIZED OPPORTUNITIES/MILESTONES

To develop a prioritization of the opportunities shown on the organized list, the costs and volumes of each wastestream were estimated from existing waste-tracking data. Consideration was also given to issues such as compliance and the health and safety of site personnel and the general public. The prioritized list was reported to DOE by March 1, 1995. Generator PPOA training was held in February 1995, allowing generator task forces to begin PPOAs of the highest priority wastestreams in FY95. Any activities requiring further funding will be included in future requests for site-wide (EM) or generator (ER) implementation support.

RISK PRIORITIZATION SYSTEM/FUNDING DESCRIPTION
(i.e., proactive management strategy—see also PMs 1.1.e, 1.1.f, and 2.1.b for further details related to strategies to prevent pollution)

The two DOE offices that provide the majority of funding for LBNL's pollution prevention programs are Energy Research (ER) and Environmental Management (EM). Both ER- and EM-funded activities require 5-year plans. ER's 5-year plan, called the EH&S Management Plan, includes risk assessment and prioritization information for environmental activities that are not currently funded. The EM planning process requires considerable detail on the nature and timing of planned activities but does not require risk-ranking prioritization. Risk-ranking prioritization is determined by EM, based on EM's perception of need across the DOE complex.

ER funding is provided indirectly from DOE through Laboratory overhead and EM directly from DOE. In both cases, funding requests are prepared annually according to their respective budget call schedules. For ER funding, Laboratory overhead budget calls occur annually. Requests are prepared for items identified in the EH&S Management Plan. The EH&S Management Plan risk prioritization is used to establish initial priorities. This risk prioritization system integrates public and employee safety and health, environmental concerns, regulatory and contractual compliance, as well as programmatic concerns such as LBNL mission and public perception. Requests for project funding are reviewed by the LBNL Project Coordination Committee. Recommendations for ER funding are forwarded to LBNL executive management where the final priorities are established. For EM funding, risk-ranking prioritization is determined by EM, based on EM's perception of need across the DOE complex.

Successes/ Shortfalls

The January 31, 1995, deadline (survey of opportunities) was met (with concurrence from DOE). The prioritized list was completed and reported prior to the March 1 due date. A cost/benefit analysis was used for each opportunity evaluated. LBNL has met milestones on substantive opportunities with a mutually

Successes/ Shortfalls (Continued)

agreed upon aggressive schedule. Consequently, all Success Criteria as well as the Performance Measure criteria have been met.

Supporting Data

Description	Original due date	Current due date	Completion date
Request vendor quotes for B77 Alternative Cleaning System.	2/1/95	2/1/95	1/17/95
Receive vendor RFQs for B77 Alternative Cleaning System.	3/10/95	3/10/95	3/3/95
Designate an ODS coordinator for LBNL	3/15/95	3/15/95	3/15/95
Review vendor RFQs for B77 Alternative Cleaning System.	4/1/95	4/1/95	3/17/95
Award contract for B77 Alternative Cleaning System.	6/1/95	9/30/95*	
Determine needs for B52 Alternative Cleaning System.	6/1/95	6/1/95	
Prepare specifications for B52 Alternative Cleaning System.	7/1/95	7/1/95	
Request GPP funds to replace 2 vapor/degreaser systems.	7/31/95	7/31/95	4/12/95
Request vendor quotes for B52 Alternative Cleaning System.	8/1/95	8/1/95	
Receive vendor RFQs for B52 Alternative Cleaning System.	8/15/95	8/15/95	
Prepare a site-wide ODS program plan.	9/1/95	12/1/95*	
Award contract for B52 Alternative Cleaning System.	9/30/95	9/30/95	
Obtain management approval for the site-wide ODS program	10/15/95	1/1/96*	
Develop specifications for 2 vapor/degreaser replacements.	10/31/95	10/31/95	
Implement the site-wide ODS program plan.	11/1/95	11/1/95	
Complete installation of B77 Alternative Cleaning System.	1/1/96	1/1/96	
Complete installation of B77 Alternative Cleaning System.	3/1/96	3/1/96	
Submit Environmental Radiological Protection Plan to DOE.	4/1/96	4/1/96	
Complete installation of 2 vapor/degreaser replacements.	4/30/96	4/30/96	

*All milestone due date changes were rescheduled with DOE concurrence.

Supporting Data (Continued)

Description	Original due date	Current due date	Completion date
Complete system specifications for B25 closed loop FTU.	3/31/95	3/31/95	5/31/95
Request GPP funding for B76 and B31 carports (NPDES/BAT).	4/30/95	4/30/95	4/12/95
Award contract for B25 closed loop FTU.	5/31/95	5/31/95	7/21/95
Complete installation of B25 closed loop FTU.	9/30/95	9/30/95	

*All milestone due date changes were rescheduled with DOE concurrence.

Performance Objective #2	**Compliance:** *The Laboratory will comply with applicable Federal, State and local ES&H laws, regulations and ordinances and with applicable and accepted DOE directives.* **(Weight = 20%)**
Summary	LBNL management of ES&H includes activities to ensure compliance with applicable Federal, State and local ES&H laws, regulations, ordinances, and permits, and with applicable and accepted DOE directives. LBNL management of compliance activities is evident by meeting or exceeding all Performance Measure requirements for applicable Performance Measures in this Performance Objective.
Barriers to Improvement	None.

Objective #2
Criterion 2.1

Effective Compliance Programs: *The Laboratory will have effective programs in place designed to achieve compliance with applicable Federal, State and local laws, regulations and ordinances and, where cost-beneficial, with applicable DOE Orders as provided in Article XV, Clause 3, of the prime contract. The intent of the following Performance Measures is to assure the Laboratory's ES&H systems effectively address compliance. They represent key compliance elements that are adequate to demonstrate the effectiveness of ES&H compliance systems.* **(Weight = 15%)**

Objective #2
Criterion 2.1
Performance Measure 2.1.a

Tracking and Trending of Findings and Violations: *The number of validated environmental violations and findings resulting from inspections by regulatory agencies and formal audits will be tracked and trended. A downward trend is expected for each category from the 1993 base year. Changes in regulatory procedures after the 1993 base year that increase or decrease the level of occurrence reporting shall be brought to the attention of UC and DOE as soon as possible and adjustments made to the base year figure, as appropriate.*

Assumptions:

- "Formal" audit is defined as one that results in a formal report to the Laboratories that flows through the appropriate audit tracking departments at each Laboratory (LLNL-ARO, LBNL-OAA and LANL-LAO).
- All uncontested violations and findings will be counted. Contested violations will not be reported. "Validated" means after the Lab and DOE agree that it is a violation or finding.
- Data will be normalized based on number of inspections each Laboratory has by reporting the number of inspections and number of uncontested violations/findings. The trending will be done on the number of violations and findings in a calendar year.

Success Criteria *(Meets Expectations)*:

- A downward trend in findings and violations is achieved.
- A proactive management strategy is in place to reduce or minimize findings and violations.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Harry Galles LBNL: Ron Pauer DOE: Carl Schwab/ Tanya Goldman	Group Leaders: T. Davis, F. Gee	C. Schwab (4298)

Performance Measure Result

PROCESS DISCUSSION

As seen by the above agreements, not all audits or inspections are counted. Additionally, not all findings in each audit are counted. The LBNL environmental counsel was consulted concerning the "valid" test for environmental findings or violations. The LBNL inspections and audits are a subset of the assessments that are tracked by the LBNL Assessment Review Calendar (LARC) database. EH&S group leaders are periodically requested to verify the information in the LARC database.

Performance Measure Result (Continued)

RESULTS

In 1993 there were 52 inspections and audits, with a total of 98 findings. The normalized number for comparison purposes is therefore 1.88. The results for 1994 indicate performance better than the baseline. That is, 44 inspections and audits, and 22 findings for a normalized number of 0.5, which is less than the comparable 1993 rate. This is taking into consideration assessments that LBNL has had but for which final assessment reports have not been issued by DOE. That is, LBNL does not *have* to "count" 7 of the findings because there was no written final report. The findings identified are based on draft reports or exit interviews (related to each category of inspections and related findings).

East Bay Municipal Utilities District (EBMUD) provided 21 inspections with one violation in the reporting period, as compared to 1993 results of 18 inspections with no findings. Bay Area Air Quality Management District (BAAQMD) provided 16 inspections in the 1994 reporting period with no findings, compared to the 1993 rate of 24 inspections with 1 finding. DOT provided 1 audit with 1 finding in this 1994 reporting period; there were no DOT audits in 1993. DOE provided 5 audits in the 1994 reporting period with 20 findings (4 findings/audit). DOE's comparable results in 1993 were 6 audits with 83 findings (13.83 findings/audit). It is apparent that LBNL's compliance rating has improved overall, as well as within each category.

One item of note related to this Performance Measure occurred in 1994; it was discovered in 1995 but not "captured." That is, in 1994 there was a significant error in our waste packaging operations that was discovered by Westinghouse–Hanford. The item was not discovered during a formal audit and to date no violations have been levied; consequently, there is nothing to "count" with respect to this Performance Measure. However, it is noteworthy in that the process flaws identified during root cause analysis of our operations indicate performance weaknesses that LBNL management considers significant enough to self-identify here. As a result of several independent assessments related to the root causes, there were 24 corrective action measures identified. If this factor were included in the overall rating for this year, the results would indicate 45 inspections/audits and 46 findings for a normalized number of 1.02 findings/audit, which remains better than the baseline rating of 1.88 findings/audit. Similarly, had these findings been attributed to a DOE audit, the 1994 numbers would be 6 audits with 44 findings, or 7.33 findings/audit, as compared to the 13.83 findings/audit in the baseline 1993 period.

PROACTIVE MANAGEMENT STRATEGY

LBNL's strategy for reducing findings/violations consists of four parts.

The first part is an open, forthright attitude in dealings with external regulators and DOE. As seen in the Performance Measure 5.1.a Supporting Data section, the DOE environmental auditors were impressed with LBNL's interactions with regulators. One item of note: LBNL makes monthly presentations regarding compliance activities and corrective action plan progress to the City of Berkeley and the DOE.

The second part is an aggressive stance on environmental compliance. As seen in the following Environmental Protection Implementation Plan (EPIP) excerpts, LBNL integrates environmental requirements throughout the life-cycle of any project (see also Performance Measure 3.1.a, Integration):

Performance Measure Result (Continued)

1.7 Implementation Plan

Environmental protection concerns are built into programs from planning to completion. The goal is to reduce risks to employees, the public, and the environment to the lowest reasonable levels. The procedures used to implement environmental protection requirements include EH&S Division review of projects in the conceptual stage and supervisor training to ensure that environmental standards are followed and that all staff are adequately trained.

1.7.1 Early Planning

Plans for projects, processes, tests, and facilities are submitted to the EH&S Division for review during the conceptual stage. Major projects are reviewed according to the National Environmental Protection Act (NEPA) to ensure environmental impacts have been addressed. This procedure assures that all risks are considered, permits are planned for, and controls or mitigation measures of all hazards are planned. To assure that new operations, procedures, and facilities operate as intended, EH&S concerns are addressed early in the planning stages.

1.7.2 Supervisor Responsibilities

Supervisors are required to:

- Establish and maintain safe and healthful practices and work environments for employees under their supervision.
- Inspect work areas and operating conditions.
- Ensure that work practices follow standard operating procedures.
- Appoint safety teams to continually work to improve safety in the workplace.
- Ensure that environmental laws, guidelines, and standards are followed.

1.7.3 Employee Training

All LBNL employees are required to receive appropriate EH&S training, records of which are maintained by the EH&S Training Unit. Supervisors develop and implement specialized training, and maintain records of specialized training.

A third part of LBNL's strategy is the use of all available measures to identify areas for improvement. These include external audits and appraisals, the contract Performance Measure self-assessment, the internal self-assessment program, Safety Review Committee assessments and internal independent assessments. Once areas for improvement have been identified, LBNL pursues corrective action aggressively and tracks the status of open items through the management information system (LCATS).

The fourth part of LBNL's strategy to reduce findings/violations is the use of strategic and budget planning as a tool to reduce exposures. The five-year planning process using Activity Data Sheets (ADSs) is used extensively at LBNL to prioritize funding issues. The cost/risk/benefit model used in this activity is heavily weighted toward funding of compliance issues.

Successes/ Shortfalls

All Performance Measure requirements have been met as well as those of the Success Criteria. A proactive management strategy is in place. Reductions were significant in the overall compliance rating as well as in each category. However, significant weaknesses in our waste-handling operations were identified by other means than audits or inspections. Taking those into consideration, performance remains better than the baseline.

Supporting Data

1993 (Baseline) Data

Agency/Inspection	Date	Findings/ Violations
DTSC (Haz. Waste)	March	13 Findings
DTSC (Haz. Waste)	November	No Findings
City of Berkeley (Haz. Waste)	Jan/Feb	No Findings
BAAQMD	24 Inspections	1 Finding
EPA/DOE	March	1 Finding
EBMUD/EPA	18 Inspections	No Findings
DOE-Occ Medicine	January	3 Findings
DOE Comprehensive Appraisal	August	46 Findings/34 Valid
DOE Environmental Functional Appraisal	April	14 Findings
DOE-ERP Review	June	14 Findings
DOE-Rad Assessment	August	6 Findings
DOE-DOELAP	September	12 Findings
TOTALS	**52 Total**	**98 Findings Total**

Calendar 1994 Results

Agency/ Inspection	Date	Findings/ Violations
EBMUD inspections (8)		
• B25 treatment unit	Feb. 23, 1994	None
• Hearst outfall	Feb. 23, 1994	None
• Strawberry outfall	Feb. 23, 1994	None
• B77 treatment unit	Feb. 24, 1994	None
• B77 treatment unit	May 27, 1994	None
• B25 treatment unit	May 27, 1994	None
• B25 treatment unit	Nov. 9, 1994	None
• B77 treatment unit	Dec. 8, 1994	None

Supporting Data (Continued)

Calendar 1994 Results (Continued)

Agency/ Inspection	Date	Findings/ Violations
LBNL EBMUD Self-Monitoring (12)		
• B25 treatment unit	Feb. 14, 1994	None
• B77 treatment unit	March 3, 1994	None
• Hearst outfall	March 11, 1994	None
• Strawberry outfall	March 11, 1994	None
• Hearst outfall	April 20, 1994	None
• Strawberry outfall	April 20, 1994	None
• B25 treatment unit	June 9, 1994	None
• B77 treatment unit	June 13, 1994	None
• Hearst outfall	June 16, 1994	None
• Strawberry outfall	June 16, 1994	None
• B25 treatment unit	June 30, 1994	None
• B77 treatment unit	Dec. 13, 1994	None
BAAQMD air emission source inspections (16) • 14 wipe cleaning operation • 1 semiconductor operation • 1 printing operation	Jan. 4, 1994	None
Department of Transportation	March 23, 1994	One violation
DOE EH—16/Radiological Controls	May 9–13, 1994	5 Findings—only draft report issued
DOE-Nuclear Materials Management, Safeguards and Security Audit	March 10-14, 1994	2 Findings—only draft report issued
DOE-Plutonium Vulnerability Assessment	May 19-27, 1994	4 Findings
EBMUD Release Notification-B2 treatment unit potential acid discharge	Sept. 15, 1994	One violation
DOE-EM-25-HWHF Conduct of Operations	Sept. 19-23, 1994	3 Findings
DOE-EH-24 - Routine Environmental Audit	November 7-18, 1994	6 Findings
Hanford- HWHF Waste Acceptance	Feb. 1-3, 1994	None
TOTALS	**44 inspections**	**22 findings**

Objective #2
Criterion 2.1
Performance Measure 2.1.b

Tracking and Trending of Environmental Releases: *Reportable occurrences of environmental releases exceeding regulatory or permitted levels imposed by local, State or Federal agencies will be determined and trended. A downward trend is expected. Changes in regulatory procedures after the 1993 base year that increase or decrease the level of occurrence reporting shall be brought to the attention of UC and DOE as soon as possible and adjustments made to the base year figure, as appropriate.*

Assumptions:

- Tracking and trending will not include reports of excursions that do not exceed regulatory requirements. Such excursions are within compliance limits.
- Data will be collected for the calendar year.

Success Criteria *(Meets Expectations)*:

- A downward trend is achieved.
- A proactive management strategy is in place to reduce or minimize environmental releases.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Harry Galles LBNL: Ron Pauer DOE: Carl Schwab/ Tanya Goldman	R. Pauer, S. Kelly	C. Schwab (4298)

Performance Measure Result

The mean time between environmental releases in 1992 (8 Occurrence Reports) was **6.5 weeks.** The mean time between environmental releases in 1993 (1 Occurrence Report—July 12, 1993) was **26 weeks.** There were no environmental releases exceeding regulatory or permitted levels in 1994.

PROACTIVE MANAGEMENT STRATEGY

The Environmental Protection Implementation Plan (EPIP) establishes the overall framework for environmental protection activities at LBNL, including the management of releases or potential releases. These strategies are further detailed in the Spill Prevention, Control and Countermeasures Plan, Stormwater Pollution Prevention Plan, Accidental Spill Prevention and Containment Plan, Groundwater Protection Management Plan, and the Waste Minimization and Pollution Prevention Awareness Plan. Implementation of these strategies includes the following projects:

The Storm Water Cross-Connection Correction Project (FY94 $160K; FY95 $130K). This project will eliminate cross-connections between the sanitary and storm water sewers and will be completed by the end of FY95.

The Spill Prevention Control and Countermeasures Implementation Project (FY94 $430K; FY95 $200K). This project installs secondary containment and other spill control measures on all above-ground liquid storage tanks and will be completed by the end of FY95.

Performance Measure Result (Continued)

Closed Loop Acidic Wastewater Recycling System (FY95 $150K; FY96 $25K). This project installs a reverse osmosis or ion-exchange system to build a closed-loop acidic wastewater recovery and recycling unit for a printed circuit board manufacturing process and will be completed by the end of FY96.

Successes/ Shortfalls

A proactive management strategy is in place and is effective. LBNL has achieved significant improvement to the extent that any single release would necessarily be considered as an isolated instance. All Performance Measure requirements as well as those of the success criteria have been met.

Supporting Data

Candidate releases were the following Occurrence Reports:

ENG-94-01 1/14/94

A drum of "Brite Dip" was found seeping out of a secondary containment outside B25. Approximately 2 to 4 quarts of the liquid leaked but not offsite or in a sewer system. The spill area was secured by LBNL Fire Department and cleanup followed immediately.

ENG-94-002 2/1/94

A drain valve for Versamid 140 was wired open and left unattended over a weekend. The compound leaked about 40 gallons onto the floor of Building 77. No external discharge occurred.

Operations 94-0006 9/6/94

The treatment unit at Building 2 did not work properly and released untreated pH to the sanitary sewer. Env. Protection reported to EBMUD and received a Notice of Violation (not for the pH permit but for reporting to them late).

SBD 94-0002 10/20/94

Analytic results for the Week of 9/23/94 showed a tritium release in excess of the reporting criteria of 25 curies. No government agency needed to be notified. Using properly calculated air flow, the initial count of excess 30 is now reduced to less than 30 curies. A malfunctioning heating tape (part of the HTO recovery system) caused the occurrence. No regulatory requirements were violated.

Operations 94-008 11/14/94

A contractor was in the process of removing an underground tank. Tank parts and some of the soil had a diesel fuel residue which when rained on (contractor did not cover during rain storm) went to the storm drain and was reported to City of Berkeley under the Clean Water Act.

The amount in question is estimated at less than one gallon and LBNL will not receive fines for this event. Contractor was stopped and required to resubmit safety plan to include increased awareness to LBNL tight control of spills and contamination events.

Objective #2
Criterion 2.1
Performance Measure 2.1.c

Occupational Safety and Health: *Imminent danger situations as defined by Section 13(a) of the Occupational Safety and Health Act will be mitigated immediately upon discovery. Serious violations as defined by Section 17(k) of the Occupational Safety and Health Act will be mitigated or corrected within 5 working days or in accord with a schedule agreed to by DOE.*

Assumptions:

- The Performance Measure allows time for dialogue, on a case-by-case basis, to determine whether a violation is to be classed as "serious."
- Data will be collected for the period of July 1, 1994, through June 30, 1995.

Success Criteria *(Meets Expectations):*

- All imminent danger situations are mitigated immediately.
- All serious violations are mitigated within 5 days or on an agreed upon schedule.

Success Criteria (Exceeds Expectations):

- A proactive management strategy is in place to ensure the above requirements are met.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Ed Ballard LBNL: M. Kotowski BSO: T. Goldman/K. Rivera	J. Chung, S. Kelly	

Performance Measure Result

1. Review of the Occurrence Reports from July 1, 1994, through June 30, 1995, identified two occurrences that met the serious violation or imminent danger category. Both were corrected or mitigated within the allowable OSHA time frame. In Operations 94-005 a fire was started by a welder at Building 90. The fire was put out immediately. In EHS 95-002 a subcontractor inadvertently leaned against an interlocked door—which opened. The door was fixed in two hours.

2. Additionally, the following OSHA inspection reports were reviewed:

July 28, 1994	Building 69
August 8, 1994	Building 6 (ALS)
September 1, 1994	Building 58
October 1994	Building 70A inspection was rescheduled until November because of building modifications.
December 1, 1994	Building 3 Calvin Lab
December 5, 1994	Building 1 Donner Lab
February 9, 1995	Building 31

Typical violations reported in these OSHA inspection reports were lack of exit signs, improper labeling of chemicals, or frayed electrical cords. No violations in the imminent danger classification were documented. However, violations such as frayed electrical cords and improper labeling of chemicals do have the potential of

Performance Measure Result (Continued)

being serious violations. Based on the corrective action time allotted for serious violations by OSHA, most were corrected within 24 hours; all were corrected within the five days allowed.

3. LBNL reviewed the daily construction safety logbook for the period July 1, 1994, through June 30, 1995, and 149 construction inspection reports. There were no imminent danger situations identified therein. Typical violations included frayed electrical cords, loose ground connectors, housekeeping, improper labeling of chemicals, and caps missing on rebar. Approximately 65 of these types of violations may be considered serious violations per the Performance Measure criteria. Most were corrected on the spot or within 24 hours, and all were corrected within the five days allowed by OSHA.

PROACTIVE MANAGEMENT STRATEGY

Prevention

A reorganization of the EH&S Division resulted in the formation of a new EH&S Field Support Department that melds the following operational groups/units together: Emergency Services, Safeguards and Security, Fire Operations (Department), Fire Protection/Prevention, Industrial Hygiene, Occupational Safety, Radiation Protection, Training, and Hazards Management. The objective in creating this structure is to establish a cross-functional and integrated team to implement comprehensive safety and health programs and services to the Laboratory community to assure compliance, risk management, and control/mitigation of workplace hazards.

The EH&S professionals assigned to this department will be trained to be multidisciplinary and/or form cross-functional teams and conduct periodic inspections, develop/implement compliance programs, and offer technical consultation/training to the Lab community. Part of their training curriculum, as well as that of Division ES&H Coordinators, involves learning the OSHA four-step guideline to assess and determine whether or not hazards should be categorized as imminent, serious, or general violations. This effort will allow consistency in the identification and classification of hazards in the workplace to enable the most appropriate corrective action to be undertaken.

Correction/Mitigation

Whenever serious violations are found the safety engineer notifies the appropriate supervisor, who in turn notifies the Facilities organization per PUB-3000, Chapter 10, page 10-6 (Stop Work Orders). If imminent danger exists, the work would be stopped and the danger immediately mitigated on the spot, or it would be corrected within the required time interval.

Successes/ Shortfalls

There is a proactive management strategy in place that minimizes OSHA violations and that also identifies and corrects them within the allotted OSHA timetables. Data indicate that all serious violations and imminent danger situations have been corrected or mitigated within allowable time limits. All of the Performance Measure requirements as well as the Success Criteria have been met.

Objective #2 Criterion 2.2

Regulatory Response: *The Laboratory will be responsive to regulatory agencies.* **(Weight = 5%)**

Objective #2 Criterion 2.2 Performance Measure 2.2.a

Regulatory Commitments: *All funded regulatory consent agreement milestones will be met. If such milestones cannot be met, the Laboratory must inform the University and DOE in writing at the earliest possible time before the milestone passes and seek written concurrence from the appropriate regulatory agency on a revised schedule.*

Assumptions:

- The performance period will be July 1, 1994, to June 30, 1995.

Success Criteria *(Meets Expectations):*

- 100% of milestones met.
- Requests generated by the Laboratory for written concurrence on a revised schedule are submitted 30 days prior to the due date.

Success Criteria (Exceeds Expectations):

- ***Accomplish milestones ahead of schedule as defined through dialogue with Site Office.***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Harry Galles LBNL: Ron Pauer DOE: Carl Schwab/ Tanya Goldman	R. Pauer	C. Schwab (4298)

Performance Measure Result

NESHAP FFCA MILESTONE DEADLINES ALL MET

Progress since 1993 and to come outlined below:

October 1, 1993	Prepare Procedure for Records Management for NESHAPs Compliance. Incorporate this procedure into the overall quality-assurance program that is described in the Environmental Protection Function Notebook.
December 1, 1993	Complete Engineering: Award consultant contracts and prepare preliminary and final engineering for the procurement and construction of the individual stack-monitoring installations. This includes a review of the engineering documents by DOE/SF for compliance with the design program scope, budget, and schedule.
March 4, 1994	Bid and Award Equipment Procurement and Installation Contract: Advertise and award the approved engineering documents to procure and install monitoring equipment. LBNL met this milestone on February 12, 1994.

Performance Measure Result (Continued)

Deadline	Due Date	Status
NESHAP FFCA Compliance Schedule— • Complete Monitoring Equipment Installation	November 10, 1994	Completed on October 24, 1994
• Complete system start-up and test	January 2, 1995	Completed on December 1, 1994
• Project completion and documentation	February 1, 1995	Completed on February 1, 1995

Related to Mixed Waste
(information provided to promote parallelism between the three Laboratories)

There is no formal, signed mixed-waste compliance agreement. What does exist is the Federal Facilities Compliance Act, which was passed by Congress on October 6, 1992. This Act requires each DOE site to prepare a plan that identifies the treatment of its mixed waste so as to meet Land Disposal Restrictions. Since this was an Act of Congress, there are no Consent Agreement Milestones. This FFC Act will eventually be put into an order by the State, but this will occur at the end of the process. The only DOE deadlines that LBNL must meet are the following:

Deadline	Due Date	Status
Draft Site Treatment Plan (First Draft)	August 31, 1994	Plan submitted on August 31, 1994
Prepare Final Site Treatment Plan	April 6, 1995 (extended by DOE)	Plan submitted on March 20, 1995

Successes/ Shortfalls

This Performance Measure is completed for LBNL in that there are no further FFCA deadlines to meet. All deadlines in this reporting period were accomplished on time or ahead of schedule. All Performance Measure requirements have been met. Related to the Success Criteria, the Success Criteria were not established until after LBNL completed all milestones—consequently, no agreements were made with the Site Office relating to completion of milestones ahead of schedule.

Performance Objective #3	**Integration and Accountability:** *The Laboratory program and line management is accountable for integration of ES&H programs into all programs and operations.* **(Weight = 30 %)**
Summary	LBNL management of ES&H includes integration of ES&H into all programs and operations and ensures accountability. With two exceptions, the measures of effectiveness in management of ES&H integration and accountability show that LBNL meets or exceeds all Performance Measure requirements as well as Success Criteria. The exceptions relate to PM 3.2.a, "DOE Commitments," and PM 3.4.c, "Control of Radioactive Material." Related to PM 3.2.a, LBNL missed one due date related to a low-priority milestone (this particular report has since been deleted from the suite of reports due annually to DOE) with extenuating circumstances while providing exceptional performance with respect to a more important due date (the annual Site Environment Report was completed on time—the first such on-time report in five years—from any DOE/OAK contractor). With respect to PM 3.4.c, LBNL management of radioactive material did not meet Performance Measure requirements, mostly because the PM criteria are not crafted using acceptable statistical process control (SPC) techniques. An arbitrary period of time was chosen as the baseline for collecting attribute data and was compared to an arbitrary performance period. Using better SPC, LBNL management of radioactive material control is evidently improving.
Barriers to Improvement	Performance Measure 3.4.c, "Control of Radioactive Material"—performance measurement of this Objective on a purely statistical basis is not possible for the small population or sample size typical of small, low-risk facilities such as LBNL.

Objective #3
Criterion 3.1

Project Planning: *The managers of Laboratory projects properly plan and execute projects with due regard for ES&H issues such that adverse consequences relative to ES&H can be prevented and additional costs relative to addressing ES&H issues can be minimized.* **(Weight = 5 %)**

Objective #3
Criterion 3.1
Performance Measure 3.1.a

Integration: *The Laboratory developed in FY94 a comprehensive management system that ensures that Line and Project/Program Managers integrate applicable ES&H concerns into their functions and programs/projects during the conception, design, execution, and all final disposition phases. A pilot of the program was to be in place no later than March 1, 1994, with full implementation based upon the results of the pilot by October 1, 1994. In FY95, the Laboratory will evaluate the implementation of the program.*

Assumptions:

None stated.

Success Criteria *(Meets Expectations):*

- Full implementation of a comprehensive management system for integration of ES&H is achieved by 10/1/94.
- Evaluation of the implementation is conducted during the rating year.
- Evidence of integration is provided.
- Evidence of behavioral change is provided.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: H. Hatayama LBNL: T. Davis BSO: P. Roebuck	T. Davis, D. Tudor	P. Roebuck (4363)

Performance Measure Result

PROGRAM DESCRIPTION
(fully implemented prior to 10/1/94)

Project Initiation (Conception/Design)

- EH&S Interface with Facilities Projects is required by the following documents. Additionally, an interface policy between EH&S and Facilities was completed on May 11, 1994, and approved on July 11, 1994.
  - EH&S Personnel (Hazards Management Unit): participate in weekly maintenance project reviews to assess EH&S impact, initiate further investigation, or help prioritize maintenance efforts.
  - Design Management Procedures Manual, Plant Engineering Dept., Section 8, Paragraph 8.7, Design Requirements (in particular, page 8-4): lists Environment, Health and Safety as a required internal reviewer.

Performance Measure Result (Continued)

— Design Management Procedures Manual, Plant Engineering Dept., RD 3.24, Policy for the conduct and documentation of Facility Design Reviews: indicates that design and construction will be reviewed per requirements of PUB-3000 and that signatures are required per RD 4.2, the Project Review and Approval Form.

— Design Management Procedures Manual, Plant Engineering Dept., RD 4.2, Project Review and Approval Form: a copy of the signature sheet showing that the EH&S signature is required on designs.

- Fire Protection Reviews of Facilities Projects are required: Design Management Procedures Manual, Plant Engineering Dept., Section 8, Paragraph 8.7, RD 3.24, RD 4.2.
- LBNL researchers (line management) must submit project initiation documentation to EH&S for review. Projects cannot be funded without EH&S approvals of FTPs/OSRA(WFOs)/CRADAs/LDRDs: LBNL Health & Safety Manual, PUB-3000, Chapter 6.

Project Execution

- Line Management must submit Activity Hazard Documents (AHDs) for review by EH&S personnel: LBNL Health & Safety Manual, PUB-3000, Chapter 6.
- Line Management must prepare Project or Facility Notebooks that include requirements for ES&H risk assessment and mitigations: LBNL Operating and Assurance Program, OAP-IP-001.
- The Laboratory Self-Assessment Program is documented and implemented per PUB-3105. The Self-Assessment Program includes provisions for internal self-assessment of many of the provisions of the integration program, including verification of AHD use and validation of Notebooks. This Self-Assessment Program also requires EH&S professionals to perform functional appraisals to evaluate hazards as well as workers to evaluate worker health and safety. An important aspect of the Self-Assessment Program is SRC inspections/audits to evaluate hazard management; that is, the existence and implementation of administrative controls that verify implementation of many aspects of the integration program at LBNL. Finally, the self-assessment program includes independent assessments by OAA to evaluate the assessment system and verify that corrective actions have been completed and are effective.

Project Closeout

- Human Resources uses a checklist for departing personnel.
- The Laboratory Self-Assessment Program is documented and implemented per PUB-3105. This document requires functional appraisals by EH&S professionals to evaluate hazards. This includes appraisals during closeout activities (see bullet in Project Execution for a more comprehensive listing of activities as part of the Self-Assessment Program).

PROGRAM EVALUATION

Program evaluations of all phases of ES&H integration at LBNL were completed. No deficiencies in implementation were identified. Additionally, ample evidence

Performance Measure Result (Continued)	was reviewed (and made part of the assessment files), which provides assurance that ES&H Integration is implemented as described above at LBNL. Additionally, the Notebooks identified in Performance Measure 3.3.a were reviewed with respect to this Performance Measure and were found to be effectively implemented.
Successes/ Shortfalls	The integration system was implemented throughout LBNL prior to 10/1/94; evaluations were completed and provide evidence that integration is implemented; the evidence suggests that behavior change has occurred as a result of implementation of the integrated program. All Performance Measure requirements as well as those of the Success Criteria have been met.

Objective #3
Criterion 3.2

Budgetary and Planning Reports: *Timely, accurate, and complete ES&H budgetary and planning information and required reports submitted to DOE.* **(Weight = 5%)**

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Completion of Milestones: *Recurring ES&H budgetary and planning information and reports required by accepted DOE Orders and guidance will be submitted to DOE in accordance with schedules established by such directives. The rate of completion of these milestones will be tracked and will be 100% for agreed upon dates.*

Assumptions:

Recurring budgetary and planning information and reports include:

- Environmental Monitoring Plan (DOE 5400.1, Page IV-2).
- Environmental Protection Implementation Plan (EPIP) (DOE 5400.1, Page III-1).
- Groundwater Protection Management Plan and sub-plan Groundwater Monitoring Plan (DOE 5400.1, Page III-2).
- Environment, Safety and Health Management Plan.
- Waste Minimization and Pollution Prevention Awareness Plan (DOE 5400.1, Page III-2&3).
- Annual Report on Waste Generation and Waste Minimization Progress (DOE 5400.1, SEN 37-92 Implementation Guidance of January 1990).
- Annual Site Environmental Report (DOE 5400.1).
- Environmental Restoration and Waste Management 5-Year Plan.

Success Criteria *(Meets Expectations):*

- Credit is reduced for reports not accepted by the agreed upon date.
- ***If extension has been requested and agreed to mutually, it should be considered a meets expectations.***

Success Criteria (Far Exceeds Expectations):

- ***All information and reports are on time.***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Harry Galles LBNL: Ron Pauer DOE: Carl Schwab/ Tanya Goldman	R. Pauer	Joanne Lawrence (5342)

Performance Measure Result

Dates in **BOLD** are submittals that were made in the performance period.

Driver	Information & Report Description	Last Submitted
5400.1 P. IV-2	Environmental Monitoring Plan	12/21/92
5400.1 P. III-1	Environmental Protection Implementation Plan (EPIP)	**12/21/94***
5400.1 P. III-2	Ground Water Protection Management Plan	**1/28/95**
	EH&S Management Plan (ADSs/Resource Management Plan)	**4/14/95** Reset w/DOE approval
5400.1 P. III-2&3	Waste Minimization and Pollution Prevention Awareness Plan	6/1/94
5400.1, SEN 37-92 Impl. Guidance of Jan 1990	Annual Report on Waste Generation and Waste Minimization Progress	**10/31/94**
5400.1	Annual Site Environmental Report (final draft to DOE)	**6/1/95**
	Environmental Restoration and Waste Management 5-Year Plan	**4/6/95**

*Last Submitted Late—The completion of the Environmental Protection Implementation Plan was delayed as a result of the DOE EH-24 Routine Environmental Audit on November 7–18 with pre-assessment conference on September 28–29, 1994. Although the audit schedule was sufficiently known in advance, the resource requirements for the preparation activities severely limited LBNL's ability to perform routine tasks and meet this deadline. On 10/15/94, LBNL personnel had expended 466 person-hours preparing for this audit.

Successes/ Shortfalls

LBNL missed the due date for the EPIP with extenuating circumstances: (1) The Success Criteria (related to gaining concurrence with DOE for extending a due date) did not exist when the date was missed; and (2) DOE/HQ (EH-24) audit preparation used available person-hours allocated for preparation/completion of the EPIP.

The Performance Measure requirements were not met; it should be noted, however, that LBNL completed the SER by the June 1, 1995, due date (the first DOE/OAK SER in over 5 years to be completed by the due date).

Objective #3
Criterion 3.3

Roles, Responsibilities and Authorities: *Each Laboratory will clearly define and communicate roles, responsibilities and authorities. The intent of the following Performance Measure is to minimize confusion regarding ES&H roles, responsibilities and authorities and to aid in holding staff and managers accountable.* **(Weight = 5%)**

Objective #3
Criterion 3.3
Performance Measure 3.3.a

Accountability: *Roles, responsibilities and authorities with regard to ES&H matters will continue to be defined, documented and assigned for programmatic, functional, and line organizations to levels which have management responsibility, authority and accountability and will be current within 60 days of any changes in organization or responsibilities.*

Assumptions:

- First line managers or supervisors are included.
- "Management" refers to management of people and/or dollars.

Success Criteria *(Meets Expectations)*:

- All roles, responsibilities and authorities are current within 60 days of any changes.

Success Criteria (Far Exceeds Expectations):

- ***If current within 60 days and an effective change process is in place to maintain currency.***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: H. Hatayama LBNL: T. Davis BSO: P. Roebuck	P. Fraser	K. Rivera (6343)

Performance Measure Result

PROGRAM DESCRIPTION

Roles, responsibilities, and authorities with regard to ES&H are documented in several locations at LBNL. This documentation includes Division Function Notebooks, Organization Charts, Self-Assessment Program Implementation Plans, Job Descriptions, and in some cases, Division Charters. Annual review of performance and documentation of performance in the Performance Progress Review (P^2Rs) also provides opportunity to both validate performance of responsibilities as well as document any changes in responsibilities related to ES&H. The functional responsibilities of the EH&S Division are documented in the EH&S Division Function Notebook (including subtier Notebooks at the group level) and the Division Charter.

Upgrading LBNL job descriptions to include ES&H responsibilities was a Tiger Team task that is reported to be complete. Documentation of ES&H roles and responsibilities was also a performance criterion for the LBNL Self-Assessment Program of FY93, as well as a Performance Measure in FY93 Appendix F. As a result, the majority of Divisions have reported completion of this requirement. In

Performance Measure Result (Continued)

fact, in several instances, the Divisional Self-Assessment Implementation Plans themselves contain an articulation of this information.

As part of the completion of the LBNL Notebooks, many Divisions also documented roles and responsibilities in their Division Function Notebooks. A review completed in April 1994 by OAA identified Function Notebooks where this was not the case and recommended that this information be included. A follow-up review in July 1994 confirmed completion of this task. An additional requirement will be added to the next revision of the Function Notebook instructions to ensure that the Division Function Notebook is revised to reflect any changes in organization structure or responsibilities within 60 days. The revision of Notebook instructions was issued with an effective date of January 1, 1995.

CHANGE PROCESS

OAA evaluates Performance Measure 3.3.a on a quarterly basis by reviewing LBNL Notebooks to determine if roles, responsibilities, and authorities with regard to ES&H matters have been updated within 60 days of any changes in organization or responsibilities. If an assessed Division has not updated within 60 days of changes in its Notebooks, job descriptions, charter, or other appropriate document, OAA notes in its Notebook review summary report that the Division needs to do so. OAA then follows up during the next quarter to ensure that the roles, responsibilities, and authorities are updated.

Successes/ Shortfalls

The change process identified (OAA review and follow-up) is effective in ensuring that roles and responsibilities are changed when necessary. This is evident by the data presented in the supporting data section. All of the Performance Measure requirements as well as those of the Success Criteria have been met.

Supporting Data

All of the reviews listed below were satisfactory with respect to the Performance Measure criteria:

Division	Notebook Title	NB Type	OAA Reviewer
Materials Sciences	B66	Project	Kan
Earth Sciences	Actinide Geochemistry Laboratory	Facility	Kan
Life Sciences	Building 55/55B/56	Facility	Kan
Facilities	Department Function NB	Function	Wong
Facilities	Electrical Shop	Facility	Wong
Facilities	Maintenance & Utilities Operations	Facility	Wong
Facilities	General Maintenance & Operations	Facility	Wong
Facilities	Paint Shop	Facility	Wong
Energy & Environ	Biological X-Ray Spectrometry	Facility	Wong
Struc Biology	Calvin Lab	Facility	Wong
Physics	Division Function	Function	Wong
Physics	Microsystems Lab	Facility	Wong
Physics	Particle Data Group	Project	Wong
Engineering	B77 Mechanical Shops	Facility	Wong
Engineering	Ultra High Vacuum Cleaning	Facility	Wong
Nuclear Science	Heavy Element Project	Project	Dicely
ICSD	Computing Service Department	Facility	Dicely
Engineering	Photofabrication Shop	Facility	Dicely
Chemical Sciences	Atomic Physics	Project	Fraser

Supporting Data (Continued)

Division	Notebook Title	NB Type	OAA Reviewer
EH&S	Health Dept Analytical Services	Function	Fraser
Ops/CFO	Procurement	Function	Fraser
AFRD	Fusion Energy Research	Project	Fraser
ICSD	Division Function NB	Function	Dicely
Chemical Sciences	Division Function NB	Function	Fraser
AFRD	Division Function NB	Function	Fraser
AFRD	Building 46	Facility	Fraser
EH&S	Hazardous Waste Handling Facility	Facility	Fraser
ICSD	LBNL Net	Facility	Dicely
Nuclear Science	88" Cyclotron	Facility	Dicely
Earth Sciences	Isotope Geochemistry	Facility	Kan
Life Sciences	Donner	Facility	Kan
Materials Sciences	Nat'l Center for Electron Microscopy	Facility	Kan
Energy & Environ	Energy Conversion	Facility	Wong
Physics	Multipurpose Laboratory	Facility	Wong
Physics	Silicon Device Characterization	Facility	Wong
CFO	Property Services	Function	Fraser
ICSD	LBNL Net	Function	Dicely
OPS	Human Resources	Function	Kan
Structural Biology	Division	Function	Wong
Chemical Sciences	High Energy Atomic Physics	Project	Fraser
Nuclear Science	Gammasphere	Project	Dicely

Objective #3
Criterion 3.3
Performance Measure 3.3.b

Completion of DOE-Mandated Training: *% of employees who meet DOE-mandated training requirements by the established completion date, as required by DOE Orders that have been accepted by UC under Appendix G of the contract.*

Assumptions:

- Mandated ES&H training will come from the following DOE Orders:

  —4700.1 Ch1 (applicable to LBL, LANL and LLNL).
  —5440.1E (not yet accepted) use 5440.1D .
  —5400.3 (applicable to LBL, LANL and LLNL).
  —5480.1B supersedes AL5480.1 (applicable to LBL, LANL and LLNL).
  —5480.7A supersedes 5480.7 (applicable to LBL, LANL and LLNL).
  —5480.8 (applicable to LBL, LANL and LLNL) (5480.8A not yet accepted).
  —5480.9 (applicable to LBL, LANL and LLNL).
  —5480.10 (applicable to LBL, LANL and LLNL).
  —5480.11 (applicable to LBL, LANL and LLNL).
  —5480.13A (applicable to LBL, LANL and LLNL).
  —5480.16 (applicable to LANL and LLNL).
  —5480.18A (applicable to LANL).
  —5480.19 Ch1 supersedes 5480.19 (applicable to LBL, LANL and LLNL).
  —5480.20 (applicable to LANL and LLNL).
  —5482.1B (applicable to LBL, LANL and LLNL).
  —5483.1A (applicable to LBL, LANL and LLNL).
  —5820.2A (applicable to LBL, LANL and LLNL).

- ***FY95 is "baseline year."***
- ***Laboratories are to take a "slice" from the list of DOE Orders or Laboratory requirements, a "slice" of personnel roles, and a "slice" of facilities with higher hazard operations. The resulting person-courses should be manageable in the sense of a reasonable effort being required to implement and measure this Performance Measure.***
- ***Strive for commonality among labs.***

Success Criteria (Meets Expectations):

- ***A baseline of the % of the required person-courses completed, i.e. # of person-courses completed / # of person-courses required X 100 in the "smart slice" selected for each Laboratory is established.***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: H. Hatayama LBNL: T. Davis BSO: P. Roebuck	M. Bernstein, T. Davis	Phil Roebuck (4363)

Performance Measure Result

On December 5, 1994, the Operations Subteam held a teleconference to clarify the intent and performance desired for this contract Performance Measure. Participants included LBNL, DOE, and UCOP representatives. It was decided:

- Higher Risk Facilities would be chosen for assessment with concurrence from DOE.

Performance Measure Result (Continued)

- ES&H training would be the focus (i.e., job-specific training not related to ES&H could be ignored).
- Ignore DOE-mandated training per Orders and focus on line management's implementation of contractor-identified training requirements. That is, LBNL has identified ES&H training requirements for personnel. What % of people who work in high-risk facilities have actually completed their required training courses?
- Success Criteria would be developed in conjunction with site DOE and rolled up to UCOP.

Further clarification came from the UCOP on January 30, 1995:

Agreements made in October, 1994, by the Contract PM Dedicated Decision Makers: In our minutes from the October 20, 1994, meeting, it was agreed that this would be a baseline year for this measure. In other words, it was agreed that each Lab would take a "smart slice" and it would be a snapshot at a given time. Based on an Ops Subteam conference call held in December, it was agreed that each Lab and site office would work out the "slice" that would make sense for each Lab. The October minutes also indicate that the "slice" would be focused on a set of high-priority facilities. For purposes of rating this Performance Measure, the Lab will be rated on whether or not a baseline was developed according to the agreed-upon "slice," but not on what the percentage of completed/required was in the baseline. In other words, this is a "meets expectations" or "needs improvement" type of measure for FY95.

Input from DOE POC dated February 1, 1995:

Your question of whether LBNL now meets expectations is dependent upon whether the slice for LBNL is sufficiently representative (and, of course, if the training data are accurate). The slice that we discussed earlier is near being representative of LBNL (should also have at least 5% visiting researchers).

Successes/ Shortfalls

LBNL has performed a survey and has achieved concurrence with DOE related to the "slice" of personnel and the facilities to be evaluated. All of agreement requirements have been met as well as those of the Performance Measure and Success Criteria.

Supporting Data

Percent Compliance With EH&S Training Requirements

	HWHF			
Category	# People	% Compliance	# Courses Taken	# Courses Required
Admin/Clerical	2	100	4	4
Eng/Technical				
Ops/Technical	7	71	77	109
Shop				
Staff Scientist	3	63	15	24
Student				
Visiting Scientist				
Total	12	70	96	137

Supporting Data (Continued)

	ALS			
Category	# People	% Compliance	# Courses Taken	# Courses Required
Admin/Clerical	13	90	47	52
Eng/Technical	62	67	275	409
Ops/Technical	12	56	60	108
Shop	42	59	286	486
Staff Scientist	21	74	120	162
Student	11	56	34	61
Visiting Scientist	6	48	22	46
Total	167	64	844	1324

	88			
Category	# People	% Compliance	# Courses Taken	# Courses Required
Admin/Clerical				
Eng/Technical	6	46	35	76
Ops/Technical	5	33	11	33
Shop	9	42	54	130
Staff Scientist	19	34	54	157
Student	3	62	16	26
Visiting Scientist	5	44	14	32
Total	47	41	184	444

Grand Totals	**Grand Total**	**Current Status**	**Current Status**	**Current Status**
Category	# (%) People	% Compliance	# Courses Taken	# Courses Required
Admin/Clerical	15 (6 %)	91	51	56
Eng/Technical	68 (30%)	64	310	485
Ops/Technical	24 (11%)	59	148	250
Shop	51 (23%)	55	340	616
Staff Scientist	43 (19%)	55	189	343
Student	14 (6%)	57	50	87
Visiting Scientist	11 (5%)	46	36	78
Total	226	59	1124	1915

Objective #3
Criterion 3.4

Conduct of Operations: *Conduct of operations principles are integrated into Laboratory programs and operations.* **(Weight = 15%)**

Objective #3
Criterion 3.4
Performance Measure 3.4.a

Implementation Plans: *The Laboratory performed a self-assessment of conduct of operations implementation by February 1, 1994, and revised site-specific implementation plans with current milestones by May 1, 1994. This assessment established the baseline by which future improvements will be measured. The Laboratory will implement conduct of operations requirements according to site-specific implementation plans. Milestones will be tracked and performance will be based on the 1994 conduct of operations self-assessment baseline.*

Assumptions:

None Stated.

Success Criteria *(Meets Expectations)*:

- 100% of milestones met.
- If 100% of milestones have not been met, change requests have been submitted to the appropriate approval authority for the balance before the original milestone date.
- A proactive management strategy is in place to complete implementation.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: H. Hatayama LBNL: T. Davis BSO: P. Roebuck	P. Fraser	H. Carwell (4296)

Performance Measure Result

The LBNL approach to conduct of operations is to develop and use Facility Notebooks that incorporate the fundamental conduct-of-operations requirements for a "facility" at LBNL. In addition, for a small set of "higher-risk" facilities at LBNL for which the conduct-of-operations guidelines are most appropriate (i.e., Advanced Light Source, the 88-Inch Cyclotron, the Hazardous Waste Handling Facility, and the National Tritium Labeling Facility), a special conduct-of-operations applicability matrix was completed in 1993 for each. This was also used to guide both completion of Facility Notebooks and implementation of requirements contained therein. Approved Facility Notebooks constitute the implementation documents for conduct of operations for each facility at LBNL and will serve as the basis for future assessment and measurement of improvements in implementation.

FY95 results include completion of an assessment related to conduct of operations at the 88-Inch Cyclotron. The Office of Assessment and Assurance plans to review completion status of the Facility Notebooks as the determining factor related to completion of milestones.

PROACTIVE MANAGEMENT STRATEGY DESCRIPTION

Related to this Performance Measure, the proactive management strategy deals with assurance that conduct-of-operations requirements will be completely implemented at LBNL. Consequently, for LBNL, the proactive management strategy is the Operating and Assurance Program Plan (PUB-3111), which provides the (approved by DOE) approach to conduct-of-operations implementation. Subtier

Performance Measure Result (Continued)	documents include the Facility Notebook Instructions, which describe and map conduct-of-operations criteria onto the five segments—Planning and Organization, Staff Proficiency, Work Processes, Document and Record Control, and Performance Assessment and Improvement—of the Facility Notebooks. Additionally, related to creation of implementation milestones, the approved Division Function Notebooks provide the approved schedules by which Facility Notebooks are to have been completed. The Office of Assessment and Assurance (OAA) performs quarterly reviews of Notebook status, which provides the assurance that the schedules are met.
Successes/ Shortfalls	One hundred percent of milestones were met (all required [84] Notebooks were completed by October 1, 1994). A proactive management strategy was implemented to achieve completion of milestones as well as to verify/validate acceptable implementation. All of the Performance Measure requirements as well as those of the Success Criteria have been exceeded (Success Criteria only discuss completion of milestones; LBNL performance included verification/validation of acceptability with respect to conduct of operations requirements).
Supporting Data	Eighty-four Facility Notebooks were completed by October 1, 1994. The OAA quarterly reviews verify that the Facility Notebooks are complete and meet the ConOps requirements. In the period July 1, 1994, through June 30, 1995, OAA reviewed 32 Facility Notebooks. All 32 met the Performance Measure requirements.

Objective #3
Criterion 3.4
Performance Measure 3.4.b

Corrective Actions: *Corrective actions as detailed in final ORP reports will be completed on or before the target date 95% of the time. The Laboratory will notify DOE and seek DOE approval for changes in target dates for corrective action.*

Assumptions:

- "Final" means the ORP report determined to be final by DOE.
- ***Address historical corrective action close-out in the discussion of a "Proactive Management Strategy."***

Success Criteria *(Meets Expectations):*

- Corrective actions are completed on or before the target date 95% of the time.
- A proactive system is in place to manage completions and changes.

Success Criteria (Exceeds Expectations):

- ***95% past corrective actions closed out.***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: H. Hatayama LBNL: T. Davis BSO: P. Roebuck	S. Kelly	H. Carwell (4296) Joanne Lawrence (5342)

Performance Measure Result

LBNL did not meet the Performance Measure in 1992 and 1993. Although improvement is evident from 1992 to 1993, the reported data for 1993 ORs Corrective Actions show that the Corrective Action Due Date was met only 92.3% of the time. Since institution of this Performance Measure, however, in October 1993, all corrective actions have been completed on schedule or the due date rescheduled with DOE concurrence. Four exceptions were identified in this reporting period: one corrective action was reported complete one day late, one corrective action was reported complete two days late, two corrective actions were reported complete late due to the Christmas Holiday closure (were due 12/23 but reported complete 1/5).

PROACTIVE MANAGEMENT STRATEGY

Procedure for Corrective Action Management: At the end of each month, the Occupational Administrator reviews each open Occurrence Report for corrective action status. Those identified as due in the next 30-day period: the affected Division designee for the O/R receives a call or FAX as a reminder that a target date is due. He or she is requested to give a completion date or to provide the reasons that the task is not completed. This information is then entered into the DOE O/R corrective actions update database and the internal LBNL database. We have not had a case yet where the delay in meeting a target date is not substantially documented or reasonable.

In meetings with the DOE Site Occurrence Reporting Coordinator, it has been agreed that the formal ORPS Corrective Action Update database will be employed as the vehicle for submittal to DOE from LBNL. The DOE Site Occurrence Reporting Coordinator, also using the database, will comment as necessary.

Performance Measure Result (Continued)

Within LBNL, should there be an issue of unmet corrective actions, the LBID 1694, Occurrence Reporting Manual, directs the LBNL Associate Lab Director to intervene.

PAST CORRECTIVE ACTIONS

No Occurrence Reports that were initiated prior to October 1, 1994, have any corrective actions that remain outstanding. This exceeds the 95% goal established in the Performance Measure Success Criteria.

Successes/ Shortfalls

A proactive strategy is in place; corrective actions are completed on schedule with minor exceptions. LBNL and DOE have agreed upon a method for dealing with corrective actions that may have to be rescheduled. Past corrective actions are all closed. The Performance Measure requirements as well as those of the Success Criteria have been met.

Objective #3
Criterion 3.4
Performance Measure 3.4.c

Control of Radioactive Material: *The number of ORPS reportable occurrences of any detectable contamination of skin or personal clothing and any radioactive material found outside controlled areas including radioactive sources and contaminated articles will be tracked. A decreasing trend is expected from the 7/1/93–6/30/94 base year.*

Assumptions:

- Some variability is expected which may not be indicative of a trend.

Success Criteria *(Meets Expectations)*:

- A baseline is established and a decreasing trend is achieved.
- A proactive management strategy is in place to reduce ***or maintain if the number is small*** the number of occurrences.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: Joe Graf LBNL: R. Kloepping BSO: H. Carwell	J. Floyd, T. Sundsmo, S. Kelly	H. Carwell (4296)

Performance Measure Result

7/1/93-6/30/94 DATA (BASELINE)

NSD-94-0001 3/25/94

An LBNL technician working in an RMMA, Bldg. 88, detected contamination on one hand prior to leaving the RMMA. 2000 dpm alpha was detected and 500 dpm in another worker's hand. No other contamination was found. The worker was following all approved procedures, which call for monitoring hand and feet prior to leaving area. The source was purchased in 1974 and was covered by a thin protective coating, which appears to have failed.

LSD-94-0002 4/26/94

An unauthorized experiment was conducted at the 88" Cyclotron, outside Cave 5. The experiment itself was authorized, but not for that location. The experiment involved 6 mCi of 3H-thymidine. The area was roped off, but not designated as an RMMA. At this date of entry, only two immediate corrective actions have been identified. This Occurrence Report will require involvement from EH&S, LSD, and NSD.

EHS-94-0001 4/29/94

A package from CERN of Geneva, Switzerland, was delivered to LBNL Receiving marked "Radioactive Material-Excepted UN2910." No hazardous material shipping papers accompanied the shipment. Per LBNL procedure, an external radiation survey of the package was performed at Receiving. It was determined that the radiation level at some locations on the package exterior was 1 millirem per hour. This exceeds the LBNL limit of 0.5 millirem per hour for the Excepted Limited Quantity shipping category.

Performance Measure Result (Continued)

PERFORMANCE PERIOD RESULTS

LBNL instituted an improved monitoring program in CY94. The results of the increased frequency of monitoring as well as the improved proficiency of the monitoring personnel can be seen in the following Occurrences. While this performance is detrimental to achievement of this Performance Measure, the results are indicative of classical continuous improvement.

Caution should be used in reviewing these data since the total statistical universe is seven events over a period of twenty-four months. Small variations (such as are caused by implementing an improved monitoring program) will cause disproportionate change in the result.

NSD-94-0002 10/20/94

Two researchers who were preparing an experiment system inside an RMMA detected low-level alpha on their shoes. They discovered this by using a hand and foot counter prior to leaving (following procedures). Rad Pro. Services arrived and secured the area. Swipes were made and determined the source to be 249 Californium. Activity never left the RMMA.

LSD 1994-0004 11/11/94

P32 was discovered during routine monitoring to have left the Bldg. 83 area. This event was categorized as "offsite contamination" even though the amounts were very small and represented no health hazard to the experimenter or the public. An ad hoc committee was formed from EHS, LSD, and OAA to research this event as it affects all Rad.-handling policies and procedures.

LSD 1994-0005 11/11/94

S35 was discovered during routine monitoring to have left the Bldg. 83 area. This event was categorized as "off-site contamination". The amount on the experimenter's shoe represented no health hazard to the employee or the public. An ad hoc committee was formed from EHS, LSD, and OAA to determine correct Rad.-handling policies and procedures.

NSD 1994-0003 12/5/94

A Rad. control technician conducting a routine survey discovered some loose contamination on a workbench. The workbench is located in a locked area of Bldg. 88 designated as a controlled area for radiation protection, but not as an RMMA. The material is identified as sodium 24. Contamination was contained to the workbench area as verified by additional survey of surrounding areas. An ad hoc committee has been formed to review this event.

CORRECTIVE ACTION PLAN
(In Lieu of Proactive Management Strategy)

It is evident, based on the above results that, corrective action is needed to prevent further radiological material control excursions. Consequently, on November 17, 1994, a Lessons Learned bulletin was distributed describing the recent occurrences relating to contamination control. Furthermore, a designated root cause analysis was performed on the series of occurrences. Three root causes were identified:

Performance Measure Result (Continued)

- Radiological safety training has not been adequate. Discussion identified that the training may have been too dilute, not applicable to practical day-to-day safety concerns, did not have sufficient focus, and was not clear about, "what to look for" in the laboratories. In short, the training program was not adequately performance-based and developed with researchers as the intended audience. Current plans are to pilot improved training that will remedy these defects.
- Poor appreciation of risk/consequences. Discussion identified that there may be an inadequate awareness of risks associated with failure to control contamination control. Some of the risks are:

  —Radiation exposure to people (perhaps even ingestion).
  —Noncompliance with Federal Regulations.
  —The real costs to scientific programs (loss of the use of facilities, loss of staff resources used for investigation and reporting, etc.).
  —Loss of public trust.

- Inadequate planning processes. Discussion identified that this was a multilevel concern involving line management, peer review, and EH&S controls such as Radiological Work Authorizations.

LBNL is implementing a specific plan to achieve better contamination control. Many of the root causes identified from the series of occurrences identified in 1994 are being addressed through the programs and procedures associated with implementation of 10 CFR 835, "Occupational Radiation Protection." These tasks are identified in the LBNL Radiation Protection Program, which provides a plan for complying with 10 CFR 835 by January 1, 1996. Major program development (or revision) and implementation are in progress in the following areas:

- Job-specific radiological safety training.
- LBNL Radiological Control Manual (revision to DOE RCM Rev. 1).
- Radiation Work Authorization Program.
- ALARA Review Program.

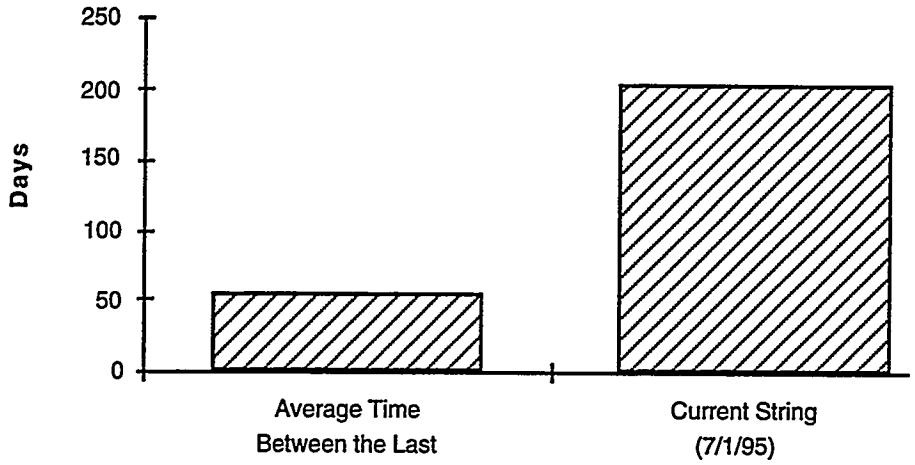
The graph in the Supporting Data section provides evidence related to the efficacy of LBNL's Corrective Action.

Successes/ Shortfalls

Although LBNL's recent performance shows an improving trend and is indicative that the corrective action plan/proactive management strategy is effective, the Performance Measure requirements have not been met. There were three Occurrence Reports related to loss of radioactive material control in the baseline period and four Occurrence Reports in the performance period.

Supporting Data

Improve Time Interval Between Radioactive Material Control Incidents



Performance Measure 3.4.c

Objective #3
Criterion 3.4
Performance Measure 3.4.d

Operating Parameters: *The Laboratory will have a process in place to identify operating parameters (TSR/OSR/USQ) and a management system to monitor those parameters to ensure that they are not violated. ORPS reports of exceedences of TSR/OSR or equivalent requirements will be tracked and trended—July 1, 1994, to June 30, 1995, will be a baseline year. Equivalent requirements must be defined by the Laboratory and DOE for applicable facilities by 10/1/94.*

Assumptions:

- ***This is a "meets" or "needs improvement" type of measure.***
- ***It is understood that TSR's, OSR's and equivalent requirements establish operating parameters: and that USQ is a process for nuclear facility management which allows determination of whether or not proposed changes to a facility or operations would require a change to the Authorization Basis.***

Success Criteria *(Meets Expectations):*

- A process is in place for identifying operating parameters.
- A management system is in place to monitor operating parameters.
- Equivalent requirements where applicable are identified by 10/1/94.
- Exceedences are tracked and a baseline is established in the 1995 rating year.

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: H. Hatayama LBNL: T. Davis BSO: P. Roebuck	D. Tudor	P. Roebuck (4363)

Performance Measure Result

The process of complying with the Operating Safety Parameters (OSRs) requirement was negotiated with and agreed to by DOE since LBNL had to establish "equivalent requirements." The agreement is as follows:

Performance Measure 3.4.d, "Operating Parameters," states that the Laboratory will have systems in place to identify and monitor operating parameters, such as operational safety requirements.

The process of complying with the Operating Safety Parameters (OSRs) requirement is as follows:

1. Develop a management plan to monitor and track OSRs and assure they are not violated. This meets the requirement for a management system to monitor and track OSRs.
2. Develop Safety Analyses and Operational Safety Requirements for LBNL facilities based on the results of the PHA process.
3. Track exceedences for each rating year.

Deliverables

PM YR 1995: An OSR process document which describes OSRs, and how the determinations will be made as to which facilities will have safety analyses performed, and which facilities will only have operational safety requirements

Performance Measure Result (Continued)

prepared. It will also describe the LBNL system for monitoring OSRs, describe how this monitoring is documented, and how exceedences are reported. (This system should conform generally to the requirements of ORPS, the accelerator safety envelope and unreviewed safety issue process described in DOE 5480.25 and, if there are nuclear facilities, the TSR and USQ processes described in DOE 5480.21 and 5480.22.) And, one SAD/SAR with OSRs will be completed.

PM FY1996: Three OSRs (estimate one facility OSRs, two SADs/SARs with OSRs).

PM FY1997: Six OSRs (estimate three facility OSRs, three SADs with OSRs).

PM FY1998: Eleven OSRs (estimate six facility OSRs, five SADs with OSRs).

Status: The OSR process and management system has been completed and approved by DOE. The one SAD with OSR (Building 70) has been completed. That is, all deliverables for FY95 were completed.

Successes/ Shortfalls

LBNL has achieved concurrence with DOE related to what are equivalent requirements for our facilities. The agreed-upon deliverables for this period have been completed: (1) SAD with OSR and (2) OSR process and management system.

Supporting Data

The following is the agreed OSR process and management system:

MANAGEMENT PLAN FOR OPERATING PARAMETERS

1. General: This plan manages Operating Parameters for facilities. It has been prepared in accordance with FY95 Performance Measure 3.4.d, Operating Parameters. Operating Parameters are safety commitments which must be done in order to assure the safe operation of the facility at a low risk level. Operating Parameters are identified during the hazard analysis of a facility. Operating Parameters are called Operating Safety Requirements (OSRs).

Initially hazards in each facility are screened through the Preliminary Hazard Assessment (PHA) process to determine if existing safety requirements are adequate for the hazards or if an additional Safety Analysis is needed. This process is described in the LBNL Preliminary Hazard Assessment Procedure. If the PHA procedure determines that no additional safety analysis if necessary then the PHA for that facility becomes the OSR. If the PHA process determines that additional safety analysis is required then the OSR is identified in the safety analysis (Safety Analysis Documents [SAD] or Safety Analysis Reports [SAR]).

2. Facility OSR Plan: A Facility OSR Plan is the process used to complete, monitor and report OSRs. A plan is prepared for each facility having OSRs. The EH&S Division Hazard Assessment Program Coordinator (HAPC) is responsible for preparing the plan. The plan contains the following information:

1. **OSR Description:** Description of required activity (from the Safety Document).
2. **OSR Manager:** The person responsible for completing the activity.

Supporting Data (Continued)

3. **Corrective Actions:** Actions required by the OSR Manager if a noncompliance condition is discovered.
4. **Person Responsible for Assurance:** The person responsible for checking that the activity was completed.
5. **Person Responsible for Reporting:** The person responsible for reporting the activity.
6. **Categorization for Reporting:** The category from the Occurrence Reporting and Processing procedure.
7. **Reporting Requirements:** Requirements from the Occurrence Reporting and Processing procedure related to the reporting category.

3. Reporting: Information to be reported and time requirements are contained in the Facility OSR Plan. Reporting will be in accordance with the LBNL Occurrence Reporting and Processing Procedure, LBID-1694. Reporting of actions will be made to:

The Occurrence Report Administrator
EH&S Division
Phone: (510) 486-7612
Fax: (510) 486-6608
M.S.: 90-2148

4. Recordkeeping: The HAPC shall keep a log of all events and activities. The EH&S Occurrence Report Administrator will keep records of all reported occurrences. The OSR Manager will keep a log of activities.

**********EXAMPLE**********

ATTACHMENT: Example FACILITY OSR PLAN.

**********EXAMPLE**********

Lawrence Berkeley Laboratory
BUILDING 70: FACILITY OSR PLAN

Description of Facility: General Chemistry and Physics Research

Date of SAR/SAD: 20 February 1995

1. Inventory of Chemicals

1. OSR: Review facility inventory of chemicals annually to assure that there are no materials that due to their properties, quantities or usage that could result in a potential accidental exposure from a credible release which would be equal to or exceed ERPG 3 on-site or ERPG 2 off-site.
2. OSR Manager: EH&S Energy Science Group Leader.
3. Corrective Actions: Upon discovery that a material exceeds the OSR values, the OSR Manager will order the cessation of use of the identified material, notify the HAPC and develop an action plan to bring the inventory in line with the OSR requirements.
4. Person Responsible for Assurance: HAPC.
5. Person Responsible for Reporting: HAPC.
6. Categorization for Reporting: Unusual Occurrence, 1C, Facility Condition.

Supporting Data (Continued)

7. Reporting Requirements:

   Time: Oral Report within 2 hrs of categorization.
   Information:

   a. Notification Report, As Soon As Possible (within 24 hours / not more than 80 hours).
   b. Ten-Day Occurrence Report (within 7 days).
   c. Final Occurrence Report (after complete analysis).

2. Inventory of Radionuclides

1. OSR: Review facility inventory of radionuclides annually to assure that there is no exceedence of the threshold limits for a nuclear facility established in the contract between UC and DOE.
2. OSR Manager: EH&S Energy Science Group Leader.
3. Corrective Actions: Upon discovery that a material exceeds the OSR values, the OSR Manager will order the cessation of use of the identified material, notify the HAPC and develop an action plan to bring the inventory in line with the OSR requirements.
4. Person Responsible for Assurance: HAPC.
5. Person Responsible for Reporting: HAPC.
6. Categorization for Reporting: Unusual Occurrence, 1C, Facility Condition.
7. Reporting Requirements:

   Time: Oral Report within 2 hrs of categorization.
   Information:

   a. Notification Report, As Soon As Possible (within 24 hours / not more than 80 hours).
   b. Ten-Day Occurrence Report (within 7 days).
   c. Final Occurrence Report (after complete analysis).

3. Check Fume Hood Air Flow

1. OSR: Check air flow in fume hoods (lab hoods) annually to assure that required negative air flow is maintained.
2. OSR Manager: EH&S Energy Science Group Leader.
3. Corrective Actions: Upon discovery that a fume hood does not meet OSR air flow requirements, the OSR Manager will order the cessation of use of the hood, notify the HAPC and develop an action plan to bring the hood in line with the OSR requirements.
4. Person Responsible for Assurance: HAPC.
5. Person Responsible for Reporting: HAPC.
6. Categorization for Reporting: Off-Normal Occurrence, 1I, Facility Condition.
7. Reporting Requirements:

   Time: No Oral Report Required.
   Information:

Supporting Data (Continued)

a. Notification Report, As Soon As Possible (within 24 hours / not more than 80 hours).
b. Ten-Day Occurrence Report (within 7 days).
c. Final Occurrence Report (after complete analysis).

4. Check Glove Box Air Flow

1. OSR: Check air flow in glove boxes annually to assure that required negative air flow is maintained.
2. OSR Manger: EH&S Energy Science Group Leader.
3. Corrective Actions: Upon discovery that a glove box does not meet OSR air flow requirements, the OSR Manager will order the cessation of use of the box, notify the HAPC and develop an action plan to bring the box in line with the OSR requirements.
4. Person Responsible for Assurance: HAPC.
5. Person Responsible for Reporting: HAPC.
6. Categorization for Reporting: Off-Normal Occurrence, 1I, Facility Condition.
7. Reporting Requirements:

Time: No Oral Report Required.
Information:

a. Notification Report, As Soon As Possible (within 24 hours / not more than 80 hours).
b. Ten-Day Occurrence Report (within 7 days).
c. Final Occurrence Report (after complete analysis).

5. Test Standby Power

1. OSR: Test standby power system annually to assure that the system meets requirements.
2. OSR Manager: M&O Group Leader.
3. Corrective Actions: Upon discovery that the standby power system has not been tested, the OSR Manager will immediately order the required testing and notify the HAPC. If the system does not meet the testing requirements, the OSR Manager will order the cessation of activities in the facility, notify the HAPC and develop an action plan to provide to bring the system up to required performance levels.
4. Person Responsible for Assurance: HAPC.
5. Person Responsible for Reporting: HAPC.
6. Categorization for Reporting: Off-Normal Occurrence, 1G, Facility Condition.
7. Reporting Requirements:

Time: No Oral Report Required.
Information:

a. Notification Report, As Soon As Possible (within 24 hours / not more than 80 hours).

Supporting Data (Continued)

b. Ten-Day Occurrence Report (within 7 days).

c. Final Occurrence Report (after complete analysis).

6. Test Fire Protection System

1. OSR: Test facility fire protection system annually to assure that the system meets requirements.
2. OSR Manager: M&O Group Leader.
3. Corrective Actions: Upon discovery that the fire protection system has not been tested, the OSR Manager will immediately order the required testing and notify the HAPC. If the system does not meet the testing requirements, the OSR Manager will order the cessation of activities in the facility, notify the HAPC and develop an action plan to provide to bring the system up to required performance levels.
4. Person Responsible for Assurance: HAPC.
5. Person Responsible for Reporting: HAPC.
6. Categorization for Reporting: Off-Normal Occurrence, 1G, Facility Condition.
7. Reporting Requirements:

Time: No Oral Report Required.
Information:

a. Notification Report, As Soon As Possible (within 24 hours / not more than 80 hours).

b. Ten-Day Occurrence Report (within 7 days).

c. Final Occurrence Report (after complete analysis).

Performance Objective #4	**Risk Management and Resource Allocation:** *The Laboratory will ensure that for its programs and operations, ES&H risks are analyzed and risk reduction resources are allocated appropriately. (Refer to Laboratory Management Performance Measure 1.4.a for allocation of risk reduction resources.)* **(Weight = 5 %)**
Summary	LBNL risk management and resource allocation paradigms ensure that for all applicable programs and operations, ES&H risks are analyzed and risk reduction resources are appropriately allocated. Evidence that this is the case is that the sole Performance Measure for this Performance Objective is completely satisfied through local agreement with DOE.
Barriers to Improvement	None.

Objective #4
Criterion 4.1

Hazard Identification: *The Laboratory identifies significant hazards to guide management in the allocation of institutionally managed ES&H resources.* **(Weight = 5%)**

Objective #4
Criterion 4.1
Performance Measure 4.1.a

Risk Assessments: *The Laboratory will continue to implement site-specific schedules for completing hazard assessments of applicable ongoing operations using the graded approach. Performance will be based on milestone completion and progress relative to the number of sites requiring assessment.*

Assumptions:

- The Laboratory will use existing draft guidance to decide what level of hazard assessments to perform on nonnuclear facilities.
- Execution will follow current schedules unless DOE responds otherwise.

Success Criteria *(Meets Expectations):*

- 100% of the milestones are met.
- If 100% of milestones have not been met, change requests have been submitted to the appropriate approval authority for the balance before the original milestone date.
- A proactive management strategy is in place to complete implementation.

Success Criteria (Exceeds Expectations):

- ***If ahead of schedule.***

Teams:

Subteam	LBNL Data Team	DOE POC
Lead: H. Hatayama LBNL: T. Davis BSO: P. Roebuck	D. Tudor	P. Roebuck (4363)

Performance Measure Result

The process of complying with the hazard assessment requirement including schedule was negotiated with and agreed to by DOE. The agreement is as follows:

Performance Measure 4.1.a, "Risk Assessments," states that the Laboratory will complete hazard assessments of operations. (Note that there is some confusion in this PM; a hazard assessment is the initial step of a safety analysis, a risk assessment is a conclusion of a safety analysis.) Performance of Preliminary Hazard Assessments (PHA) according to the established schedule will meet the Risk Assessment requirement.

PM YR 1995:	A PHA process document which details how hazard assessments are performed and documented. It will also detail how frequently hazard assessments must be revisited.
PM YR 1996:	Three PHAs will be performed.
PM YR 1997:	Six PHAs will be performed.
PM YR 1998:	Eleven PHAs will be performed.

Performance Measure Result (Continued)

Status: The PHA process document was completed as scheduled. Additionally, one PHA was completed for Building 70.

Successes/ Shortfalls

LBNL has achieved concurrence with DOE related to what is expected. LBNL has completed required deliverables for FY95 and has completed one PHA (which goes beyond what was to be the agreed deliverable for FY95).

Supporting Data

The following is the agreed-upon PHA process document:

PRELIMINARY HAZARD ANALYSIS

1. General: The purpose of the Preliminary Hazard Analysis (PHA) process is to identify hazardous activities at individual facilities, and evaluate if the activities are satisfactorily controlled by existing safety requirements and documentation.

2. PHA Process:

2.1 PHA Team: The PHA process for each facility (or group of facilities) will be accomplished by a team of the LBNL Environment, Health & Safety Division (EH&S) Safety Professionals. The team will be managed by the EH&S Hazard Assessment Program Coordinator (HAPC). The team will consist of safety professionals appropriate for the hazards of the particular facility(s) (such as Industrial hygiene, radiation assessment, industrial safety, fire protection, emergency services, waste management, environmental protection). Facility operations personnel will be included on teams as necessary to provide specialized technical expertise and knowledge.

2.2 Identification of Hazards: To start the hazards identification process, existing facility safety documentation (such as activity hazard data sheets, chemical inventory tracking, facility notebooks, records of previous audits and assessments) will be reviewed. After a preliminary list of hazards is compiled from existing facility safety documentation, facility inspections will be performed in order to confirm and update that information. The list of facility hazards shall be maintained current by the HAPC, and will be reviewed by re-inspection of the facility every three years.

2.3 Screening for Adequacy of Safety Documentation and Requirements: After the hazards list is developed, the adequacy of existing safety documentation and requirements will be evaluated. Most facility hazards—such as noise, electricity, welding operations, and small quantities of chemicals and flammable materials—are adequately controlled by safety requirements specified in the LBNL Health & Safety Manual (Pub-3000), the Radiation Control Manual, OSHA regulations, and other well-recognized consensus standards (such as those by ASME, ANSI, NFPA, IEEE, NEC). These hazards are termed "standard industrial hazards" (SIHs). SIHs are hazards that are well understood, for which adequate safety guidance relative to their use exists, and for which no special analysis is required to establish safe operating limits, conditions, or equipment.

Standard industrial hazards (SIHs) are:

1. Of the type and magnitude that are routinely encountered and/or accepted by the public in everyday life.

or

Supporting Data (Continued)

2. Hazardous materials or operations encountered in general industry in appropriate applications that are adequately controlled by OSHA regulations or one or more national consensus standards (e.g., ASME, ANSI, NFPA, IEEE, NEC), where these standards are adequate to define special safety requirements, unless in quantities or situations that could significantly impact (i.e., cause irreversible health effects to) large numbers of people.

SIHs are hazards that are accepted by the general public. Hazards such as welding operations, small quantities of chemicals that would likely be found in homes or general retail outlets (e.g., K-Mart, Walmart, Radio Shack) and nonradioactive materials transported on the open road in DOT specification containers are considered to be SIHs encountered in everyday life.

Examples of SIHs are as follows:

1. Specific materials (e.g., lead and asbestos) that have their own control program.
2. Small or laboratory quantities (29 CFR 1910.1000) of hazardous chemicals.
3. Thermal energy sources (potential for burns).
4. Hazards typically found in machine shops.
5. Forklifts.
6. Cranes.
7. Gas cylinders transported and stored in DOT configuration and within design limits unless they are stored in quantities that exceed standard requirements for storage.
8. Hazards typically found in office areas.
9. Mechanical presses.
10. Low-level radioactive material typically found in research laboratories.
11. Radiation-emitting devices used in research labs that are commercially available and meet appropriate standards.

SIHs must be considered as initiators for accidents involving hazards that are not SIHs. For example, flammable materials may be screened out as an SIH; however, if the flammable materials could potentially cause a fire that releases toxic materials, the flammable materials must be considered as a potential initiator for a toxic material release.

For facility hazards that could have significant impact, DOE Orders 5480.23 (nuclear facilities), 5480.25 (accelerators), and 5481.1B (all other facilities) prescribe additional facility specific safety analysis and documentation to identify the parameters and conditions necessary to assure safe facility operation (such as material limits, operating limits, barriers). These Orders also generally describe the hazard thresholds at which this additional safety analysis is required. The following list of types of hazard and safety requirements and documentation provides supplemental guidance for use in evaluating if facility hazards are satisfactorily controlled by existing safety requirements and documentation, or if additional facility-specific safety analysis and documentation is required. This evaluation will be made by the HAPC in consultation with the PHA Team. The HAPC will maintain a listing of the outstanding facility safety analysis and documentation needs identified through the PHA process.

Supporting Data (Continued)

3. Types of Hazards, Safety Requirements, and Documentation:

3.1. Nonradioactive Material Hazards:

3.1.1 Chemical Hazards: Materials include toxics, corrosives, reactives, carcinogens, reproductive toxics or other materials which might expose workers, members of the public, or the environment to an unusual hazard if released from primary confinement by any credible means. Materials of very low toxicity and laboratory materials are regulated by the LBNL Health & Safety Manual, Pub-3000, the LBNL Chemical Hygiene & Safety Plan, Publication 5341, and OSHA requirements (OSHA Safety and Health Standards, Toxic and Hazardous Substances: Air Contaminants: 29 CFR 1910.1000, and OSHA Safety and Health Standards, Toxic and Hazardous Substances: Occupational Exposure to Hazardous Chemicals in Laboratories: 29 CFR 1910.1450).

A Safety Analysis will be prepared for facilities with chemicals of sufficient toxicity and quantity to potentially cause an onsite exposure of ERPG-3 or greater and/or an offsite exposure of ERPG-2 or greater. ERPGs are determined by the American Industrial Hygiene Association. ERPG-2 is "The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour without experiencing or developing irreversible or other serious health effects or symptoms which could impair an individual's ability to take protective action." An ERPG-3 is "The maximum airborne concentration below which it is believed that nearly all individuals could be exposed for up to one hour without experiencing or developing life-threatening health effects." ERPG exposure values will be determined by development of credible accident scenarios and Gaussian Plume modeling. The following chemicals and quantities per building control area will be reviewed to make the determination:

1. All health hazard compressed gases.
2. All chemicals above the thresholds included in 29 CFR 1910.119 (List of Highly Hazardous Chemicals, Toxics and Reactives).
3. All chemicals included in 40 CFR 355, List of Extremely Hazardous Substances, in quantities above one pound.

3.1.2. Biohazards: Materials include viruses which might expose workers, members of the public, or the environment to an unusual hazard if released from primary confinement by any credible means. Hazard classifications are established in the "Classification of Microorganisms on the Basis of Hazard," NIH/CDC, 1986. Materials with hazard level 1 or 2 and common sources of biohazards such as cooling towers are regulated by requirements contained in the LBNL Chemical Hygiene & Safety Plan, Publication 5341. A Safety Analysis will be prepared for biohazards of such a nature that special industrial hygiene controls are required. Level 3 or 4 materials will require a Safety Analysis.

3.2. Ionizing Radiation Hazards:

3.2.1. Radioactive Materials: Examples include ^{14}Carbon, ^{18}Fluorine, and ^{238}Americium. Small quantities of materials of low levels of activity are regulated by the LBNL Radiation Protection Program and requirements in Pub-3000. A Safety Analysis will be prepared for material quantities above the thresholds established for nuclear facilities in the contract between UC and DOE.

3.2.2. Sealed Sources: Sealed sources exceeding the radionuclide thresholds for nuclear facilities established in the contract between UC and DOE, but exempted from documentation requirements for nuclear facilities, will have a Safety Analysis

Supporting Data (Continued)

prepared. Sources with material quantities below the thresholds are regulated by requirements in the Radiation Protection Program and Pub-3000.

3.2.3. Accelerators: If a device falls into the definition of "accelerator" per DOE Order 5480.25, a Safety Analysis will be performed, as required by that Order. Devices with hazard levels excluded by 5480.25 are regulated by the Radiation Protection Program and Pub-3000.

3.2.4. X-Ray Hazards: X-ray equipment or simple accelerators that are commercially available, conform to appropriate national codes and standards (e.g., ANS 43.2 for X-ray equipment or ANS 43.1 for accelerators), and have not been modified with regard to safety-related design and operating features such as voltage and shielding are regulated by Pub-3000. Safety requirements and documentation for these devices is included in the Pub-3000. Any device with hazards exceeding the safety requirements described in Pub-3000 will require a Safety Analysis.

3.3. Other Hazards:

3.3.1. Electrical: Examples include capacitors/inductors, power supplies, transformers, batteries, conductors, and high-voltage sources. Safety documentation and requirements for standard electrical hazards are included in the National Electrical Code (NFPA 70) and Pub-3000. Any device with hazards exceeding the safety requirements described in Pub-3000 will require a Safety Analysis.

3.3.2. Temperature: Examples include steam, flames, solar and cryogenic hazards. Temperature systems whose only consequence is a contact burn are regulated by Pub-3000. Safety requirements and documentation is required for standard temperature hazards in Pub-3000. Any device or system with hazards exceeding the safety requirements described in Pub-3000 will require a Safety Analysis.

3.3.3. Pressure: Examples include confined gases. Normal hydraulic systems, plant air systems, etc., are regulated by Pub-3000 and the ASME Boiler and Pressure Vessel Code. Safety requirements and documentation are required for standard pressure hazards in LBNL Health & Safety Manual, Pub-3000. Any device or system with hazards exceeding the safety requirements described in Pub-3000 will require a Safety Analysis.

3.3.4. Flammables: Examples include flammable liquids such as gasoline and hydrogen gas. Small quantities of flammable material that could be adequately controlled by normal fire protection means are regulated by codes and standards such as the California Fire Code and National Fire Protection Association (NFPA) regulations. Quantities of flammable gases per building control area (excluding liquefied petroleum gas) up to 1500 standard ft3 or 3000 standard ft^3 (contained in fume hoods or gas cabinets) are regulated. Flammable materials whose quantities or usage exceed requirements by codes and standards will require a Safety Analysis to establish safe operating limits, conditions or additional fire protection.

3.3.5. Nonionizing Radiation: Examples include lasers, ultraviolet, infrared sources, magnetic fields, and RF fields. Safety requirements and documentation is required for all standard devices in LBNL Health & Safety Manual, Pub-3000. The Laser Safety Officer will review the safety of all devices and systems. If it is determined that any device has special conditions that need a safety analysis then a Safety Analysis will be performed.

Supporting Data (Continued)

3.3.6. Kinetic Energy : There are many situations in our facilities in which there exist sufficient amount of kinetic energy to seriously injure personnel (e.g., cars, trucks, cranes, machinery). These are normal industrial hazards and are regulated by OSHA and Pub-3000. Only unusual or unique high-kinetic-energy systems (e.g., large centrifuges, high-speed massive flywheels) will be retained for a Safety Analysis.

3.3.7. Waste: Safety requirements and documentation are required for all waste handling and storage. Standard waste hazards are regulated by Federal (40 CFR 260 -262) and State (CCR, Title 22, Division 4.5 Hazardous Waste). Waste hazards that represent special safety concerns require a Safety Analysis. Waste containing radioisotopes that exceed the thresholds established in DOE Standard 1027-92 require a Safety Analysis. Safety requirements and documentation for nonradioisotope waste are regulated by the State of California. Quantities of nonradioisotope waste exceeding the authorized limits of the State regulations, will require a special Safety Analysis.

Performance Objective #5	**Customer Satisfaction:** *The Laboratory will conduct its business in a manner that meets or exceeds customer expectations and, through continuous communications, will foster customer and stakeholder mutual trust and credibility. (For stakeholder trust and credibility and for internal customer focus, refer to Laboratory Management Performance Measure 2.1.a.)* **(Weight = 5%)**
Summary	LBNL conducts business in a manner that exceeds customer expectations. This is evident through exceeding the Performance Measure requirements as well as Success Criteria for the Performance Measure associated with this Performance Objective.
Barriers to Improvement	None.

Objective #5
Criterion 5.1

Customer Focus: *Effective ES&H programs will incorporate expectations of customers and stakeholders. Three elements should be considered: continuous improvements, relative comparisons or benchmarks, and quality (excellence).* **(Weight = 5%)**

Objective #5
Criterion 5.1
Performance Measure 5.1.a

Regulator Customer Satisfaction: *At least once per year, the Laboratory will interview key regulators utilizing a pre-established and consistently used customer survey. The survey will contain not more than 20 questions addressing:*

- *Continuous Improvement: Information pertaining to whether there has been improvement, no change or decline in performance relative to the previous year's survey will be requested. Also, questions will solicit possible areas for improvement.*
- *Comparisons or Benchmarks: Comparison of Laboratory performance with other organizations being regulated will be obtained. Questions will also solicit possible benchmark organizations and specific processes used by others.*
- *Quality or Excellence: The adequacy, quality and timeliness of response and products (given the financial constraints) will be determined.*

The first interview shall occur prior to January 31 of each year and the first year's results shall serve as the baseline for future years.

Assumptions:

- A customer survey meeting the criteria in the measure will be developed jointly by the Laboratory, DOE, and UC.
- The set of regulators interviewed will be agreed to by the Laboratory, DOE, and UC.
- The DOE and UC will participate in the interviews.
- The set of regulators interviewed should be consistent over time.
- Prior to each visit regulators would receive results from previous surveys, a reminder of the purpose for the visit, and a list of the questions.
- Following each interview the DOE and UC will score the results.

Success Criteria (Meets Expectations):

- ***Completed interviews to establish baseline.***

Success Criteria *(For Future Years):*

- Improvements are noted in performance.
- The Laboratory compares favorably with other entities regulated by the agencies.
- Improvements are noted in adequacy, timeliness, and quality of products submitted to the agencies.

Teams:

Subteam	LBNL Data Team	DOE POC
David McGraw, Howard Hatayama, Joe Visello	David McGraw	Tanya Goldman (6344)

Performance Measure Result

DOE/UC/LBNL/LANL/LLNL have developed the survey and have sent it out to several regulators. One survey response from the BAAQMD was sent to LBNL from UC. The survey results were positive.

Successes/ Shortfalls

The survey results (albeit only one result and no official analysis or follow-up from DOE/UC) were positive; the excerpts presented in the Supporting Data section below show that LBNL's interactions with external regulators are exemplary.

Supporting Data

Since the DOE and UC did not complete the Performance Measure as described above in the assumptions, the following anecdotal information is provided:

Excerpts from the EH-24 Audit wherein regulators were interviewed by DOE EH-24 personnel:

From the Executive Summary: The Audit Team identified the following strengths in LBNL's environmental programs:

- External communication: LBNL maintains frequent, proactive interactions with regulatory agencies and keeps them informed of the environmental status of the organization. LBNL has implemented a number of mechanisms for routine communications with external parties: LBNL has established a Community Relations Plan; distributes periodic fact sheets; has established public information repositories at public libraries; holds quarterly review meetings with regulatory agencies; and meets with the City of Berkeley monthly.

From Inactive Waste Sites and Releases portions: "Interviews with the DTSC and RWQCB revealed very positive feedback on the overall status of the program and on the open and regular communication from LBNL staff."

From the Internal/External Communications portion: "Officials who interact with LBNL from the East Bay Municipal Utility District (EBMUD), the Regional Water Quality Control Board (RWQCB) and the California Environmental Protection Agency (CAL-EPA), Department of Toxic Substances Control (DTSC) were also contacted." ... "Interviews conducted with LBNL, BSO, and DOE HQ staff indicated that LBNL has effective communications and a positive working relationship with regulatory agencies (I-A-6 and I-F-1, 3, 5, 6, 9, and 10). Representatives from EBMUD, DTSC, and RWQCB were also interviewed during the audit and indicated that LBNL has established effective communications and developed positive environmental programs (I-H-8, I-J-16, and I-J-17)."

From the Surface Water portion: "Discussions with the current EBMUD inspector revealed that the regulator is very satisfied with LBNL's cooperation, communication, and overall permit compliance efforts."

From the Air portion: "LBNL is consulting directly with the BAAQMD in its efforts to develop a comprehensive and acceptable approach for satisfying these new permit requirements. LBNL maintains good relations with the BAAQMD."

Supporting Data (Continued)

From the Organizational Commitment portion: "Cooperation with Oversight Groups: Reflecting the depth of experience LBNL has in working with oversight groups, LBNL received generally high marks from external parties interviewed by the Audit Team, including California Environmental Protection Agency (CAL-EPA) Department of Toxic Substances Control (DTSC), East Bay Management Utilities District (EBMUD), Bay Area Air Quality Control Board (BAAQMD) and Regional Water Quality Control Board personnel, and community officials (I-B-4, I-B-16, and I-B-17)."

In a letter from the City of Berkeley dated December 19, 1994, the City of Berkeley acknowledges LBNL's efforts related to reaching agreement regarding overlapping jurisdictions of oversight for LBNL. The Alameda County Health Care Services Agency, Department of Environmental Health, the City of Berkeley Emergency and Toxic Management Program, and the City of Oakland Fire Department Office of Emergency Services have established a Joint Committee for oversight of LBNL.

ONGOING ACTIVITIES:

- Quarterly meetings with regulatory agencies (City of Berkeley and Agreement-in-Principle committee members).

  - The February 1, 1995, meeting included the following agenda topics:

    —RFI Phase I Progress Report to Regulators.
    —RWQCB letter to change schedule of Groundwater Sampling.
    —AIP approval of RFI Work Plan.
    —Building 58 Air Sampling for VOCs.
    —LBNL Contact with PG&E related to hydrocarbon content of natural gas.
    —DOE Program Summary.
    —Community Relations.
    —Status of SWMUs/AOCs/OIAs and Field Activities.

- LBNL makes monthly presentations regarding compliance activities and corrective action plan progress to the City of Berkeley and the DOE.

Improvement Actions for Environment, Safety, and Health				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates

Self-Assessment Report for Fiscal Year 1995

Facilities Management

Lawrence Berkeley National Laboratory

Performance Characterization

Evaluation of the FY 1995 Performance Measures indicates that Lawrence Berkeley National Laboratory effectively met the spirit of the Performance Objectives. There were some areas where the criteria were exceeded and some where the criteria were not completely met; however, the general trend shows improvement. Of the 26 Measures, only 3 failed to fully meet expectations. The Laboratory was unable to complete its upgrade to more fuel-efficient vehicles; therefore, the goal to reduce vehicle fuel by 10% was not reached. Since this was also one of two goals in the Energy Plan, not all Energy Plan goals were met. A significant flaw was found in the preventive maintenance software that gave misleading results of overdue actions. This flaw has been fixed, and the overdue actions are now below the 10% goal; however, the rate for the first two quarters has resulted in the yearly numbers exceeding the 10% target.

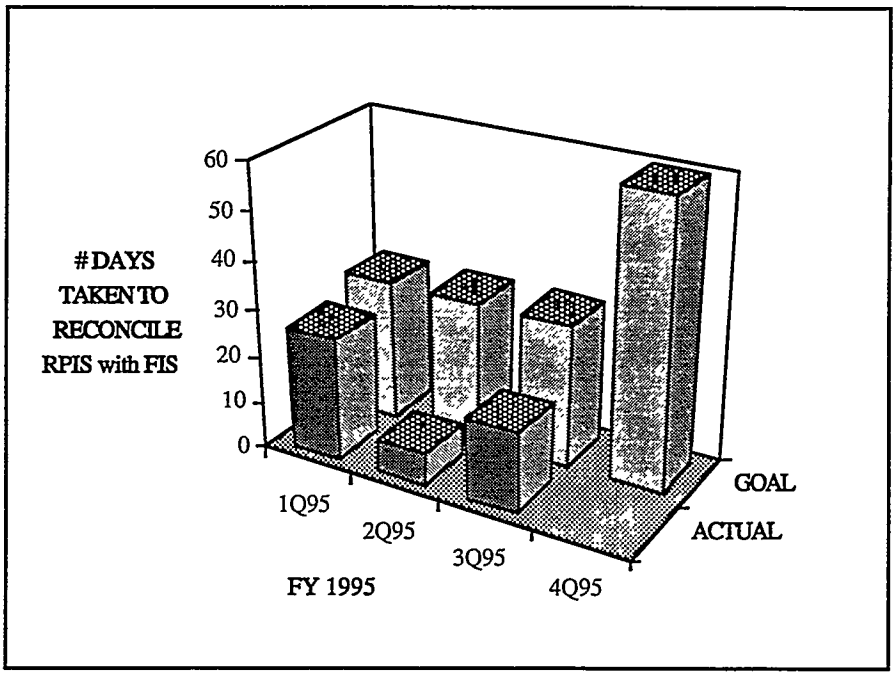
It should also be recognized that small samples—e.g., 3.1.b and 5.3.a—result in large swings, which may misrepresent the true performance.

As in last year's evaluation, lessons learned were put to practical use in the development of the FY 1996 objectives, which will result in a truer evaluation of performance.

Performance Objective #1	**Real Property Management:** *The Laboratory will effectively manage Real Property.* **(Weight = 15%)**
Summary	In the three criteria with measurable goals, LBNL has exceeded expectations. The fourth criterion is a track and trend.
Barriers to Improvement	None identified.

Objective #1 Criterion 1.1	**RPIS/FIS:** *Real Property Information System is reconciled with FIS.* **(Weight = 5%)**
Objective #1 Criterion 1.1 Performance Measure 1.1.a	**RPIS Reconciliation:** *Number of days for reconciliation. The goal is 30 (60 for end-of-year) calendar days.* **Assumptions:** Reconciliation is the explanation of the differences between the RPIS and the FIS. Average of three quarterly performances weighted half, and end-of-year performance weighted half for annual rating. **Gradient:** • Far exceeds expectations—reconciliation in 15 (30) calendar days. • Exceeds expectations—reconciliation in 20 (40) calendar days. • Meets expectations—reconciliation in 30 (60) calendar days. • Needs improvement—reconciliation in more than 30 (60) calendar days.* *For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."
Performance Measure Result	The average of the three quarterly reconciliations is 17 days. It is anticipated that the year-end reconciliation will take less than 60 days.
Successes/ Shortfalls	None identified.

Supporting Data



Number of days for reconciliation is calculated from end of the quarter to the date correspondence was sent to DOE-OAK, transmitting reconciliation or stating that no capitalization has occurred within the quarter. For the first three quarters, the dates were:

1Q95—1/26/95, J.R. Camper to B. Savnik.
2Q95—4/7/95, J.R. Camper to B. Savnik.
3Q95—7/17/95, J.R. Camper to B. Savnik.

Performance Measure 1.1.a

Objective #1 Criterion 1.2	**RPIS Accuracy:** *Real Property Information System contains up-to-date information.* **(Weight = 5%)**
Objective #1 Criterion 1.2 Performance Measure 1.2.a	**Inaccurate Data Elements:** *Number of inaccurate data elements identified during real property inventoried/total number of data elements inventoried. Trend toward zero.* **Assumptions:** Missing data elements that are required are considered inaccurate. Missing data elements that are not applicable are not considered inaccurate. Representative sampling will be used during real property inventories to achieve a general characterization rather than a focus on specific facility areas. Inventories will be conducted by the Laboratories and will follow DOE Order 4300.1. Joint DOE/Laboratory annual inventories may be used as Performance Measure data. **Gradient:** • Far exceeds expectations—0.5%. • Exceeds expectations—1.0%. • Meets expectations—2.0%. • Needs improvement—greater than 2.0%.* *For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."
Performance Measure Result	Based on an early Fourth Quarter self-assessment, no inaccurate data elements were found in the sample tested
Successes/ Shortfalls	None identified.
Supporting Data	153 of 153 field values judged to be accurate. Performance is measured annually. Self-assessment was performed as described in LBNL Memo of August 14, 1995 to the LBNL FIMS File. Results of assessment are on file with the LBNL FIMS Administrator.

Objective #1
Criterion 1.3

Office Space Utilization: *The Laboratory will optimize its total general purpose office space utilization (onsite and leased space).* **(Weight = 5%)**

Objective #1
Criterion 1.3
Performance Measure 1.3.a

GSA Standard: *Net square feet per person for permanent and leased office space. The goal is the current GSA standard.*

$$\text{3-Year Running Average of } \frac{\text{Primary Office Space*}}{\text{People Occupying Offices}}$$

**Excludes deactivated space.*

Assumptions:

GSA Standard is recognized as an average utilization of 135 square feet per person for primary office space, excluding supplemental space as defined by GSA.

Gradient:

- Far exceeds expectations—10% under standard or 10% reduction from previous year.
- Exceeds expectations—5% under standard or 5% reduction from previous year.
- Meets expectations—at standard or closer to standard than previous year.
- Needs improvement—above standard and no decrease from previous year.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

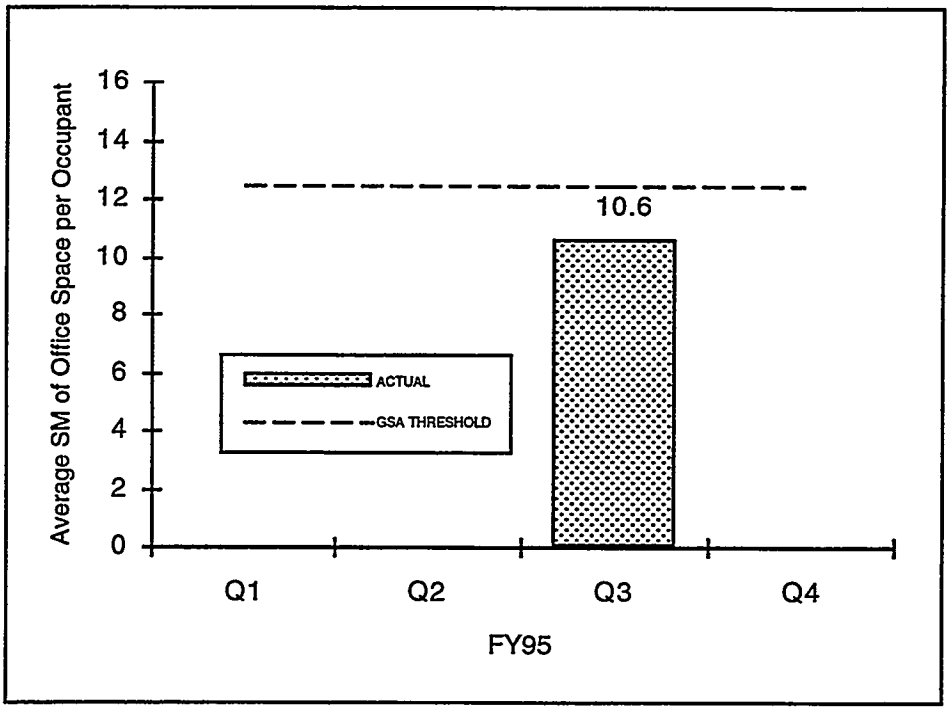
3Q95 = 115 square feet of office space per occupant.
4Q95 (projected) = 115 square feet of office space per occupant.

Actual office space per occupant is 115 square feet, which is 15% under standard. No significant changes are planned in the Fourth Quarter.

Successes/ Shortfalls

None identified.

Supporting Data:



1995-3Q

	1993	1994-3Q	1995-3Q	AVERAGE
PRIMARY OFFICE*	329,190	314,071	325,748	323,003
OCCUPANTS**	2,908	2,408	3,282	2,866
UTILIZATION RATE	113	130	99	114.3

3Q 95 Util Rate SF = 114.3 per occupant

(114.3) (.0929) = 10.6 Sq Mtrs

3Q 95 Office = Hill and Local OSL primary office area. Includes Calvin & Donner.

Excludes Bldgs. 940 & 960 and all exempt areas (Bldgs. 7, 10, 64, 80 and 90E).

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* Source: Space database.
**Source: Fstaff database.

Performance Measure 1.3.a

Objective #1 Criterion 1.4

Substandard Building Space: *The Laboratory will reduce its total substandard building space.* **(Weight = 0%)**

Will be Measured annually in Fourth Quarter.

Objective #1 Performance Measure 1.4.a

Building Space Conversion:

$$\frac{\text{Area of Substandard Building Space Converted or Eliminated*}}{\text{Total Area of Substandard Building Space}}$$

*LBNL will review buildings characterized as being substandard in the 1994/95 LIFP (Rehabilitation Status of 3) for this Performance Measure. Rehab Status 3 = substandard buildings and temporary trailers that have aged beyond their useful life and are not economically feasible to upgrade to current environmental health, safety, and building code standards or for functional adequacy.

Gradient:

Track and Trend.

Performance Measure Result

Projected 4Q95 Results = Substandard Building Space was decreased by 1%.

Successes/ Shortfalls

None identified.

Supporting Data

$$\frac{2{,}121^{*}}{217{,}633} = .0097 \approx .01 = 1\%$$

*Area in square feet.
Source: Space database.

Converted & Removed Substandard Space:

Buildings removed:**

74D (190 SF)
74E (927 SF)
77G (710 SF)

**294 SF adjustment due to remeasurement.

Performance Objective #2	**Site Development Planning:** *The Laboratory Site Development Plan should reflect current and future needs.* **(Weight = 5%)**
Summary	All planning documents prepared in FY 1995 were consistent within the criteria set forth in this objective.
Barriers to Improvement	None identified.

Objective #2 Criterion 2.1

Site Development Plan: *Facilities and land are managed consistent with the Laboratory Site Development Plan.* **(Weight = 5%)**

Summary

Although the CAMP report was not required in FY 1995, other documents such as the Institutional Plan and the Surplus Facilities Inventory Assessment are consistent with the Site Development Plan. (Data elements have changed over time due to updating and better information.)

Objective #2 Criterion 2.1 Performance Measure 2.1.a

Site Development Plan Consistency: *Number of items of selected data elements in the SDP that are not consistent with Institutional Plan, CAMP Report, and Surplus Facilities Inventory Assessment database. Trend toward zero.*

Assumptions:

Selected data elements are Population Projections, Program Projections, Surplus Facilities, Line-Item Project Sitings, Line-Item Project Listings, and Future Land Use. Resiting for cause or updated data in most current document does not constitute inconsistency. Identification of inconsistencies will be made during mid-year and end-of year reviews by the Laboratories.

Gradient:

- Far exceeds expectations—0 inconsistencies.
- Exceeds expectations—2 inconsistencies.
- Meets expectations—3 inconsistencies.
- Needs improvement—more than 3 inconsistencies.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

Selected data elements from the Site Development Plan are 100% consistent with the Institutional Plan and Surplus Facilities Inventory Assessment.

Successes/ Shortfalls

None.

Supporting Data

Population projection of 4,750 is consistent in all documents; program projections are consistent; LBNL reported no surplus facilities in all documents; Line-item project sitings are 100% consistent in all documents, including programmatic and institutional; Line-Item Project listings are consistent and have changed due to updating and better information; and future land use remains consistent.

Performance Objective #3	**Project Management:** *The Laboratory will complete construction projects within approved budgets and schedules.* **(Weight = 30%)**
Summary	The Laboratory has effectively met the performance criteria in this area. Construction projects have been successfully managed within approved budgets and schedules. Five General Plant Projects and one Non-Capital Alteration project were completed this year. These projects, which were collectively valued at over $3.8M, met the performance criteria for schedules and budgets. As has regularly been the case in the past, LBNL requested and obtained authorizations for use of available GPP funding in an expeditious manner. Line Item Project Baseline Control was done successfully. During this period, 13 active Line Item Projects were evaluated. These 13 projects have a cumulative Total Estimated Cost of $90,995,000. Over $25,000,000 in new obligations was made against these projects in FY 1995, and over $20,000,000 was costed. Line Item Project costs (3.2.a) were maintained at the goal value of 1.00. Line Item Project schedules (3.2.b) and work performed (3.2.d) were managed well within the meets-expectations level of performance. Line Item Project Obligations as compared to FY 1995 appropriations (3.2.c) and Line Item Project closeouts (3.2.e) were managed at the exceeds expectations level of performance.
Barriers to Improvement	None identified.

Objective #3 Criterion 3.1	**GPP and Non-Cap Projects:** *GPP and non-capital construction projects greater than $300K and less than $2000K meet baselines.* **(Weight = 10%)**
Objective #3 Criterion 3.1 Performance Measure 3.1.a	**GPP/NC Project Cost:** *Total of TECs for projects completed that fiscal year/total authorized project TECs of those same projects at end of Title 1. The goal is 1.00.* **Assumptions:** Weight = 3%. **Gradient:** • Far exceeds expectations—0.95. • Exceeds expectations—1.00. • Meets expectations—1.10. • Needs improvement—greater than 1.10.* *For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."
Performance Measure Result	Five General Plant Projects and one Non-Capital Alteration project were completed this year. These projects, which were collectively valued at over $3.8M, were completed within 1% of the cost baseline.
Successes/ Shortfalls	None identified.

Supporting Data Total of TECs for projects completed that fiscal year/total authorized project TECs of those same projects at end of Title 1 = $3,859 / $3,822 = 1.01.

Item No.	Location	Project Title	Actual Compl	TEC @ Compl	TEC @ Title I	Uncontrollable or Directed Changes See Notes	TEC Baseline
GPP							
1	2	Ingress/Egress Systems	Jan 95	500	425	72 (1)	497
2	56/88	Radioactive Stack Monitoring Systems	Nov 94	500	300	200 (2)	500
3	75/75A	Radioactive Stack Monitoring Systems	Nov 94	900	900	0	900
4	SITE	Radiation Monitoring System	Feb 95	419	385	0	385
5	51	Consolidate Subsurface Geosciences Programs	Sep 95	1,000	1,000	0	1,000
		Subtotals for all GPP		3,319	3,010		3,282
NCA							
6	72	Convert ARM & Gas Plant to SF-6	Sep 95	540	540		540
		Totals for all GPP/NC		3,859	3,550		3,822

Notes:

1. Cost baseline adjusted due to discovery of contaminated soil at project site and unusually wet weather during the months of December 1994 and January 1995. A revised Construction Directive Authorization was approved by DOE.

2. Cost baseline adjusted due to directed changes resulting from shutdown of accelerators in Buildings 51 and 71 and addition of Building 56 to the project scope. The baseline is also adjusted in accordance with the Federal Facilities Compliance Agreement between DOE and EPA. A revised Construction Directive Authorization was approved by DOE.

Performance Measure 3.1.a

Objective #3
Criterion 3.1
Performance Measure 3.1.b

GPP/NC Project Schedule: *Number of projects completed on-schedule (beneficial occupancy) as established at end of Title I/total number of projects completed. The goal is 1.00.*

Assumptions:

Schedules adjusted for uncontrolled forces such as weather, strikes, etc. Weight = 2%.

Gradient:

- Far exceeds expectations—1.00.
- Exceeds expectations—0.85.
- Meets expectations—0.70.
- Needs improvement—less than 0.70.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

Five General Plant Projects and one Non-Capital Alteration project were completed this year. Five out of six of these projects, which were collectively valued at over $3.8M, were completed on or ahead of the schedule baseline.

Successes/ Shortfalls

None identified.

Supporting Data

Number of projects completed on schedule (beneficial occupancy) as established at end of Title I/total number of projects completed = 5 /6 = 0.83.

Item No.	Location	Project Title	Actual Fore cast Compl	Base line Compl @ Title 1	Uncontrollable or Directed Changes See Notes	Base line Compl	On Schedule
GPP							
1	2	Ingress/Egress Systems	Jan 95	Jul 94	+ 6 mos (1)	Jan 95	1
2	56/88	Radioactive Stack Monitoring Systems	Nov 94	Mar 94	+ 11 mos (2)	Feb 95	1
3	75/75A	Radioactive Stack Monitoring Systems	Nov 94	Mar 94	+ 11 mos (2)	Feb 95	1
4	SITE	Radiation Monitoring System	Feb 95	Jun 94		Jun 94	0
5	51	B-51 Consolidate Subsurface Geosciences Programs	Sep 95	Oct 95		Oct 95	1
		Subtotals for all GPP				Subtotal	4
NCA							
6	72	Convert ARM & Gas Plant to SF-6	Sep 95	Sep 95			1
		Totals for all GPP & non cap					5

Notes:

1. Schedule baseline adjusted due to discovery of contaminated soil at project site and unusually wet weather during the months of December 1994 and January 1995. A revised Construction Directive Authorization was approved by DOE.

2. Schedule baseline adjusted due to directed changes resulting from shutdown of accelerators in Buildings 51 and 71 and addition of Building 56 to the project scope. The baseline is also adjusted in accordance with the Federal Facilities Compliance Agreement between DOE and EPA. A revised Construction Directive Authorization was approved by DOE.

Performance Measure 3.1.b

Objective #3
Criterion 3.1
Performance Measure 3.1.c

GPP/NC Authorizations: *Total amount of actual GPP funding authorized/total amount of GPP funds available for authorization. The goal is 0.90.*

Assumptions:

Funds available for authorization include carry-over plus new funding. Weight = 5%.

Gradient:

- Far exceeds expectations—0.90.
- Exceeds expectations—0.85.
- Meets expectations—0.80.
- Needs improvement—less than 0.80.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

As has regularly been the case in the past, LBNL requested and obtained authorizations for use of available GPP funding in an expeditious manner.

Successes/ Shortfalls

None identified.

Supporting Data

Total amount of actual GPP funding authorized/total amount of GPP funds available for authorization = $3,830 / $3,830 = 1.00.

Projects	(Thousands of Dollars) Funding Level	Directive Amount
Available from prior years	475	
FY95	3,355	3,830
Total	3,830	3,830

Performance Measure 3.1.c

Objective #3 Criterion 3.2

Line-Item Projects: *Line-Item projects meet baselines.* **(Weight = 20%)**

Objective #3 Criterion 3.2 Performance Measure 3.2.a

Line-Item Project Cost: *Estimated cost at completion/baseline TEC. The goal is not to exceed 1.00.*

Assumptions:

DOE-directed changes without approved baseline changes are not included, e.g., Congressional changes in funding profiles, funding received in excess of that requested, or changes in mission objectives, etc. Line Item Projects include any project over $2,000K, regardless of type of funds for work referenced in Article IX, Clause 7(j). Weight = 5%.

Gradient:

- Far exceeds expectations—0.90.
- Exceeds expectations—0.95.
- Meets expectations—1.00.
- Needs improvement—greater than 1.00.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

During this period, 13 active Line Item Projects were evaluated. These 13 projects have a cumulative Total Estimated Cost of $90,995,000. Line Item Project costs (3.2.a) were maintained at the goal value of 1.00.

Successes/ Shortfalls

None identified.

Supporting Data Estimated cost at completion/baseline TEC = $90,995 / $90,995 = 1.00.

Item No.	Location	Project Title	TEC @ Completion	Baseline TEC	Uncontrollable or Directed Changes	Adjusted Baseline TEC
1	Various	Environmental Health & Safety Project (ER)	13,113	13,113	0	13,113
2	Site	Slope & Seismic Stabilization	2,600	2,600	0	2,600
3	Site	Original Labsite Substation	2,950	2,950	0	2,950
4	90	Seismic Rehabilitation	6,800	6,800	0	6,800
5	Site	Roof Replacement, Phase I	2,500	2,500	0	2,500
6	77	Ultrahigh Vacuum Cleaning Facility Safety Upgrade	1,852	1,852	0	1,852
7	85	Hazardous Waste Handling Facility	13,125	13,125	0	13,125
8	Site	East Canyon Electrical Safety	3,853	3,853	0	3,853
9	Site	Fire & Safety Systems Upgrade	4,600	4,600	0	4,600
10	6	ALS Structural Biology Support	7,882	7,882	0	7,882
11	84	Human Genome Laboratory	24,700	24,700	0	24,700
12	70	Hazardous Materials Safeguards, Phase I	4,720	4,720	0	4,720
13	56	Biomedical Isotope Facility	2,300	2,300	0	2,300
		Total $	90,995	90,995	0	90,995

Performance Measure 3.2.a

Objective #3
Criterion 3.2
Performance Measure 3.2.b

Line-Item Project Schedule: *Estimated schedule at completion/baseline schedule. The goal is 1.00.*

Assumptions:

Schedule measured in months and cumulative for all Line Item Projects. Weight = 3%.

Gradient:

- Far exceeds expectations—0.90.
- Exceeds expectations—1.00.
- Meets expectations—1.10.
- Needs improvement—greater than 1.10.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

During this period, 13 active Line Item Projects were evaluated. Line Item Project schedules were managed within 3% of the cumulative number of months required to complete all projects. Eleven of thirteen projects were completed (or are forecast to be completed) within three months of the completion baseline.

Successes/ Shortfalls

None identified.

Supporting Data

Estimated schedule at completion/baseline schedule = 707 months / 684 months = 1.03.

Item No	Location	Project Title	A Baseline Start	B Baseline Compl	C Actual (Forecast) Compl	D Actual Schedule Months. C-A	E Uncontrollable or Directed Changes	F Baseline Months B-A+E
1	Various	Environmental Health & Safety Project (ER)	Feb-88	Dec-94	(Nov-95)	94	0	83
2	Site	Slope & Seismic Stabilization	Jan-90	Sep-95	(Sep-95)	69	0	69
3	Site	Original Labsite Substation	Jan-90	Apr-95	Apr-95	64	0	64
4	90	Seismic Rehabilitation	Jan-91	Jan-95	Mar-95	51	0	49
5	Site	Roof Replacement, Phase I	Jan-92	Feb-95	May-95	41	0	38
6	77	Ultrahigh Vacuum Cleaning Facility Safety Upgrade	Oct-92	Feb-95	Mar-95	29	0	28
7	85	Hazardous Waste Handling Facility	Feb-88	Aug-96	(Aug-96)	103	0	103
8	Site	East Canyon Electrical Safety	Feb-92	Jun-96	(Jun-96)	53	0	53
9	Site	Fire & Safety Systems Upgrade	Feb-93	Sep-96	(Aug-96)	43	0	44
10	6	ALS Structural Biology Support	Jan-94	Jun-96	(Jul-96)	30	0	29
11	84	Human Genome Laboratory	Dec-93	Dec-97	(Dec-97)	49	0	49
12	70	Hazardous Materials Safeguards, Phase I	Jan-93	Jun-96	(Jun-96)	42	0	42
13	56	Biomedical Isotope Facility	Apr-92	Jan-95	Jul-95	40	0	34
		Total months				707	0	684

Performance Measure 3.2.b

Objective #3
Criterion 3.2
Performance Measure 3.2.c

Line-Item Obligations: *Total amount of obligations by the Laboratory/total amount of current fiscal year appropriations from DOE. The goal is 1.00.*

Assumptions:

Laboratory obligations are actual current year capital funding in the Laboratory Financial Plan. The intent is to Measure actual obligations versus planned obligations for the current year with adjustments for previous year carry-over, directed funding changes, significant bid/estimate variations, contingency reserve, etc. A summary of planned obligations and applicable appropriations for the year for all Line Item Projects will be made a matter of record within the First Quarter of the fiscal year. Weight = 5%.

Gradient:

- Far exceeds expectations—1.00.
- Exceeds expectations—0.95.
- Meets expectations—0.90.
- Needs improvement—less than 0.90.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

During this period, 13 active Line Item Projects were evaluated. These 13 projects have a cumulative Total Estimated Cost of $90,995,000. Over $25,000,000 in new obligations were made against these projects in FY 1995.

Successes/ Shortfalls

This Measure is not meaningful because of the numerous adjustments required for previous year carry-over, directed funding changes, significant bid/estimate variations, contingency reserve, etc.

Supporting Data Total amount of obligations by the Laboratory/total amount of current fiscal year appropriations from DOE = $25,536 / $21,495 = 1.19.

Item No.	Location	Project Title	Obligations Actual thru 3rd Qtr	Obligations (Forecast) FY95	Appropriations FY95	Notes	Uncontrollable or Directed Changes	Appropriations Baseline
1	85	Hazardous Waste Handling Facility (ADS #2001)	(339)	664	625			625
2	Site	East Canyon Electrical Safety	(1,939)	2148	1,146			1,146
3	70	Hazardous Materials Safeguards, Phase 1	(1,202)	1602	1,962	1	–1153	809
4	Site	Fire & Safety Systems Upgrade Project, Phase 1	(755)	1316	2,000	2	-313	1,687
5	6	ALS Structural Biology Support	(3,097)	4006	4,700	3	–1157	3,543
6	84	Human Genome Laboratory	(1,864)	15,800	15,800	4	–2115	13,685
		Total	9,196	25,536	26,233			21,495

1. Appropriation includes $319K contingency reserve (FY 1996 validation data). Additional $834K adjustment due to bid/estimate variation.

Construction Estimate:	$3,250K
Construction Bid:	$2,240K
Diff:	$1,010K or 30% of Baseline Budget

30% of FY 1995 baseline (January BA/BO) obligations:

0.30 x $2,781K = $834K

2. Appropriation includes $313K contingency reserve (FY 1996 validation data).

3. Appropriation includes $782K contingency reserve (FY 1996 validation data). Additional $375K adjustment due to bid/estimate variation. (Bid = $2,870; Construction est. = $3,245.)

4. Appropriation includes $2,115K contingency reserve (FY 1996 validation data).

Performance Measure 3.2.c

Objective #3
Criterion 3.2
Performance Measure 3.2.d

Line-Item Work Performed: *Actual cost of work performed/budgeted cost of work scheduled in approved project management plans. The goal is 1.00.*

Assumptions:

Actual and budgeted costs are for fiscal year. Weight = 5%.

Gradient:

- Far exceeds expectations—1.00.
- Exceeds expectations—0.95.
- Meets expectations—0.90.
- Needs improvement—less than 0.90.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

During this period, 13 active Line Item Projects were evaluated. These 13 projects have a cumulative Total Estimated Cost of $90,995,000. Over $20,000,000 was costed during FY 1995. This amount represents over 90% of planned spending.

Successes/ Shortfalls

None identified.

Supporting Data

Actual cost of work performed/budgeted cost of work scheduled in approved project management plans = $20,379 / $21,625 = 0.94.

Item No.	Location	Project Title	Actual Costs (Forecast)	FY 1995 Cost Plan (10/95)	Notes	Uncontrollable or Directed Changes	Budgeted Costs
1	Various	Environmental Health & Safety Project (ER)	3,093	4,108	1	–384	3,724
2	85	Hazardous Waste Handling Facility (ADS #2001)	3,758	5,643	2	–1869	3,774
3	Site	Slope & Seismic Stabilization	265	445	3	–132	313
4	Site	Original Labsite Substation	898	896			896
5	90	Seismic Rehabilitation	1,411	1,411			1,411
6	Site	Roof Replacement, Phase 1	783	707			707
7	Site	East Canyon Electrical Safety	1,739	2,214	4	-107	2,107
8	77	Ultrahigh Vacuum Cleaning Facility Safety Upgrade	1,105	1,105			1,105
9	56	Biomedical Isotope Facility	927	927			927
10	70	Hazardous Materials Safeguards, Phase I	1,675	1,900	5	-537	1,363
11	Site	Fire & Safety Systems Upgrade Project, Phase 1	1,448	1,790	6	-45	1,745
12	6	ALS Structural Biology Support	1,343	1,950	7	-331	1,619
13	84	Human Genome Laboratory	1,934	1,934			1,934
		Total $	20,379	25,030			21,625

1. Adjustment includes $384K contingency reserve.
2. Adjustment includes $150K contingency reserve. $1,719K adjustment due to 103-calendar-day delay due to rain.
3. $52K adjustment due to bid/estimate variation and $80K contingency reserve.

Supporting Data
(Continued)

Construction Estimate:	$375K
Construction Bid:	$304K
Diff:	$71K or 19% of Const. Estimate

19% of FY 1995 baseline (October BA/BO) construction outlays:

0.19 x $276K = $52K

4. Adjustment includes $107K contingency reserve.
5. $487K adjustment due to bid/estimate variation and $50K contingency reserve.

Construction Estimate:	$3,250K
Construction Bid:	$2,240K
Diff:	$1,010K or 30% of Baseline Budget

30% of FY 1995 baseline (October BA/BO) construction outlays:

0.30 x $1623K = $487K

6. Adjustment includes $45K contingency reserve.
7. Adjustment includes $197K contingency reserve. $134K adjustment due to receipt of low bid.

Construction Estimate:	$3,245K
Construction Bid:	$2,870K
Diff:	$375K or 12% of Baseline Budget

12% of FY 1995 baseline (October BA/BO) construction outlays:

0.12 x $1,116K = $134K

Performance Measure 3.2.d

Objective #3
Criterion 3.2
Performance Measure 3.2.e

Line-Item Closeouts: *Sum of number of months after KD-4 for projects closed out/total projects closed out multiplied by six. The goal is not to exceed 1.00.*

Assumptions:

Projects exceeding KD-4 plus six months as of October 1, 1994 will be defined as having KD-4 on July 1 ,1994. The time period otherwise will be measured from receipt of written notification of KD-4 from the Operations Office. Fractions of months are acceptable. Excludes projects in claims. If three or fewer closeouts, weight allocated equally to other Line Items measures. Weight = 2%.

Gradient:

- Far exceeds expectations—0.70.
- Exceeds expectations—0.85.
- Meets expectations—1.00.
- Needs improvement—greater than 1.00.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

Five projects were planned for closeout in FY 1995. All were closed out within six months of beneficial occupancy as targeted. Several were closed in less than six months of beneficial occupancy.

Successes/ Shortfalls

By giving high priority to project closeout efforts, LBNL has been able to exceed expectations in this area.

Supporting Data

Sum of number of months after KD-4 for projects closed out/total projects closed out multiplied by six = 18 / 30 = 0.60.

Item No.	Location	Project Title	Const Complete Date	Closeout Date	# of Months
1	Site	Original Labsite Substations	Apr 95	Aug 95	4
2	90	Seismic Rehabilitation	Mar 95	Aug 95	5
3	Site	Roof Replacement, Phase 1	May 95	Aug 95	3
4	77	Ultrahigh Vacuum Cleaning Facility Safety Upgrade	Mar 95	Aug 95	5
5	56	Biomedical Isotope Facility	Jul 95	Aug 95	1
				Total Months	18

Performance Measure 3.2.e

Performance Objective #4	**Maintenance:** *The Laboratory will maintain capital assets to ensure reliable operations in a safe and cost-effective manner.* **(Weight = 25%)**
Summary	The maintenance performance met or exceeded five of the six criteria. The sixth Measure (4.3) rates a Needs Improvement based on a 20% overdue rate for the First Quarter. This resulted from the discovery of an error in the program preparing the data. The error was corrected, and the overdue rate reduced to 9% by the Third Quarter. Although the average for the year is over the 10% goal, the trend clearly shows that the spirit of the objective was met.
Barriers to Improvement	None identified.

Objective #4
Criterion 4.1

Maintenance Management: *Maximize the development of the maintenance management program as defined within Appendix E of the UC-DOE contract.* **(Weight = 10%)**

Objective #4
Criterion 4.1
Performance Measure 4.1.a

Appendix E Milestones: *Number of current year's Appendix E milestones accomplished/total number of current year's Appendix E milestones scheduled. The goal is 1.00.*

Assumptions:

None stated.

Gradient:

- Far exceeds expectations—scheduled milestones and 50% of a future milestone or 25% of two or more future milestones are completed.
- Exceeds expectations—scheduled milestones and 25% of a future milestone are completed.
- Meets expectations—1.00.
- Needs improvement—less than 1.00.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

All FY 1995 milestones were completed and 50% of Milestone FY96.1 has been completed.

Successes/ Shortfalls

None identified.

Supporting Data

	Due Date	Status
FY 1995 Milestones		
1. Labs revise MIPs	12/94	Completed
2. DOE Approves MIPs	4/95	Completed
3. Labs apply graded approach to identify Category 1, 2 & 3 systems in high and medium hazard classified facilities	1/95	Completed
4. Labs identify maintenance requirements for Category 1 & 2 equipment and develop equipment lists in high and medium hazard classified facilities	6/95	Completed
FY 1996 Milestones		
1. Labs apply graded approach to identify Category 2 & 3 systems in low hazard classified facilities (1/96)	1/96	50% Completed
2. Labs develop maintenance procedures for Category 1&2 equipment in high & medium hazard classified facilities	6/96	Open
3. Labs identify maintenance requirements for Category 2 equipment and develop equipment list	6/96	Open
4. Labs identify maintenance requirements for Category 3 equipment and develop equipment list	9/96	Open

Performance Measure 4.1.a

Objective #4
Criterion 4.2

Maintenance Backlog Control: *Reduce the Maintenance Backlog over the period of the contract.* **(Weight = 8%)**

Objective #4
Criterion 4.2
Performance Measure 4.2.a

Maintenance Backlog Amounts: *Cumulative average of Maintenance Backlog amounts for each year of the contract period/Baseline Maintenance Backlog. The goal is 1.00.*

Assumptions:

Maintenance Backlog is defined as the amount of all maintenance and repair work not accomplished. Backlog does not include alterations/modifications necessary to bring a facility up to current code. The Maintenance Backlog will be defined by inspection, including all identified deficiencies, and normalized for percent of the site inspected. As more facilities are inspected, the baseline should be adjusted to reflect better accuracy. Maintenance Backlog growth is to be adjusted for inflation. The Baseline Maintenance Backlog will be for FY 1993, if reliable, or the figure developed in FY 1994 from inspection and calculation. If a reduction is taken as a result of capital funded projects, only the portion that reduces maintenance backlog should be taken for credit. Backlog can also be reduced by closing, deactivating, or demolishing an entire facility and reducing the backlog amount by the portion associated with that facility. A reduction in backlog resulting from verification by the facility manager or others does not change the backlog for this Measure, but does adjust the baseline downward.

Gradient:

- Far exceeds expectations—0.98.
- Exceeds expectations—0.99.
- Meets expectations—1.00.
- Needs improvement—greater than 1.00.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

The FY 1995 backlog has been reduced below the FY 1994 baseline.

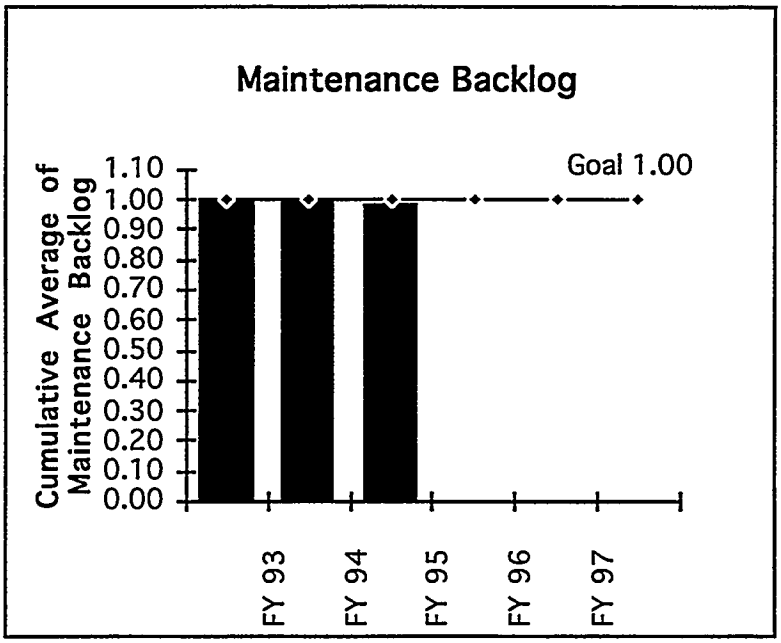
Successes/ Shortfalls

None identified.

Supporting Data

FY	Backlog
94	$23,351 K (baseline)
95	$22,533 K

[(23351 + 22533)/2] / $23,351 = 0.98



Performance Measure 4.2.a

Objective #4
Criterion 4.3

Preventive Maintenance : *Planned preventive maintenance is performed as scheduled.* **(Weight = 3%)**

Summary

Analysis of this criterion showed that it was reported incorrectly in FY 1994. The error source was corrected and the quarterly performance was imposed as shown on the graph below. This is an excellent example of how well-defined Performance Measures can identify problems and improve performance.

Objective #4
Criterion 4.3
Performance Measure 4.3.a

Scheduled Maintenance Activities: *The number of planned preventive maintenance activities overdue by three months or more/the total number of planned maintenance activities. The goal is 0.05.*

Assumptions:

None stated.

Gradient:

- Far exceeds expectations—0.01.
- Exceeds expectations—0.05.
- Meets expectations—0.10.
- Needs improvement—greater than 0.10.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

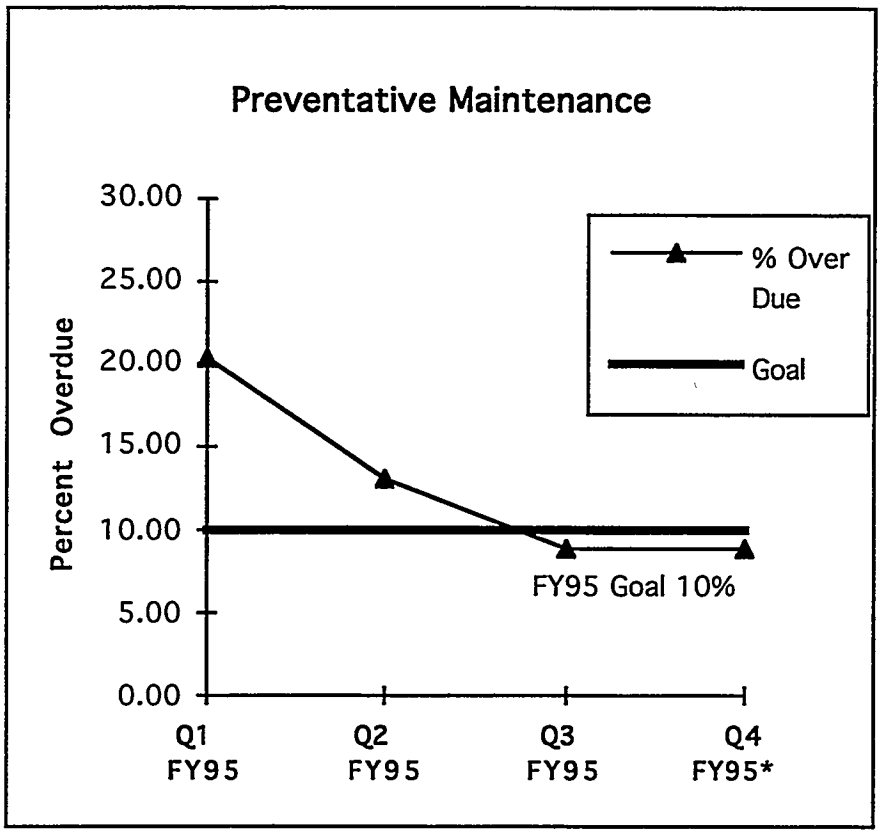
Performance Measure Result

During this fiscal year, some problems were uncovered in the computer programs used to report this Measure's value. LBNL has corrected the programs. Reporting errors were also discovered, and procedures are in place to correct these. Corrective action is in place, and it is expected that this criterion will be met in FY 1996.

Successes/ Shortfalls

None identified.

Supporting Data



*** Estimated 4th Quarter**

Performance Measure 4.3.a

Objective #4 Criterion 4.4

RPIE OR'S: *Minimize the number of Occurrence Reports resulting from Real Property and Installed Equipment failures.* **(Weight = 1%)**

Objective #4 Criterion 4.4 Performance Measure 4.4.a

RPIE Failure OR'S: *The number of final Occurrence Reports that are the result of Real Property and Installed Equipment failures attributed to maintenance program deficiencies or performance of maintenance work. The number of Off-normal Occurrences, Unusual Occurrences, and Emergency Occurrences will be reported and expressed as a percentage of the total number of occurrences in each category. Trend toward zero.*

Assumptions:

Nonperformance of scheduled maintenance is considered a maintenance program deficiency.

Gradient:

- Far exceeds expectations—0.05.
- Exceeds expectations—0.10.
- Meets expectations—0.15.
- Needs improvement—greater than 0.15.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

LBNL had no occurrences as a result of Real Property and Installed Equipment failure during FY 1995 attributed to maintenance.

Successes/ Shortfalls

None identified.

Supporting Data

LBNL has filed the following number of Occurrence Reports in FY 1995:

Off-Normal:	15
Unusual:	3
Emergency:	0

Objective #4
Criterion 4.5

PPPE OR's: *Minimize the number of Occurrence Reports resulting from Personal Property and Programmatic Equipment failures.* **(Weight = 1%)**

Objective #4
Criterion 4.5
Performance Measure 4.5.a

PPPE Failure OR's: *The number of final Occurrence Reports that are the result of Personal Property and Programmatic Equipment failure attributed to maintenance program deficiencies or performance of maintenance work. The number of Off-normal Occurrences, Unusual Occurrences, and Emergency Occurrences will be reported and expressed as a percentage of the total number of occurrences in each category. Trend toward zero.*

Assumptions:

Nonperformance of scheduled maintenance is considered a maintenance program deficiency.

Gradient:

- Far exceeds expectations—0.05.
- Exceeds expectations—0.10.
- Meets expectations—0.15.
- Needs improvement—ratio is greater than 0.15.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

LBNL had no occurrences as a result of personal property and programmatic equipment failure attributes to maintenance.

Successes/ Shortfalls

None identified.

Supporting Data

LBNL has filed the following number of Occurrence Reports in FY 1995:

Off-Normal:	15
Unusual:	3
Emergency:	0

Objective #4
Criterion 4.6

Benchmarking Maintenance Costs: *Benchmark maintenance costs to provide a basis for evaluating maintenance program efficiency in comparison with industry performance.* **(Weight = 2%)**

Summary

The FY 1995 goal was to define parameters and collect laboratory and industry data.

Objective #4
Criterion 4.6
Performance Measure 4.6.a

Benchmarking Data Collection: *Define parameters and collect laboratory and industry data.*

Assumptions:

Probable categories include building maintenance costs per gross square foot, custodial costs per gross square foot, waste collection costs per square foot, snow removal costs per square yard, paved area maintenance costs per square yard, and grounds maintenance costs per acre.

Gradient:

- Far exceeds expectations—gross benchmarking and maintenance cost data are collected, and 100% of maintenance cost data is discerned, collected, and recorded for associated buildings.
- Exceeds expectations—gross benchmarking and maintenance cost data are collected and 50% of maintenance cost data is discerned, collected, and recorded for associated buildings.
- Meets expectations—gross benchmarking and maintenance cost data is collected.
- Needs improvement—minimal data collected.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

The maintenance gross benchmarking has been collected.

Successes/ Shortfalls

None identified.

Supporting Data

LBNL has determined 100% of the cost of maintenance for each of the categories; however software to track and break down these costs by buildings is not currently available. Benchmarking data has not yet been obtained from comparable companies.

- Building Maintenance Cost — $30.12 per gross square meters annually.
- Custodial Cost — 8.55 per gross square meters annually.
- Waste Collection Cost — $0.87 per gross square meters annually.
- Snow Removal Cost — $0.00 per square meters annually.
- Paved Area Maintenance Cost — $0.13 per square meters annually.
- LBNL Grounds Maintenance Cost — $2,169 per square meters annually.

Performance Objective #5	**Utilities/Energy Conservation:** *The Laboratory will maintain a reliable utility system and conserve energy.* **(Weight = 15%)**
Summary	5.1 Despite an unplanned outage in the Third Quarter of FY 1995, the Laboratory still expects to meet the goal of 99.982% reliability for FY 1995. 5.2.a The Laboratory has not only exceeded the 1995 goal of a 10% reduction in building energy consumption per square foot, but has also exceeded the year 2000 goal of a 20% reduction. 5.2.b The Laboratory has greatly improved its performance this fiscal year as compared to the previous years. We will achieve a reduction of 7% in vehicle fuel consumption over FY 1991 levels. 5.3 The Laboratory accomplished one of the two goals scheduled to be accomplished by FY 1995.
Barriers to Improvement	None identified.

Objective #5
Criterion 5.1

Reliable Utility Service: *Maintain a reliable electrical service.* **(Weight = 5%)**

Objective #5
Criterion 5.1
Performance Measure 5.1.a

Customer Hour Outages: *Total number of customer hours of electrical service less the number of customer hours of unplanned outages/total customer hours. The goal is to exceed 99.982%.*

Assumptions:

Unplanned outages may be excluded that are caused by occurrences outside the boundary of the Laboratory's utility system. Definition of "Customer Hours" = "X" KVA at "Y" Kv that each Laboratory defines for their electrical system.

Gradient:

- Far exceeds expectations—99.995%.
- Exceeds expectations—99.990%.
- Meets expectations—99.982%.
- Needs improvement—measure is less than 99.982%.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

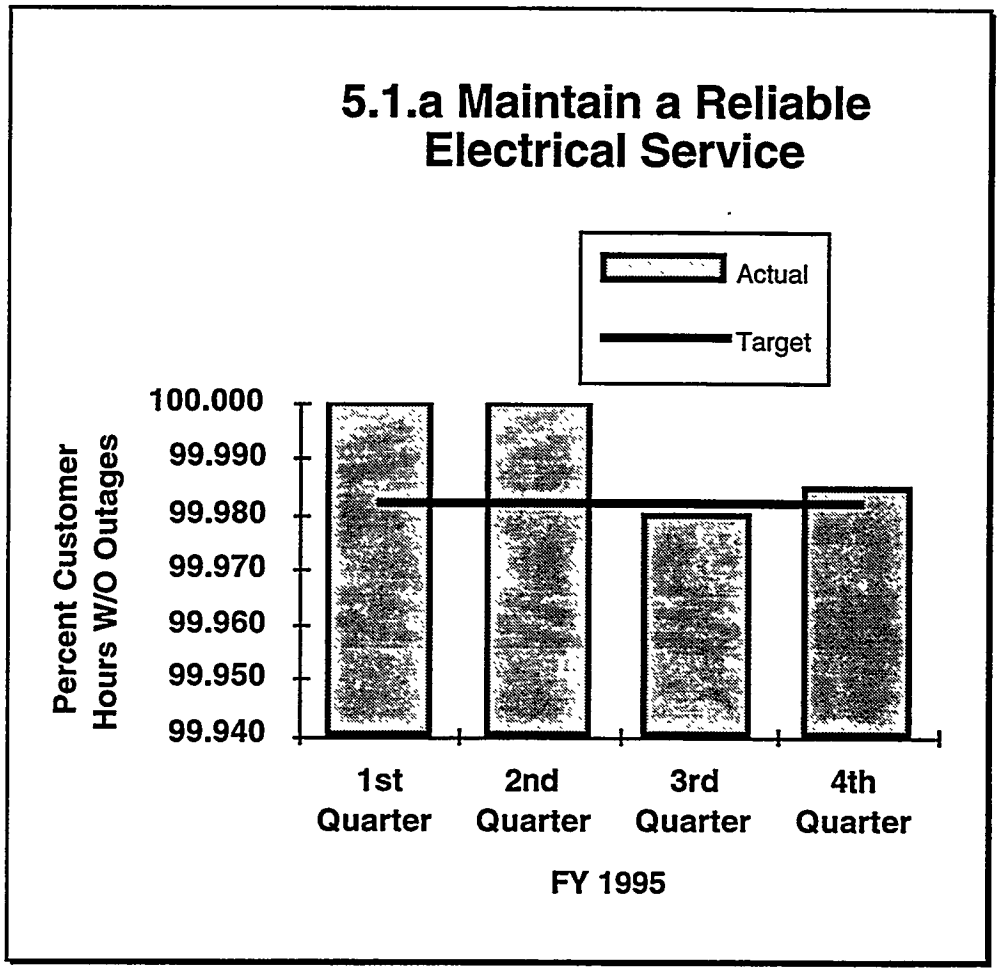
Performance Measure Result

By the end of FY 1995, the Laboratory expects to meet the goal of 99.982%.

Successes/ Shortfalls

In the Third Quarter, an unplanned power outage occurred for 22,320 customer hours due to a ground fault in a piece of switch gear. The reliability percentage for the fiscal year will be 99.985% if no additional unplanned outages occur.

Supporting Data



Supporting Data (Continued)

$$\frac{\text{Total customer hours less hours of unplanned outages}}{\text{Total Customer hours}} = 99.985\%$$

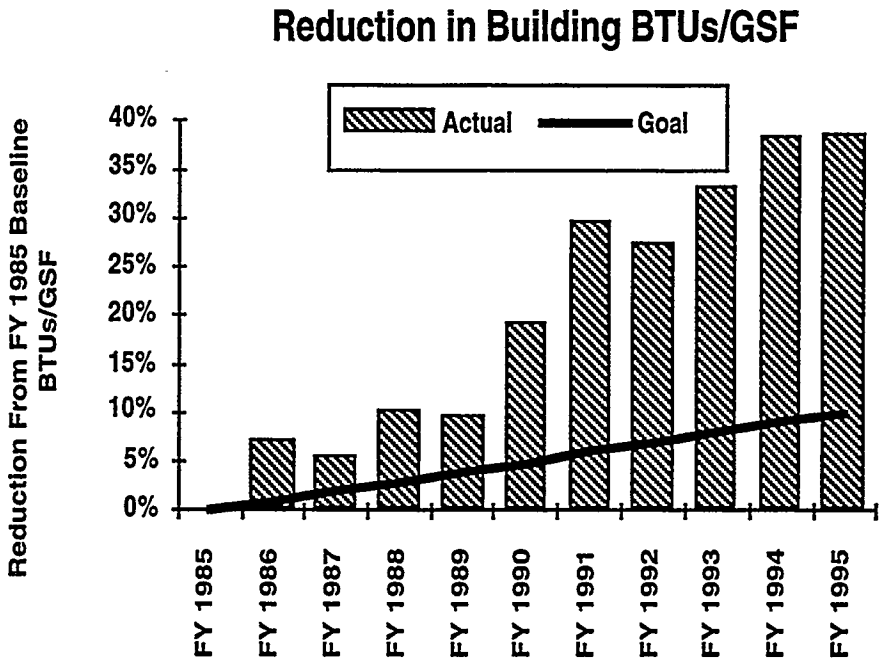
Bank No.	Buildings Served	5 kVA = 1 Customer kVA	Customers	1st through 4th Quarter Total Customer Hours	Unplanned Outage Hours
10	16,17,27,52,53	3,000	600	5,256,000	0
14	25,25A,26,44A, 44B	750	150	1,314,000	0
15	16,44,52,52A,53	300	60	525,600	0
16	16	1,500	300	2,628,000	0
25	50	500	100	876,000	0
30	70	500	100	876,000	0
31	70A	750	150	1,314,000	0
35	50A, 50C, 50E	1,000	200	1,752,000	1,400
36	53,58	1,500	300	2,628,000	0
38	50B, 50D, 50F	1,000	200	1,752,000	1,400
47	74,83	750	150	1,314,000	0
49	46,47	750	150	1,314,000	0
51	51,64	2,500	500	4,380,000	0
53	51,63,64	1,500	300	2,628,000	0
54	51	1,500	300	2,628,000	0
55	51	1,500	300	2,628,000	0
56	51	750	150	1,314,000	0
57	51	1,500	300	2,628,000	0
66	62,72,73	2,000	400	3,504,000	0
70	54,70,70A	750	150	1,314,000	0
71	71	2,500	500	4,380,000	3,500
72	31,42,76,61,77,77A,78,79	2,000	400	3,504,000	0
80	65,88	2,000	400	3,504,000	2,800
90	90,90 Trailers	750	150	1,314,000	1,500
101	51	2,500	500	4,380,000	0
102	51	2,500	500	4,380,000	0
105	51	2,500	500	4,380,000	0
106	51	2,500	500	4,380,000	0
112	EPB Hall, 55, 55A, 56, 60, 71 & Blackberry Trlrs	2,500	500	4,380,000	5,000
113	EPB Hall	2,500	500	4,380,000	0
158	58A	2,500	500	4,380,000	0
171	71	2,000	400	3,504,000	0
None	West 71 Rectifier	2,680	536	4,695,360	0
None	West 71 Rectifier	2,680	536	4,695,360	0
198	88	2,000	400	3,504,000	2,800
RV-1-88	88 Rectifier	2,800	560	4,905,600	3,920
215	66	1,500	300	2,628,000	0
217	69,75	1,500	300	2,628,000	0
218	37,43	2,000	400	3,504,000	0
237	2	2,000	400	3,504,000	0
238	2,29	2,000	400	3,504,000	0
301	6	2,000	400	3,504,000	0
302	6	2,000	400	3,504,000	0
303	6	2,000	400	3,504,000	0
304	6	2,000	400	3,504,000	0
305	10,80	1,500	300	2,628,000	0
306	4,5,7,14,40,41,45,48	1,000	200	1,752,000	0
307	6	2,000	400	3,504,000	0
309	34	1,500	300	2,628,000	0

Total Transformer kVA:	84,210			
Total Customers;		16,842		
Total Number of Customer Hours:			147,535,920	
Total Customer Hours of Unplanned Outages:				22,320
Performance Indicator				**99.985%**

Performance Measure 5.1.a

Objective #5 Criterion 5.2	**Energy Consumption:** *Manage energy usage.* **(Weight = 5%)**
Objective #5 Criterion 5.2 Performance Measure 5.2.a	**Building Energy:** *The reduction in energy usage from FY 1985 levels in BTUs per gross square feet of building expressed as a percent of FY 1985 energy usage. The goal is to exceed 10%.* **Assumptions:** Weight = 4%. **Gradient:** • Far exceeds expectations—20%. • Exceeds expectations—15%. • Meets expectations—10%. • Needs improvement—less than 10%. * *For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."
Performance Measure Result	By the end of FY 1995, we expect the Laboratory to be 38% below 1985 energy usage levels.
Successes/ Shortfalls	None identified.

Supporting Data



$$\frac{\text{Buildings FY 1985 BTUs/GSF less Last 4 Quarters BTUs/GSF}}{\text{Buildings FY 1985 BTUs/GSF}} = 37.95\%$$

Base Year	1Q85	2Q85	3Q85	4Q85	FY 1985
Bldg. MWh	27,009	26,335	27,372	17,287	98,004
Electrical BTU/SF	67,782	64,849	67,403	42,570	242,470
Total NG KCFT	38,607	41,676	23,887	18,677	122,847
Total SF	1,360,000	1,386,000	1,386,000	1,386,000	1,379,500
Nat. Gas BTU/SF	28,757	30,460	17,459	13,650	90,209
Bldg. BTU/SF	96,538	95,309	84,862	56,220	332,679

Last 4 Quarters	1Q95	2Q95	3Q95	4Q95	Last 4 Quarters
Bldg. MWh	14,021	13,316	15,381	15,500	58,217
Electrical BTU/SF	28,282	26,859	31,025	31,266	117,432
Total NG KCFT	45,156	42,355	36,157	25,000	148,668
Total SF	1,692,000	1,692,000	1,692,000	1,692,000	1,692,000
Nat. Gas BTU/SF	27,035	25,358	21,647	14,967	89,007
Bldg. BTU/SF	55,317	52,217	52,672	46,233	206,440

Annual Percentage Reduction: 37.95%

Performance Measure 5.2.a

Objective #5
Criterion 5.2
Performance Measure 5.2.b

Gasoline and Diesel Fuel: *The reduction in gasoline and diesel fuel consumption from FY 1991 levels expressed as a percent of FY 1991 consumption. The goal is to exceed 10%.*

Assumptions:

Weight = 1%.

Gradient:

- Far exceeds expectations—14%.
- Exceeds expectations—12%.
- Meets expectations—10%.
- Needs improvement—less than 10%.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

The Laboratory expects to reduce vehicle fuel consumption by over 7% from FY 1991 levels by the end of FY 1995. The Laboratory will continue to strive to meet the 10% reduction goal.

Successes/ Shortfalls

The replacement of the fleet with more fuel-efficient vehicles from GSA did not proceed as quickly as anticipated.

Supporting Data

$$\frac{\text{FY1991 BTUs less Last 4 Quarters BTUs}}{\text{FY 1991 BTUs}} = 7.24\%$$

Base Year	1Q91	2Q91	3Q91	4Q91	FY 1991
Gasoline Gallons	21,796	22,095	23,429	21,671	88,991
Gasoline MMBTU's	2,539	2,574	2,729	2,524	10,366
Diesel Gallons	6,530	5,762	6,335	5,899	24,526
Diesel MMBTU's	902	796	875	815	3,387
Total MMBTU's	3,441	3,370	3,604	3,339	13,753

Last 4 Quarters	1Q95	2Q95	3Q95	4Q95	Last 4 Quarters
Gasoline Gallons	18,183	16,292	17,673	17,800	69,948
Gasoline MMBTU's	2,118	1,898	2,059	2,073	8,148
Diesel Gallons	8,336	7,668	8,873	8,500	33,377
Diesel MMBTU's	1,151	1,059	1,225	1,174	4,610
Total MMBTU's	3,269	2,957	3,284	3,247	12,758

BTU's % Reduction: 7.24%

Performance Measure 5.2.b

Objective #5 Criterion 5.3	**Ten-Year Energy Plan:** *Facilities are managed consistent with the site's approved Ten-Year Energy Plan.* **(Weight = 5%)**
Objective #5 Criterion 5.3 Performance Measure 5.3.a	**Energy Goals:** *Goals accomplished in accordance with the plan/goals scheduled to be accomplished that year in the plan. The goal is 1.00.* **Assumptions:** None stated. **Gradient:** • Far exceeds expectations—all goals are accomplished and 50% are exceeded. • Exceeds expectations—all goals are accomplished and 25% are exceeded. • Meets expectations—all planned goals are accomplished. • Needs improvement—not all planned goals are accomplished. *For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."
Performance Measure Result	The Laboratory will far exceed the goal to reduce building energy by 10% over 1985 levels by the end of FY 1995, but does not expect to achieve the goal of reducing vehicle fuel consumption by 10% of 1991 consumption.
Successes/ Shortfalls	See 5.2.b.

Supporting Data

$$\frac{\text{Goals Accomplished}}{\text{Goals Scheduled to be Accomplished}} = 1/2 = 50\%$$

Goals in Ten Year Plan

A 10 percent reduction in building energy use per square foot by FY 1995 in comparison to FY 1985. This goal is measured in Performance Measure 5.2.a.

Goal	=	10.00%
Goal To Date	=	10.00%
Actual	=	37.95%
Goal Met	=	Yes

A 10 percent reduction in vehicle and equipment energy use by FY 1995 in comparison to FY 1991. This goal is measured in Performance Measure 5.2.b.

Goal	=	10.00%
Goal To Date	=	10.00%
Actual	=	7.24%
Goal Met	=	No

Performance Measure 5.3.a

Performance Objective #6	**Capital Assets Management:** *The Laboratory will effectively manage capital assets (Real Property and Installed Equipment).* **(Weight = 10%)**
Barriers to Improvement	None identified.

Objective #6 Criterion 6.1

Condition Assessment: *Real property and installed equipment capital assets will be surveyed for condition.* **(Weight = 5%)**

Summary

The goal of this objective in FY 1995 was to survey 30 of LBNL's buildings. Additionally, the site-wide storm drain system was to be surveyed. The storm drain survey was completed in the Second Quarter and is not reflected on this chart.

Objective #6 Criterion 6.1 Performance Measure 6.1.a

Condition Surveys: *Number of completed condition surveys/number of condition surveys planned. The goal is 1.00.*

Assumptions:

Source of condition surveys may be CAS program or similar effort. Survey Plan will be made a matter of record within the First Quarter of the fiscal year.

Gradient:

- Far exceeds expectations—1.15.
- Exceeds expectations—1.00.
- Meets expectations—0.90.
- Needs improvement—less than 0.90.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

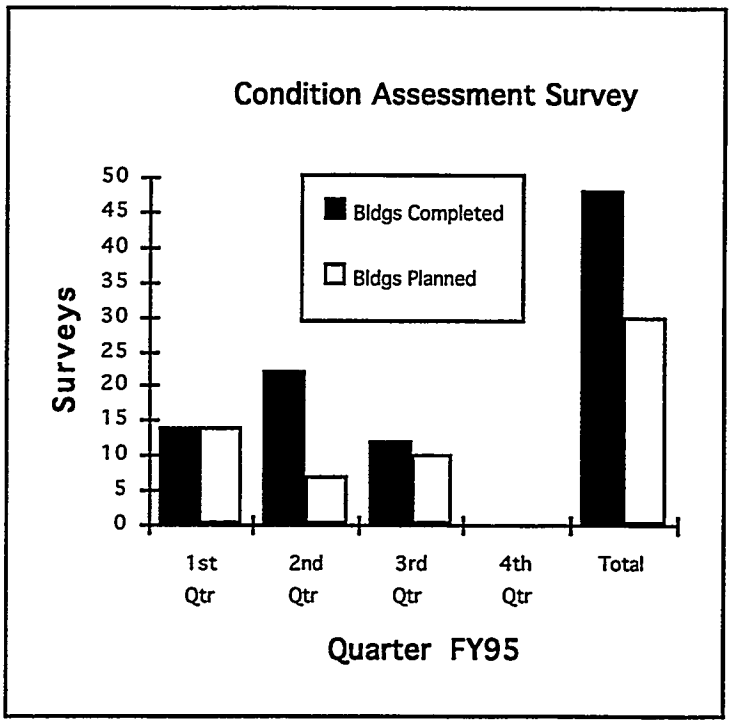
Performance Measure Result

LBNL planned to complete 30 building surveys this fiscal year; 48 will be completed. For FY 1995, 160% of the planned surveys will be completed.

Successes/ Shortfalls

None identified.

Supporting Data



Performance Measure 6.1.a

Objective #6 Criterion 6.2

CAMP: *The Laboratory will maintain an effective Capital Assets Management Program.* **(Weight = 5%)**

Objective #6 Criterion 6.2 Performance Measure 6.2.a

Project Validations: *Number of projects submitted for validation included in current CAMP Report/total number of projects submitted for validation. The goal is 1.00.*

Assumptions:

LLNL and LANL are generating CAMP reports, and LBNL will meet the goal using an equivalent report following guidance from the Landlord Program Office. Projects for DOE Programs not utilizing CAMP are not required to be counted. Unforeseen programmatic projects that respond to changes in programmatic mission or unforeseen technology transfer opportunities are excluded from this measure. **(Weight = 5%)**

Gradient:

- Far exceeds expectations—1.00.
- Exceeds expectations—0.95.
- Meets expectations—0.90.
- Needs improvement—less than 0.90.*

*For all gradients in Facilities Management, a linear scale is assumed for scoring in the region below "meets expectations."

Performance Measure Result

LBNL far exceeded expectations.

Successes/ Shortfalls

None identified.

Supporting Data

LBNL was not required by its program office to submit a CAMP report. The 1995 MEL-FS Project Validation was canceled by DOE-HQ, and no validation was held this year. The projects submitted for validation were included in other planning documents; e.g., the Institutional Plan.

Objective #6 **Criterion 6.2** **Performance Measure 6.2.b**	**Submittal Quality:** *Number of projects validated/total number of projects submitted for validation. The goal is to trend toward 1.00.* **Assumptions:** Validation as determined at the first level of review by DOE. Weight = 0%. **Gradient:** Track and trend.
Performance Measure Result	All programmatic projects submitted were validated.
Successes/ Shortfalls	None identified.
Supporting Data	Four programmatic projects have been submitted and accepted for validation. No MEL-FS Project Validation was held this year.

Performance Objective #7	**Commitments:** *The Laboratory will effectively manage commitments.* **(Weight = 0%)**
Barriers to Improvement	None identified.

Objective #7 Criterion 7.1	**Commitment Management:** *Facilities Functional Managers properly plan, allocate resources, and take timely action to meet commitments specified in facilities related implementation plans or after explicit acknowledgment and acceptance of recommendations from Operations Office facility reviews.* **(Weight = 0%)**
Objective #7 Criterion 7.1 Performance Measure 7.1.a	**Commitment Tracking:** *Number of commitments completed/number of commitments accepted. The goal is 1.00.* **Assumptions:** Acknowledged and accepted commitments will be completed in accordance with agreed-upon schedules. Changes to commitments and scheduled completions may be made by mutual agreement between the DOE Facilities Functional Manager and the Laboratory Facilities Functional Manager. **Gradient:** Track and trend.
Performance Measure Result	Not applicable.
Successes/ Shortfalls	None identified.
Supporting Data	All commitments accepted by LBNL were completed in accordance with agreed-upon schedules.

Improvement Actions for Property Management				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates

(None.)

Self-Assessment Report for Fiscal Year 1995

Financial Management

Lawrence Berkeley National Laboratory

Performance Characterization

GENERAL STATEMENT ON REDUCTIONS OF COST

Many of the Financial Management Performance Objective Gradients call for cost reduction. In the following narratives for each Objective, where appropriate, specific cost reductions are noted. Moreover, it should be noted and considered that the CFO Department in August 1995 reduced its total budget by 19% for FY96.

The budget reduction was made, in part, to recognize efficiencies that have been realized this year, and, in part, in anticipation of future operational efficiencies that will be realized in FY96 from the continued reengineering of work processes, new systems brought online, and ongoing emphasis that staff members of the CFO Department understand and prioritize the needs of its customers.

Performance Objective #1	**Alignment with Missions:** *Financial management practices use partnerships to meet mission goals and programmatic needs.* **(Weight = 20%)**
Objective #1 Criterion 1.1	**Demonstrated Understanding of Missions:** *Financial management takes a proactive leadership role in supporting agency missions, programs, and initiatives.* **(Weight = 10%)**
Objective #1 Criterion 1.1 Performance Measure 1.1.a	**Feedback on Quality of Performance:** *Budgets, analyses, estimates, and proposals submitted have minimal time/form/content deficiencies and incorporate budget validation and other systematic customer feedback.*
Objective #1 Criterion 1.1 Performance Measure 1.1.a Gradient 1	**Annual Budget:** *Timeliness graphed for submitted on-time, early, and submitted late. Describe the quality of the product and the related proactive activities.* **Gradient:** A Meets Expectation rating is achieved by meeting the milestone dates for the annual budget submission(s) and by having the(se) product(s) be of acceptable quality. Factors that will be considered for a higher rating include: Reductions in cycle time and/or cost, Proactive activities such as training & development of Financial Management staff and internal customers, Customer feedback and other relevant information.
Performance Measure Result	LBNL has exceeded the Performance Measure objectives by meeting the milestone dates and developing several proactive activities.
Successes/ Plan(s) of Action	CFO/Budget has 100% on-time response to submitting Direct and Indirect budgets to DOE in accordance with their defined deadlines. To ensure that LBNL budget requests (FTP's, ADS's, and PDS's) were properly and accurately developed CFO/Budget provided the Laboratory with the following support (proactive training and support): **PROACTIVE ACTIVITIES** • It held a two-hour budget preparation workshop in December 1994 to which DOE/OAK Budget personnel were invited. • This workshop was followed up with the publication of an improved DOE Budget Process handbook. This document described in detail the Federal and DOE budget cycle and preparation process, provided specific how-to instructions for completing each of the various types of budget request documents, and spelled out the newly revised indirect rate structure and proposed rates for FY97. As a result, LBNL–CFO has simplified the process and made it more consistent. • Senior Budget personnel are preparing a four-hour class outline for the Train the Trainer series.

Successes/ Plan(s) of Action (Continued)

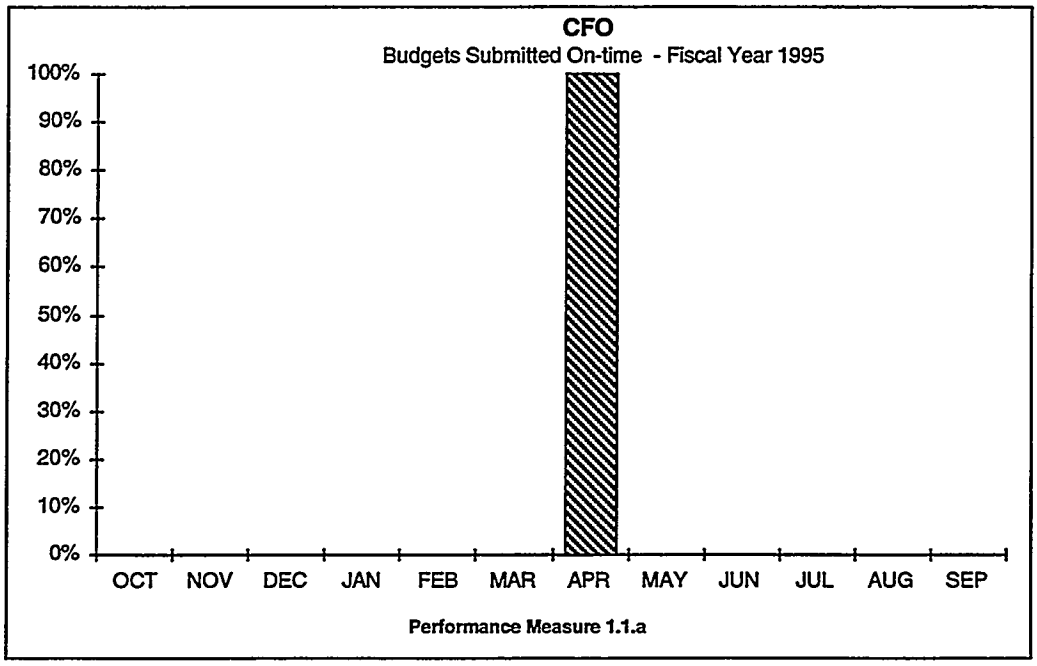
- In addition, an FTPA pricing model was developed on Excel and distributed to LBNL users. This model contained all of the necessary logic for developing DOE budget proposals including the proper application of indirect costs.

Recently, LBNL, LLNL, and Savannah River began jointly developing the DOEMS (DOE Management System) project. DOEMS is a data warehouse containing budget and planning information. This database is designed to eventually be used by Congress, OMB, DOE/HQ, DOE ops offices, M&O contractors, and other entities funded by the DOE. It is anticipated that this system will be used to electronically develop and submit the Laboratory's next DOE budget for FY98.

Supporting Data

See Documentation Folder:

- LBNL Annual Budget Timeliness/Federal Budget Process Binder.



Gradient 1

Objective #1
Criterion 1.1
Performance Measure 1.1.a
Gradient 2

Key Financial Management Information Is Available to Internal Customers:

A. *Graph on-time performance. (Available to customers by 5th workday of each month except the first and last months of the fiscal year. For these dates DOE FIS deadline and the final interim close dates, respectively will be used.)*

B. *Describe customer feedback process for improved services.*

Gradient:

A Meets Expectations rating is achieved by meeting the target of 90% on time performance with acceptable quality as determined by customer feedback. Factors that will be considered for a higher rating include: Above 90% on time performance, good customer feedback, trend showing improvement.

Performance Measure Result

LBNL has consistently exceeded the Performance Measure target by achieving on-time performance with excellent quality 100% of the time.

Successes/ Plan(s) of Action

CFO/Finance has consistently exceeded the 90% on-time target by providing key financial information to internal customers by the fifth work day 100% on time each month. Finance has succeeded in strengthening its FIS reporting through extensive cross-training efforts and an ongoing partnership with DOE/OAK. Finance has completed an FIS training/documentation binder that identifies courses of action and steps toward expediting resolution of problems.

As part of CFO's key role in the Laboratory's Operations Division quality improvement challenge, customer feedback is ongoing through direct dialogue.

CFO/Budget is meeting this Performance Measure. All 24 budget-related documents were submitted on time. The Laboratory has reduced the effort required in budget development by creating a budget estimating tool. This tool is an automated program allowing the Laboratory's internal customers the ability to create accurate project estimates incorporating all of the New Cost Accounting Standards to the Laboratory's overhead structure. Additionally, the Budget Office conducted a workshop to train both the Laboratory's internal customers and the Department of Energy on the use of this tool. The Laboratory received a letter of commendation from the Department of Energy on the outstanding quality of the workshop's training.

The CFO Department will continue active pursuit of opportunities to improve the quality of customer service and the value of services provided through participation in Finance Forums (next scheduled: 8/29/95), which encourages direct feedback from our internal customers.

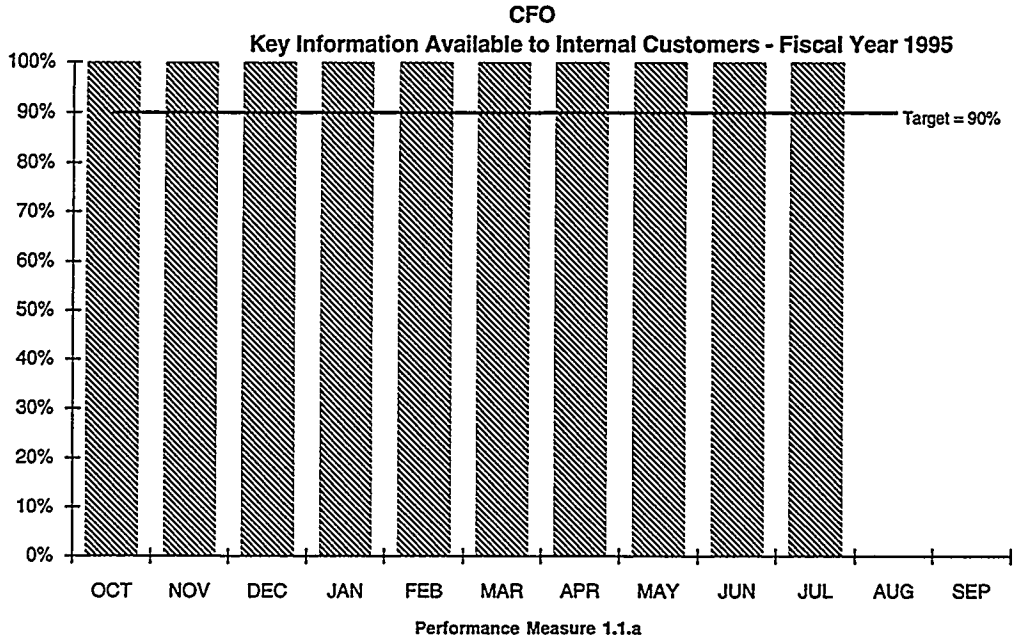
CFO/Finance will continue evaluation of a new general ledger system which would include a relational database and provide on-line, real time information to the Laboratory community.

Supporting Data

See Documentation Folder:

- LBNL General Ledger/FIS Monthly Closing Procedures.
- LBNL G/L Fiscal Year 1995 Closing Schedules.

Supporting Data (Continued)



Gradient 2

Objective #1
Criterion 1.1
Performance Measure 1.1.a
Gradient 3

Reimbursable Proposals: *Describe existing process improvement, cost reduction, efforts and successes.*

Gradient:

A Meets Expectation rating is achieved by demonstrating that the process is functional and workable. Factors that will be considered for a higher rating include: Improvements in Cycle time, cost, and customer satisfaction.

Performance Measure Result

LBNL has exceeded the Performance Measure objectives.

Successes/ Plan(s) of Action

Sponsored Project/Proposal Tracking System: LBNL has undertaken the complete overhaul of its Sponsored Project/Proposal Tracking system. Changes to the system were necessary as the business requirements of sponsored projects have changed in recent years. The new system will allow for the tracking of funding through the contract modification process, will make access of financial and planning data easier, and will ensure data integrity throughout the financial system.

PROCESS IMPROVEMENTS

Delegation of Authority from DOE/OAK

LBNL was successful in obtaining delegation of signature authority from DOE/Oakland for Non-Federal Work for Others (WFO) contracts. This delegation enables LBNL contracting officers to sign WFO contracts with Non-Federal sponsors as long as the contract terms do not deviate from pre-approved terms. This delegated authority should save two or three weeks over the previous process, which required a DOE contracting officer to execute such agreements.

LBNL Participation in HQ Policy Improvements

During the last two years, LBNL has been a very active member of several DOE/HQ organized task groups focused on streamlining and improving DOE policies affecting the DOE Laboratories' ability to perform WFO. LBNL was a member, along with other DOE Laboratories and DOE/HQ and Operation Office personnel, of the HQ WFO Process Improvement Team (PIT) focused on rewriting the DOE Order 4300.2C, which is DOE's baseline policy document on WFO. After many working sessions and discussions between DOE and the Laboratories' members, a revision to DOE Order 4300.2C was issued in FY95. Its most significant improvement is that it eliminates "Minimum Standards" from the Order, which required the Laboratories' proposals to address each of the minimum standard elements. The minimum standards in the old order consisted of two pages of detailed requirements. Eliminating these standards from the Order, allows the Operations Office and Laboratory to make major process improvements by only submitting information specifically required in the new Order or what is necessary from good business practice. LBNL and DOE/OAK are currently partnering as discussed in the section on Continuous Improvements to aggressively use the flexibility provided by the new revised Order to make significant workload reduction and streamlining improvements.

LBNL was also a key participant in the Non-Federal Partners Work Group. This team was specifically authorized by the Secretary of Energy to streamline and improve the process for the Laboratories to perform WFO work for Non-Federal

Successes/ Plan(s) of Action (Continued)

entities. A draft policy document and draft revised contract have been issued and are currently being reviewed in DOE/HQ. The draft policies do not achieve the level of delegation or improvements sought by Laboratory members of the Work Group but they do represent improvement over requirements contained in the previous Orders. As discussed above, LBNL and DOE/OAK are actively partnering to use the flexibility provided in the revised DOE Order 4300.2C and will use the draft policy document for specific application on Non-Federal partners to optimum advantage.

Finally, LBNL was a member of the Added Factor and Depreciation Work Group. This team focused on DOE Controller pricing policies that address waiver of DOE added factor and depreciation costs. The charging of these costs, which can represent 30% over and above Laboratory full costs, has represented barriers to the Laboratories performing work for Non-Federal entities. The work group submitted a formal report to the DOE Controller for consideration and action, which provides significant proposed improvements to the current policies. We believe that as a result of the efforts of this group and the Non-Federal Partners Work Group, the DOE Controller issued several major policy changes affecting the pricing of the work for Non-Federal entities. The policy changes to allow a class waiver of the added DOE costs for small business and nonprofit partners were a major improvement in the Laboratories' ability to perform work for those sponsors. This change is approved for a trial basis during FY95, and we believe it will increase the level of funds received by DOE Laboratories from those entities. The change has also reduced the amount of work needed to prepare the proposals involving work for Non-Federal entities because we can cite the authority of the class waiver without having to develop and write a long and detailed justification as previously required. DOE/OAK reviewers' time is saved by not having to consider such extensive justifications and instead approving the waivers based on the class waiver.

Meetings with DOE/OAK

LBNL has participated in weekly meetings with DOE/OAK WFO reviewers to review status of individual actions as well as to communicate on issues regarding WFO actions. These meetings are extremely beneficial in keeping the pressure on both DOE and LBNL to approve proposals and awards as well as to clarify DOE requirements to improve quality on future proposals. Finally, we used the meetings to discuss process improvements, several of which are discussed below. In addition, a special meeting was held with DOE/OAK staff and LBNL Administrative staff in the Scientific Divisions who prepare the proposals to focus on DOE requirements for added factors and depreciation. This meeting improved LBNL's understanding of DOE requirements and allowed for preparation of proposals, which would be approved in shorter times because they better addressed DOE requirements.

Use of DOE Form for Waiver

LBNL proposed and implemented a process improvement that has LBNL preparing its proposed waiver of added factor and depreciation on the form that DOE uses to approve such waivers. In the past, LBNL proposed its waivers on separate forms, which required DOE reviewers to transfer information from our forms to their approval forms. This non-value-added activity of transferring information from one form to another was resented by the DOE staff responsible for the action, thus delays and errors often resulted. By using DOE's own form, LBNL was able to eliminate the non-value-added function for DOE and speed the review process for our proposed waivers by not incurring the delay resulting from the transfer activity.

Successes/ Plan(s) of Action (Continued)

Concurrent Proposal Submittals

LBNL proposed and implemented a parallel proposal submittal to the DOE/Berkeley Site Office (BSO) and DOE/Oakland Office. Both organizations have review responsibilities for WFO proposals. In the past, all LBNL proposals were submitted to DOE/OAK, which then sent them out for review by their Berkeley Site Office. By implementing this parallel submittal, several days in mailing time between the two DOE offices were eliminated.

Continuous Improvements

During the First Quarter of FY95, the LBNL Process Improvement Team (LBNL PIT) delivered a set of major recommendations to senior LBNL management to streamline LBNL's internal process for preparing proposals and negotiating awards for WFO and CRADAs. The LBNL PIT was customer-focused in that it was chaired by a Deputy Director of an LBNL Scientific Division and had key members who were senior Principal Investigators in LBNL. These are the internal customers of the WFO process. The PIT recommendations not only will have a major effect on how LBNL internally processes work, but they address how DOE/OAK could modify its procedures to achieve savings for both the Lab and DOE. The LBNL Director has tasked the Associate Director for Industry and Government Partnerships to design the implementation of the PIT recommendations during FY95. To achieve this goal, we are actively partnering with DOE/OAK and particularly the DOE/Berkeley Site Office to implement the PIT recommendations that involve DOE. In addition, DOE/OAK and BSO have initiated internal improvement ideas that will have major benefit to implementing the LBNL PIT recommendations. We anticipate that savings in staff time both at LBNL and DOE will be achieved through these combined efforts. The savings will result from reduction in DOE requirements and the need to prepare the information to meet the requirements as well as from saving on review time. Such time savings will result in process improvement savings in the time frames needed to allow the Laboratory to perform Work for Others.

Supporting Data

See Documentation Folder:

- DOE Letter: Delegation of Authority.
- DOE Process Improvement Team Report.
- DOE Letter: Reimbursable Work for Non-Federal Sponsors.
- Final Draft Report by DOE—Added Factor/Waiver Criteria Task Team.
- LBNL—Office of Sponsored Research Administration Proposals Currently Pending at DOE/SAN.
- LBNL Work for Others Process Improvement Team—Final Report.

Objective #1
Criterion 1.1
Performance Measure 1.1.a
Gradient 4

DOE Periodic Reports and Special Ad Hoc DOE Requests Regarding Budgets, Analyses, Estimates, and Proposals: *Graph submitted on-time, early and late. Describe customer satisfaction information from 2.1.a. Will measure only formal written requests with deadlines of 8 working hours or more and sent to the Controller's organization.*

Gradient:

A Meets Expectations rating is achieved by achieving 90% of on-time performance with acceptable quality as determined from customer feedback. Factors that will be considered for a higher rating include: On-time performance greater than 90%, good customer feedback, service delivery cost reductions.

Performance Measure Result

LBNL consistently exceeds this Performance Measure objective.

Successes/ Plan(s) of Action

CFO consistently responds to written DOE requests on time or early. The breakdown of the CFO/Finance cumulative average of 100% on time/early is 40% early, 60% on time. This represents 82 reportable actions as follows:

Submitted	Number of Requests
Early	33
On-Time	49
Late	-0-

The CFO Department will continue to prioritize DOE requests as part of a continuing effort to meet or exceed quality and response time expectations. See additional related comments from 2.1.a.

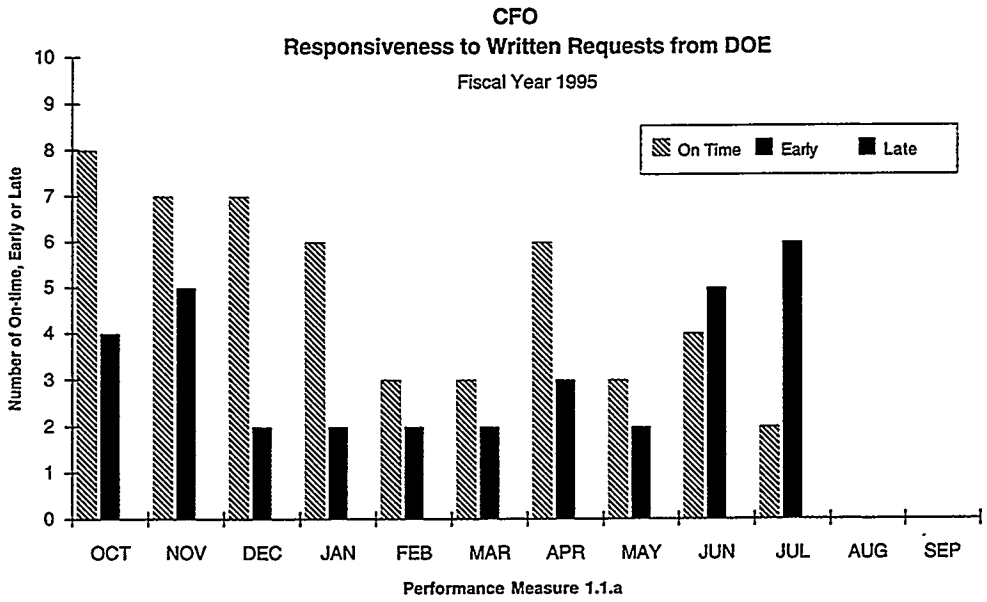
CFO's achievement toward accurate and timely responsiveness to customers is evidenced by the most recent results from the months of June and July, which were 65% early and 35% on time.

Supporting Data

See Documentation Folder:

- LBNL Summary—Early/On-Time.

Supporting Data (Continued)



Gradient 4

Objective #1
Criterion 1.1
Performance Measure 1.1.a
Gradient 5

One and Five Year System Plans: *Narrative describing timeliness and quality.*

Gradient:

A Meets Expectations rating is achieved by receiving satisfactory feedback and timelines. Factors that will be considered for a higher rating include: Higher levels of Customer Satisfaction.

Performance Measure Result

LBNL has exceeded expectations of this Performance Measure objective.

Successes/ Plan(s) of Action

LBNL's One and Five Year Systems Plans are derived as a result of careful consideration to customer needs as well as decreased cycle times, Appendix F supporting items, compatibility with DOE, and the Laboratory's objectives, etc. Open Finance Forums are held monthly to intimately involve the Laboratory's Divisions with short- and long-range strategic planning and to ensure that the entire customer base is actively involved and highly satisfied. High-level Operations Management meetings are held as part of Total Quality Management at LBNL to provide open discussion and resolution to varied customer issues. All systems projects use project teams and conduct sessions and/or individual interviews to define customer requirements and to maintain open dialogue during the development phases.

The DOE as the Laboratory's pivotal customer has expressed a high level of customer satisfaction by not requesting any additional information from LBNL with respect to the One and Five Year Systems Plans provided to DOE. This underscores the comprehensiveness, timeliness, and clarity of these plans, which were provided to the customer.

The one-year Financial Management Systems (FMS) Plan was submitted by LBNL to DOE/OAK as year one of the five-year systems plan. Our performance success is the result of joint leadership and excellent teamwork between Finance and Information Systems and Service. CFO management met regularly with ISS team leaders and Finance staff throughout the year to ensure a timely completion and monitoring of our system plan. As in the past, our success in meeting this Performance Measure was accomplished with the bare minimum of staff resources.

Also LBNL Finance developed a FMSIC Fiscal Year 1997 Financial Management System (FMS) plan. The schematics present LBNL's current (baseline) data system configuration and its five-year target configuration.

LBNL participated in the Financial Management Systems Improvement Council (FMSIC). Acting on information from the FMSIC clearinghouse, LBNL dialogued with the Finance staff of Fermi Lab to understand what they learned from their recent implementation of the Oracle general ledger software package. LBNL's future implementation of a new general ledger will improve cycle times for many financial transactions, which will result in a higher level of customer satisfaction.

LBNL will continue to participate in FMSIC activities. The five-year FMS plan will be coordinated with FMSIC activities, especially the clearinghouse effort, to document our systems development efforts.

Supporting Data

See Documentation Folder:

- FermiLab Discussion Points for Oracle General Ledger Accounting Flexfield.

Objective #1 Criterion 1.2

Proactive Leadership in Support of Missions: *Financial management takes a proactive leadership role in supporting agency missions, programs, and initiatives.* **(Weight = 10%)**

Objective #1 Criterion 1.2 Performance Measure 1.2.a

Document Accomplishments: *Identify and annually report financial management accomplishments in support of agency missions and lab programs and initiatives.*

Assumption:

Describe activities and processes in support of this criterion.

Gradient:

Factors that will be considered for rating include: Cost and cycle time reductions, improved capacities, customer feedback.

Performance Measure Result

LBNL has exceeded the Performance Measure criterion through its proactive leadership initiatives.

Successes/ Plan(s) of Action

The LBNL travel function has been studied by a Process Improvement Team and a Task Force on Laboratory Administrative Services. Changes now under way to re-engineer the travel function and process include: centralization of services; travelers taking more responsibility for planning and accounting for their travel; outsourcing of reservations.

CFO played a key role in the Operations Quality Retreat, which was held offsite in March 1995. CFO had twelve representatives in attendance and developed a Quality Roadmap, which was emulated by several other departments. The purpose of this and follow-up sessions has been, and continues to be, to ". . . critically examine what / why / how we do things . . ." Ultimate cost savings $6–$6.5 million (est.).

The Finance Forum began in FY95 as a training environment to educate Divisional administrative personnel in financial and budgetary matters. The topics include fiscal-year-end closes, budget formulation, the finer details of cost accounting standards, and the use of LBNL's financial databases. The Forum intends to create efficiencies Lab-wide by sharing information and processes.

A Finance team has been developed to explore and recommend a new general ledger with capability to show budget information and encumbrances that will eliminate/avoid the need for Laboratory Divisions to maintain their own subsidiary reporting systems.

The Budget Office worked closely with the Department of Energy in reprogramming funding balances in the areas of Basic Energy Sciences. Because of changes in programmatic focus, basic DOE funding allocations were confused. The Budget Office worked with LBNL's Materials Sciences Division to align the program funds appropriately. The Department of Energy complied with LBNL's Budget Office request to reprogram the funds and enable LBNL to continue scientific efforts without unnecessary constraints.

Moving Surplus Bevatron Concrete Blocks to the BNL/RHIC Project: CFO/Budget enabled a successful implementation of this effort by working with LBNL program

Successes/ Plan(s) of Action (Continued)

and DOE/OAK Budget personnel to ensure that appropriate indirect rates are charged on the LBNL portion of the move-related costs.

The Capital Asset Management Program (CAMP) prioritization model will be incorporated as part of the FY96 Overhead Budget development process. This model will result in a ranked listing of both base and newly proposed activities, which will be used to determine funding priorities. CAMP is seen as an improvement over the former prioritization effort, which was based on the RPM–Risk Prioritization Model.

Supporting Data

See Documentation Folder:

- LBNL Laboratory Employee Time System (LETS).
- LBNL Phase II Purchasing System Implementation.
- LBNL Travel Process Improvement Team.
- LBNL CFO Budget Workshop.
- LBNL CAMP Budget Project.

Performance Objective #2

Customer Focus: *Financial management practices are customer oriented.* **(Weight = 20%)**

Objective #2 Criterion 2.1

Methods to Evaluate Customer Expectations: *Develop methods/programs to collect and evaluate internal and external customer needs and levels of satisfaction.* **(Weight = 10%)**

Objective #2 Criterion 2.1 Performance Measure 2.1.a

Effectiveness of Methods: *Implement effective methods to collect, document, and use data to satisfy internal and external customers.*

Assumptions:

Narrative describing activities and processes in support of this criterion. Methods to be systematic and include implementation prioritization and action plan tracking systems.

Gradient:

A Meets Expectation rating is achieved by developing and implementing the capability for systematically obtaining customer feedback. Factors that will be considered for a higher rating include: Coverage of customer segments, rate of response to surveys, quality of responses, continuity.

Performance Measure Result

LBNL has exceeded the Performance Measure objectives.

Successes/ Plan(s) of Action

The CFO Department is committed to supreme customer service and customer satisfaction. All of its financial management activities are driven by the needs of its many customers.

To exceed this new Performance Measure, the CFO Department continues to use customer-related guidance from many sources, one of which was provided by DOE/HQ: "Total Quality Management Implementation Guidelines" (DOE/HR-0066).

Rather than issuing general surveys or specific questionnaires, which are not welcome by its customers, the CFO Department is obtaining and compiling feedback from customers through alternative methods. Enhanced procedures to identify customer needs and assess the degree to which those needs are satisfied continue along an evolutionary path. The overall satisfaction, which is based on sample feedback, results in LBNL's exceeding expectations related to this Performance Measure.

Pivotal in the process of collecting and documenting customer satisfaction data was the independent Operations Review Committee established in November 1994 by the Deputy Director under the leadership of a high-level senior staff member. The specific charter of this committee was to review and evaluate all financial, business, and administrative functions at LBNL with the objective to determine if customers were satisfied—what was not working, as well as what was working. Additionally, the committee was to ferret out any duplications of services and any possibilities to reengineer the operational processes to achieve cost savings. Organizational structures were to be scrutinized in terms of their effectiveness and efficiency.

Successes/ Plan(s) of Action (Continued)

The approach the committee followed in pursuit of its set objectives was to have a series of in-depth one-on-one interviews with administrative personnel from LBNL's scientific and support divisions and departments. The interviews typically started at a high level such as the Division administrator and other managerial personnel. Interviews were then conducted at lower levels to further elucidate specific issues, where deemed appropriate.

The prevailing and guiding principle in all meetings and interviews was to break new ground in organizational thinking, to reach beyond existing organizational boundaries, to think "outside of the box."

As the meetings and interviews progressed, a database of findings was created and statistics were compiled, resulting in a thorough understanding of how business at LBNL works, and how customer service could be enhanced.

In follow-up meetings (in some cases three and four times), the committee then shared its finding with the interviewees and courses of action were discussed and developed. This did lead, for example, to direct collaboration between specific departments, to the formulation of service centers, and to the creation of process improvement teams.

The data compiled by the committee were used to enhance customer service. Some examples:

- CFO/Finance has taken the lead to explore the impact of the Laboratory changing to direct charging of salaries (versus the current averaging method) by partnering with ISS. CFO/Finance and ISS have met with various Division Administrators who expressed concern or had questions regarding the potential change. The results have been extremely successful by identifying a short-term alternative for one Division and a standard rate process for shop personnel.
- Customer focus has been the driver behind the organizational restructuring of:
  1. The Operations dDvision.
  2. CFO Department.
  3. Finance.
- Weekly training sessions for the staff of CFO and other departments were conducted in Total Quality Management and Seven Habits of Highly Effective People.
- CFO/Finance has partnered with DOE/OAK to strengthen its FIS reporting. CFO/Finance has taken major steps to improve the quality of service to DOE/OAK in the area of FIS reporting.
- Changes proposed by the customers were made to the cost-transfer system, which will be of benefit.

In addition, CFO obtains feedback from regularly scheduled Town Hall Meetings with specific agendas, open question-and-answer sessions, and announcements/items of general interest. The CFO's comprehensive plan rotates customer participation in determining the meeting agendas to address topics of concern and interest. Top management, including the Laboratory Director and Deputy Director for Operations, have been recent speakers.

Successes/ Plan(s) of Action (Continued)

CFO/Finance is firmly committed to continuing the established process of gathering feedback from its customers through interviews, one-on-one meetings, and process improvement teams to assure a full understanding of its customers' needs, on which the quality of customer service will be optimized.

Supporting Data

See Documentation Folder:

- LBNL Many meetings with Operations Review Committee.
- LBNL Reorganization of Operations Division.
- LBNL Reorganization of CFO Department.
- LBNL Reorganization of CFO-Finance.

Objective #2 Criterion 2.2

Customer Service Improvement Program: *Develop and implement a customer service improvement program for financial services.* **(Weight = 10%)**

Objective #2 Criterion 2.2 Performance Measure 2.2.a

Assessment of Customer Service Improvement Program: *Implement customer service improvement plan to meet customer needs.*

Assumption:

Narrative describing activities and processes in support of this criterion.

Gradient:

A Meets Expectations rating is achieved by developing and implementing a customer service improvement plan. Factors that will be considered for a higher rating include: Comprehensiveness and aggressiveness of the plan, meeting planned milestones, and quality of plan.

Performance Measure Result

LBNL has exceeded the Performance Measure objectives.

Successes/ Plan(s) of Action

Each CFO/Finance Unit has developed a Customer Service Improvement Plan tailored for each Unit's specific customers.

Implementation of the Customer Service Improvement Plans:

- Accounts Payable—Internal and external customer responses to timeliness of service, accuracy of service and helpfulness of A/P staff is rated from 1 to 10 (10 = total satisfaction). The A/P System is used to determine cause of delays or inaccuracies, alternative methods are used to evaluate and gather other information. Action items include streamlining operations, changing processes as deemed appropriate, and a minimum standard of 24-hour response time to inquiries. Action items are monitored by the A/P manager to measure improvements.
- Contract Accounting—Customer satisfaction levels are measured in terms of timeliness, completeness and level of knowledge/detail as related to work account status, cost elements in the detail ledger, indirect cost structure and billing status as rated from 1 to 10 (10 = total satisfaction). A rating of less than 8 triggers research by the Unit into the root causes of the dissatisfaction. Division assignments to specific C/A personnel have provided clear and responsible contacts for customers to resolve questions in an efficient manner.
- General Ledger—Customer satisfaction levels are rated from 1 to 10 (10 = total satisfaction) with regard to accuracy of monthly FIS data, timeliness of reports, and responsiveness to special requests, etc. Concentration by the Senior G/L Accountant or the G/L Manager on items rated 5 or less is used to determine the root cause of specific problems through discussions with the point of contact. Corrective action plans are then evaluated and appropriate steps taken.
- Payroll—Accuracy and timeliness of payments to employees, timely employment verification, and proper reporting of taxes are measured statistically. Quarterly reviews of variances target elimination of problems in each area.

Successes/ Plan(s) of Action (Continued)

- (CFO) Travel—Customer satisfaction levels are rated from 1 to 5 (5 = excellent) with regard to timeliness, accuracy, courteousness, helpfulness with reservations and expense vouchers. The ratings are derived through direct communication by the Travel Manager and the Lead Foreign Travel Liaison. For scores of less than 3, action is taken to determine root causes of problems, and procedures are put in place to better serve customer needs.

Various methods of obtaining feedback were identified and evaluated in terms of effectiveness and potential impact on the customers. Formal surveys such as special meetings, questionnaires, or structured telephone contacts were deemed intrusive and time consuming and were rejected by the customers. Examples of methods to obtain feedback are:

- Direct solicitation.
- Follow-up to scheduled meetings that deal with specific issues. For example, at the conclusion of meetings with Division staff regarding direct charging of salaries: "What else can we help with, or discuss, or what problems do you have?"
- Feedback from Operations Review Committee, which is discussed in PM 2.1.a.
- Generally and overall, the following principles and guidelines drive CFO/Finance's efforts to improve customer service:
  1. Improving communication between CFO/Finance and its customers.
  2. Changing or improving processes and/or procedures to be more responsive to customer needs.
  3. Providing training for CFO/Finance staff members as appropriate.
  4. Providing training for CFO/Finance customers, as requested or as deemed necessary.
  5. Monitoring continually the impact of system changes and the results of training.
  6. Continuing to monitor customer satisfaction against current financial management practices.
- Specifically, the following planned milestones have been achieved or are in process:
  1. Payroll has developed systematic monthly tracking of errors on employee payments to identify root causes and take appropriate corrective action. Turnaround time for employment verification is also being tracked commencing with the Third Quarter in FY95. The goal established for this service is a two-day turnaround. Since the inception of tracking, a 1.52-day turnaround has been achieved. Thirdly, proper reporting of taxes and issuance of tax-related reports is monitored.
  2. **Completed**—General Ledger has assigned responsibilities for all cost-transfer-related issues to one analyst to assure consistency and accuracy in the submission of cost-transfer requests. This will preclude potential problems that Division personnel would have to confront in financial audits. In addition, General Ledger is taking an active role in the monthly Finance Forum to provide guidance and information to its internal customers and to improve overall communication. General Ledger also developed a comprehensive overview through extensive participation in a Train the Trainer series.

Successes/ Plan(s) of Action (Continued)

This overview was developed as a tool to improve communications and will be provided to Finance customers (Division personnel) through half-day sessions to clarify processes.

3. Finance has a dedicated effort to conduct extensive FIS training sessions of two G/L accountants, one contract accounting accountant, and a property management accountant to streamline the FIS process and to provide increased responsiveness to DOE inquiries. **Completed.**
4. Contract Accounting has instituted regular monthly meetings with the manager and staff representatives of the Contracts and Licensing Office to discuss issues related to patents, royalties, and licensing. In addition, Contract Accounting staff members are assigned full responsibility for specific Divisions to assure that inquiries are promptly answered and problems are addressed in a timely and satisfactory manner.
5. **Completed**—Accounts Payable has structured its desk assignments alphabetically by vendor, thus facilitating inquiries from its internal and external customers. Furthermore, the success of dramatically increasing available discounts taken should please the DOE as a customer in this area.
6. Customer satisfaction is further evidenced by various letters of commendation, which are included in the Documentation Folder.

Supporting Data

See Documentation Folder:

- LBNL Customer Service Improvement Plan:
  - Accounts Payable.
  - CFO Travel.
  - Contract Accounting.
  - General Ledger.
  - Payroll Unit.
  - Property Accounting.
- LBNL CFO/Finance–General Ledger:
  Train the Trainer—Accounting Overview.
- LBNL CFO/Finance–Budget:
  Train the Trainer—Budget Overview.
- LBNL Chief Financial Officer—Town Hall Meeting Agendas.

Performance Objective #3	**Effectiveness and Efficiency:** *Achieve cost effective and efficient Financial Management operations by applying available resources to continuous improvements efforts.* **(Weight = 30%)**
Objective #3 Criterion 3.1	**Leadership in Improving System-Wide Efficiency and Effectiveness:** *Consistent with DOE requirements and plans, take proactive leadership role to improve the system-wide effectiveness and efficiency of budget and financial systems.* **(Weight = 10%)**
Objective #3 Criterion 3.1 Performance Measure 3.1.a	**Implement MARS and SGL:** *Implement the DOE Management Analysis Reporting System (MARS) and Standard General Ledger (SGL) as scheduled by DOE.* **Assumption:** Narrative describing progress in support of this criterion. **Gradient:** A Meets Expectations rating is achieved by meeting scheduled milestone dates. Factors that will be considered for a higher rating include: Related staff training and development and other proactive efforts.
Performance Measure Result	LBNL has exceeded the Performance Measure objectives through proactive efforts, including development of a new Coding Sheet Layout for the new MARS Record.
Successes/ Plan(s) of Action	**ANALYSIS AND PLANNING** In proactive response to the MARS/SGL conversion, LBNL has established a task force consisting of members from CFO/Finance and ISS. Task force members analyze incoming MARS/SGL correspondence and provide both written and oral feedback/questions to DOE/OAK. LBNL task force members have evaluated the short- and long-term effects of the MARS/SGL conversion on existing accounting systems, and on future systems that are in the planning stages. This process has been repeated after each subsequent DOE revision to the MARS/SGL requirements and implementation schedule. LBNL has specifically addressed MARS/SGL requirements in the initial planning stages for a new General Ledger System, and has tentatively decided to incorporate the SGL account into this new system. LBNL has also anticipated MARS/SGL requirements in the development of recent programming modifications to our Reimbursable/WFO systems. Task group members contribute agenda items for periodic MARS/SGL progress meetings held at DOE/OAK, and participate in those meetings, along with representatives from DOE/OAK and its other integrated contractors.

Successes/ Plan(s) of Action (Continued)

TRAINING

Members of the MARS/SGL task group and several additional CFO/Finance Accountants attended DOE/OAK-sponsored SGL training.

To optimize LBNL's organizational preparedness for the MARS/SGL conversion, CFO/Finance designed, developed, and implemented an FIS Overview Training Program as an introduction of FIS concepts. This comprehensive training is provided to new accounting staff members and is also used as a review tool of these concepts for existing staff members. To measure progress of the MARS/SGL development, a project timeline was established and continues to be monitored and utilized as a tool in the training process to track improvements.

Communication with our external DOE customer is deemed critical to the ongoing success of the MARS/SGL conversion; hence, informal telephone and scheduled meetings are conducted with task group leaders to ensure project success. The CFO/Finance task group leaders subsequently meet with the accounting staff members to update all members of the concepts, schedules, and all relevant information. The task group team has responsibility and ownership for continued success of the MARS/SGL conversion.

IMPLEMENTATION

MARS/SGL Phase II programming requirements were completed by August of 1994, which was several months prior to the scheduled implementation of January 1995. DOE has since extended this date to January of 1996.

LBNL has developed a MARS Migration Script that details migration steps and conversion steps to be used for successful project production. The task group has also designed and documented a Functional and Technical Design script that details the scope, approach, analysis, and changes to the outline screens/ processes, changes to tables and CLISTS, changes to reports, and which includes an FIS/MARS Entity–Relationship Diagram.

In preparation for the original January 1995 date, the local MARS/SGL Phase II programming has been in parallel production with existing FIS programs since October 1994. In addition to the actual FIS file, LBNL has submitted a MARS/SGL Phase II test file to DOE/OAK for each month this fiscal year. DOE/OAK has edited these test files and found only one problem, which has since been eliminated.

LBNL developed a new Coding Sheet Layout for the new 172-character MARS record, which DOE/OAK has requested a copy of for their own internal use.

LBNL continues to plan for Phase III using existing requirements for the current G/L system.

LBNL is prepared to revise the existing requirements for Phase III implementation as DOE deems necessary.

Whenever feasible and appropriate, LBNL will integrate the Phase III requirements into the new G/L system rather than the existing G/L.

Supporting Data

See Documentation Folder.

Objective #3
Criterion 3.1
Performance Measure 3.1.b

Leadership in Systems Improvements: *Seek opportunities (including electronic commerce) to provide proactive leadership in support of DOE and laboratory initiatives for continued contractor systems improvements.*

Assumption:

Narrative describing activities and processes in support of this criterion.

Gradient:

Factors that will be considered for rating include: Cost and cycle time reductions, improved capacities, customer feedback, and progress toward long-term initiatives.

Performance Measure Result

LBNL has exceeded the Performance Measure objective.

Successes/ Plan(s) of Action

Year-to-date for FY95, LBNL has worked diligently to achieve excellence in Financial Management and Systems Improvements. CFO/Finance met this Performance Measure through leadership in developing and enhancing LBNL's Financial Management System; sharing presentations and discussions with other DOE contractors; actively supporting the DOE-sponsored Budget Shareholder's Group Initiatives; and participating in the DOE-sponsored Financial Management Systems Improvement Council (FMSIC). All of our activities are undertaken with the aim of maximizing results for the least amount of resource dollars spent.

Specific accomplishments to date include:

- The CFO Systems Team has developed a "Top 25" List of Priorities that is continuously updated through collaborative effort between user representatives. Customer feedback has been extraordinary with regard to soliciting customer involvement in setting system priorities. **Completed.**
- MARS/SGL redesign: Finance and ISS reengineered the General Ledger to meet the DOE MARS requirements and were ready to convert before DOE's due date. **Completed.**
- Space Recharge System: the strategy, analysis, and design of this system was a CFO effort and the implementation was a cooperative effort between Finance and Facilities. The effect of the space recharge has been a redistribution of space based on needs, which results in overall cost savings for the Laboratory. Customer feedback has been extremely positive. **Completed.**
- Completed Phase I of ORACLE Procurement implementation, which resulted in immediate cost savings to A/P of (approximately) $12K resulting from reduced P.O. and receiver data entry costs.
- HRMS/Payroll System: responses to an RFP for an integrated Human Resources and Payroll System were evaluated and LBNL procured PeopleSoft off-the-shelf software to implement by June 1996.
- Work for Others Mod System: Finance and Budget designed a major enhancement to the WFO mod system, to be implemented by September 1995.

Successes/ Plan(s) of Action (Continued)

- Laboratory Employee Time System (LETS): Finance led the development of a timekeeping/entry system, which is currently in BETA test with two scientific Divisions. During this test, 552 employees will be on the system. Cost savings is estimated at $40K through elimination of outside data entry services.
- LBNL submitted a one-year and a five-year Financial Management System (FMS) plan to DOE/OAK.
- Account Authorization System (AAU): LBNL's online account authorization system is being used to determine account status by the employee time system (LETS). Currently in use by several Divisions. Lab-wide use November 1995.
- Benchmarking: CFO Department developed and implemented processes to track Performance Measures required by Contract 98.
- LBNL actively supported the University of California's Laboratory Administration Office's effort to develop comparative financial benchmarks within the Institute of Management's Accountant's continuous improvement center's multicompany financial benchmarking assessment study.
- LBNL participated in and continues to participate in the DOE-sponsored FMSIC.
- LBNL supported and continues to support the DOE-sponsored Budget Stakeholder's Group initiatives, including Financial Management's Systems Integration.

Specific initiatives for the future:

- Continue development and/or implementation of the above-referenced systems.
- Continue implementation of Procard, an electronic commerce application that allows invoiceless processing and payment from the Accounts Payable Unit. Invoice entry will be less, which reduces the data-entry load. By removing the potential for data-entry errors, the payment accuracy will improve. With Accounts Payable not having to touch invoices, there is potential for staff reduction. LBNL customer and vendor relations will improve through more timely cost data and payments.
- Resources permitting, purchase an Oracle-based general ledger off-the-shelf software package. The new general ledger would greatly improve reporting to DOE by allowing LBNL's general ledger accounts to directly match DOE's.
- Begin implementation of Phase II of the Purchasing System—electronic release of blanket orders.

Supporting Data

See Documentation Folder:

- LBNL Space Recharge.
- LBNL Procard System.
- LBNL MOD System.
- LBNL New General Ledger System.
- LBNL LETS (Time Reporting) System.
- LBNL Account Authorization System.

Objective #3
Criterion 3.2

Production Processes Improvements: *Reduce cycle times and/or cost per transaction, and improve quality and accuracy for the following production activities: Accounts Payable, Accounts Receivable, Suspense, Payroll, Travel Accounting, General Ledger.* **(Weight = 20%)**

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

Accounts Payable — Discounts

Cumulative graph showing % taken with a standard of 85% and a target of 90% and graph $ value of discounts taken.

Measure gross cost-effective discounts available. Discounts <$10 may not be cost-effective.

Performance Measure Result

By the end of this performance period, LBNL will have met this Performance Measure.

Successes/ Plan(s) of Action

Accounts Payable has gone from 73.0% of available discount dollars taken in October 1994 to 95.4% for the month of July 1995, resulting in a cumulative effect of 84% year-to-date (as of July 1995).

Finance identified a problem that occurred during the month of January and resulted in attainment of only 60% of cost-effective discounts during the month. Reference is to problems with check printing that resulted in payments being voided in the A/P system and rescheduled, which meant the loss of a significant discount. Training has since been given to eliminate these procedural delays. Continued and sustained improvement in this area is being monitored.

The successes of recovering from the identified problem in January is evidenced by the subsequent monthly attainment of discounts:

(Jan	60%)
Feb	83%
Mar	94%
April	92%
May	89%
June	91%
July	95%

Continued effort within the A/P Unit to prioritize all invoices with cost-effective discounts for timely payment is expected to result in achievement of this Performance Measure standard by fiscal year end.

An additional step that has been initiated is for A/P Unit personnel to specifically identify discount-bearing invoices on the desks of those who are absent/vacationing and process them immediately (as appropriate).

Successes/ Plan(s) of Action (Continued)

The trend is aggressively moving toward achievement of the 85% standard and 90% target of cost-effective discounts taken.

LBNL is continuing to implement its ORACLE-based purchasing/receiving system. This relational database system has reduced the time necessary to get the purchase orders into the accounts payable system and has also automated the change-order process, which has made it more efficient. Also, new procedures between Accounts Payable and Receiving have been developed to streamline the missing receival process. These activities should have a positive effect on available discounts taken.

DEMONSTRATED RESULTS

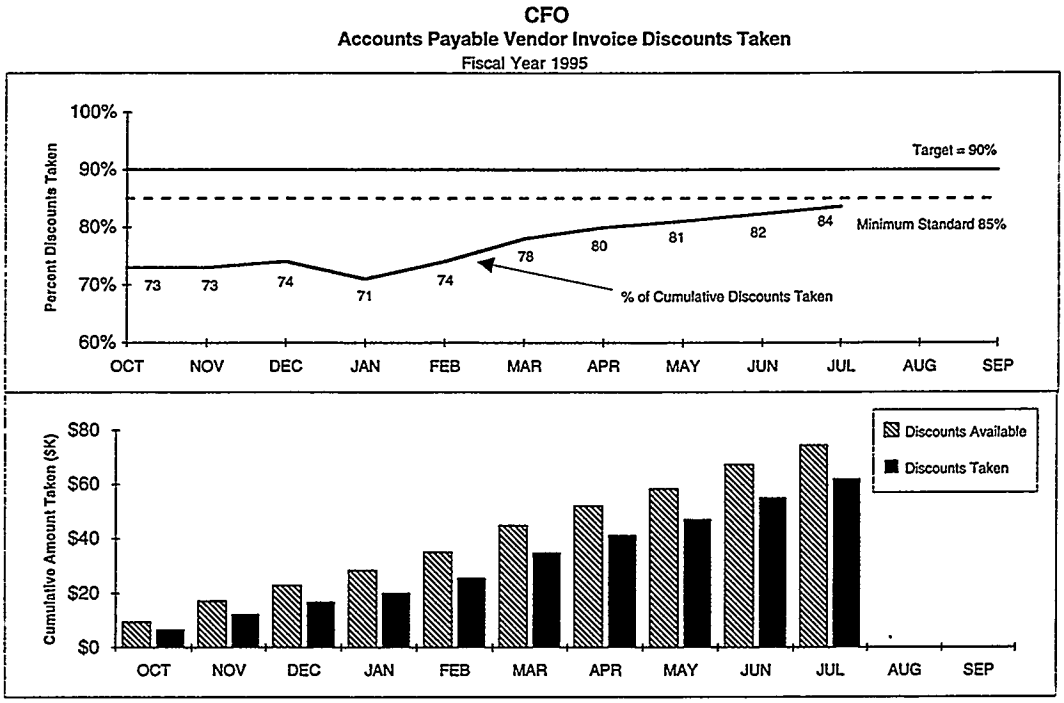
Comparison to FY1994:

Projected 9-30-95	7-31-95 (cum)	7-31-94 (cum)
86%	84%	70%

Supporting Data

See Documentation Folder:

- LBNL Discounts Taken/Lost by Vendor Report October 1994 through July 1995.



Performance Measure 3.2.a

Accounts Payable – Discounts

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

Accounts Payable—Cycle Time

Cumulative graph showing % of payments made with 15% minimum standard line and a 10% target line.

No more than 15% of vendor payments occur before or after due date.

A Meets Expectations rating is achieved by meeting lab-specific targets. Factors that will be considered for a higher rating include: Trends, aggressiveness of targets, performance improvements over previous years.

Performance Measure Result

By the end of this performance period LBNL will have exceeded this Performance Measure.

Successes/ Plan(s) of Action

Cycle time compliance has reached a cumulative average of 84% as of July 31, 1995. Continuation of the upward monthly trend will result in the A/P Unit's success in exceeding this Performance Measure by the end of this performance period. Significant, positive trends and performance improvements are continuing.

The cycle time (on-time) trend has been above the standard and at or very near the target each month since February 1995, which is a significant improvement over the previous year (during FY94 the minimum standard was not reached during a single month). Continued and sustained improvement in this area will be monitored.

Finance has identified difficulties experienced during the month of January as comprising training employees new to the A/P Unit (learning curve) and delays resulting from the holiday shutdown. The steady results since that time have yielded in marked success.

DEMONSTRATED RESULTS—comparison to FY 1994:

	Projected 9-30-95	7-31-95 (cum)	7-31-94 (cum)
On Time	86%	84%	73%
Late Entry	3%	5%	17%

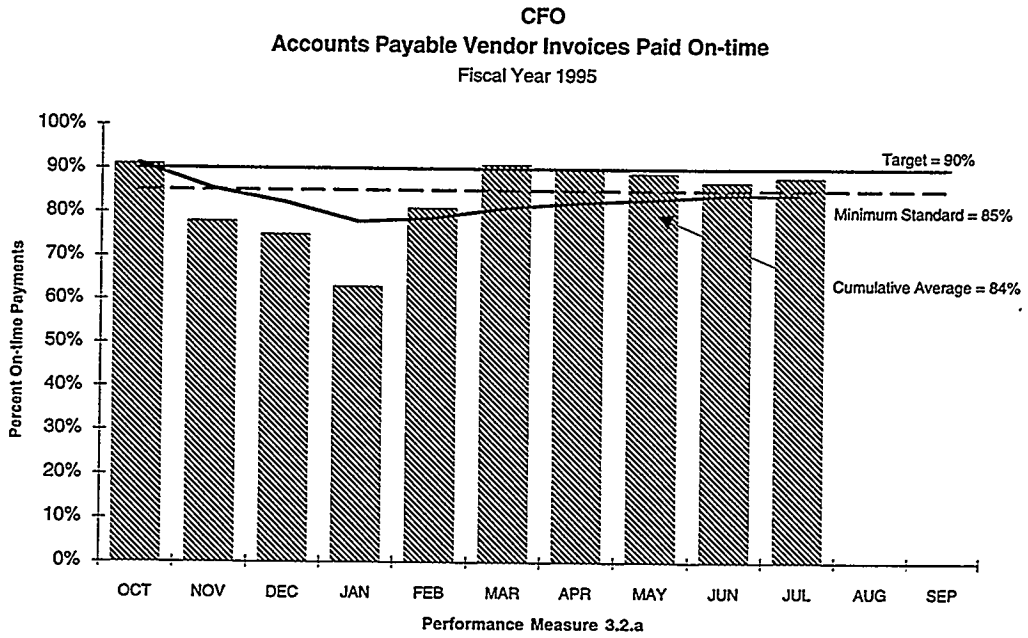
Late invoice entry is the only controllable item for the A/P Unit, which has dramatically improved through persistent effort.

In addition to the benefits from the new Oracle purchasing system already described in Performance Measure 3.2.a ("Discounts"), LBNL is examining the impact of raising the Division certification amount from $1,500.00 to $3,000.00, which would be consistent with University of California policy. This would reduce delinquent payments resulting from late invoice certification.

Supporting Data

See Documentation Folder:

- LBNL Average Age of A/R by Type Over Time October 1994 through July 1995.



Accounts Payable – Cycle Time

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

Accounts Payable—Cost

Cumulative average graph of production cost per transaction with a minimum standard line and target line. Establish baseline cost factors.

Use DOE Financial Management Systems Improvement Council (FMSIC) assumptions. Transaction defined as number of invoices.

A Meets Expectations rating is achieved by meeting lab-specific targets. Factors that will be considered for a higher rating include: Trends, aggressiveness of targets, performance improvements over previous years.

Performance Measure Result

LBNL has consistently exceeded the Performance Measure target and tremendously improved performance over previous years.

Successes/ Plan(s) of Action

Accounts Payable cost per transaction went from a high of $7.59 in November to a low of $5.28 in March and May as a result of both reduced costs and increased invoice volume. The cumulative average year-to-date amount as of July is $6.09, which is well below the goal of $7.21.

CFO/Finance team building dedications through Target Teams and staff cross-training has resulted in A/P Unit members' cohesive effort toward efficient processing.

LBNL is in the process of implementing a new Procard credit card payment system. Increased usage of Procard credit card payments and the increased use of the Oracle purchasing system should increase efficiency and reduce cost.

Also, quality improvement exercises are currently under way in Accounts Payable to identify systems and procedural enhancements. One enhancement already in place is the new procedure already described in the "discount" section between Accounts Payable and Receiving to streamline the missing receival process. The goal of activities like this is to further increase efficiency and reduce costs.

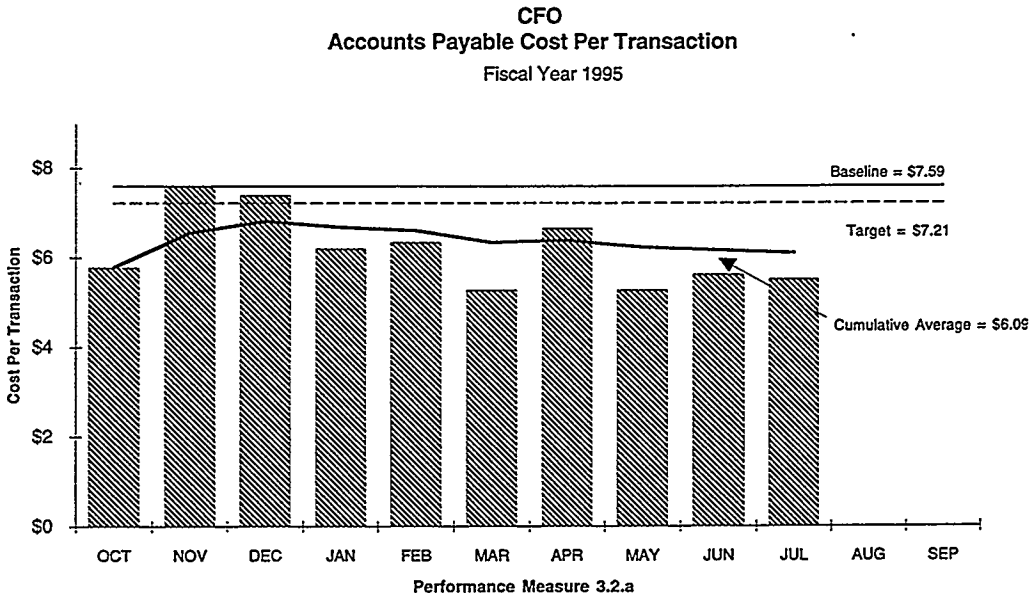
DEMONSTRATED RESULTS – comparison between FY94 and FY95, cost per transaction (cumulative):

7-31-95	7-31-94
$6.09	$7.55

Supporting Data

See Documentation Folder:

- LBNL Baseline Cost Factors per A/P Transaction October 1994 through July 1995.
- LBNL A/P Target Teams:
  1. Change Order—Decentralization.
  2. Credit Memo—Processing.
  3. File Room—Organization.



Accounts Payable – Cost

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

Accounts Receivable—Cycle Time

Bar graph with 181+ days, 121-180, 91-120, 61-90, 31-60, 1-30 groupings.

A Meets Expectations rating is achieved by meeting lab-specific targets. Factors that will be considered for a higher rating include: Trends, aggressiveness of targets, performance improvements over previous years.

Performance Measure Result

The requirements of this Performance Measure have been met in spite of the corresponding graph indicating the opposite.

Successes/ Plan(s) of Action

To assure prompt and aggressive collection of delinquent receivables, Contract Accounting (CA) has dedicated .5 FTEs to this task. Collection policies have been revised and procedures strengthened for increased effectiveness. In March 1995 CA issued a revised and updated Collection Procedures Manual. CA has also instituted regular monthly meetings to discuss collection issues.

Overall, receivables spiked in February caused by a surge in the 1 to 60 days overdue category, which, on average, amounts to $1M, but reached $2M in February, or 79% of all delinquent receivables. This was primarily caused by one of the largest project accounts, the RHIC project with BNL and the misunderstanding on the part of BNL that all invoices after October 1994 would fall under the provisions of the new Intra-DOE work-order system. BNL had therefore put a hold on LBNL's invoices. This was resolved in March when BNL agreed that invoices for funding obligated prior to FY95 could be processed under the payment-by-check methodology.

As shown in the graph for aged accounts receivable, from March through May, outstanding receivables trended downward from a high of $1,626K to a low of $1,050K. It must be pointed out that this downward trend was achieved in spite of an increase in billing volume that rose from $2,544K in March to $2,928K in May.

This downward trend of delinquent receivables would have continued through July except for three specific agency and invoice problems, as follows:

1. The Department of Defense has several major work-accounts at LBNL that result in monthly billings from $100K to over $300K, comprising only a few invoices. In recent months, CA's follow-up on outstanding receivables revealed that the invoices could not be located and copies were requested. Subsequent follow-ups had the same result. CA ultimately reached the head of the disbursement section (Willy Williams) who acknowledged that, indeed, there was a serious problem in his disbursement section since they had experienced a drastic reduction in staff. CA has received promises of payment and continues its persistent follow-up.

Successes/ Plan(s) of Action (Continued)

2. Of the delinquent receivables at the end of July, $644.5K is due from DOD. Payment received August 1995.

   NASA is another Federal agency with which CA experiences increasing collection problems. Frequent and persistent collection follow-up remains without success. CA is addressing this problem by instituting the Online Payment and Collection (OPAC) method wherever possible. All NASA sponsors were contacted during June and July to ascertain the feasibility of using OPAC. Except one, all NASA sponsors agreed to the OPAC method. Thus, the July invoices were processed under OPAC. It is assumed that this will drastically reduce the NASA delinquency problem.

   Of the delinquent receivables at the end of July, $637.6K is due from NASA.

3. UC Berkeley's project account 8058 has had an excellent payment record. Therefore, it is a surprise that the June invoice for $241.5K is open at the end of July. CA was informed that payment has been processed. It is currently being traced through the system to determine why LBNL has not received the check.

The total of the above detailed collection problems amounts to $1,523.5K comprising only 25 invoices pertaining to three sponsors. Without this amount, the July delinquent receivables would only be $956.3K instead of $2,479.8K, a noteworthy reduction of 40% over the delinquent receivables of $1,586.0K at the beginning of FY95.

Contract Accounting will continue aggressive collection efforts and regular meetings to address potential collection problems as soon as they arise. CA also plans to strengthen ties with the Contracts and Licensing Office to advise its staff of sponsors with poor payment records and to enlist help with difficult collection cases, where appropriate.

Demonstrated Results

Comparison to FY 1994:

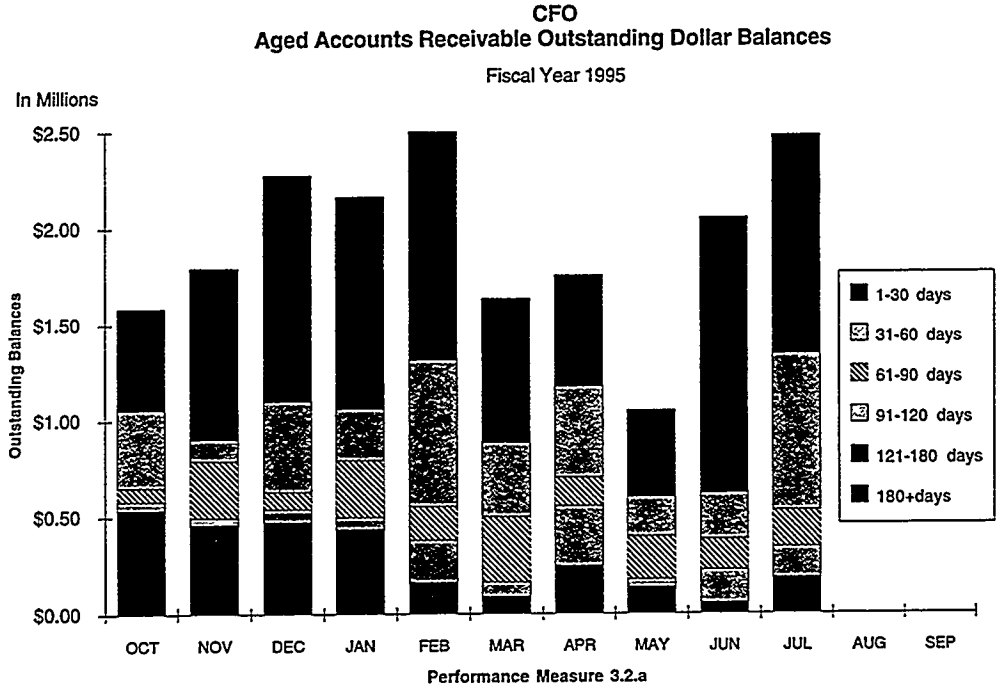
7/31/95	181+ days	$ 14K (also dramatic trend downward)
7/31/94	181+ days	$270K (trending upward)

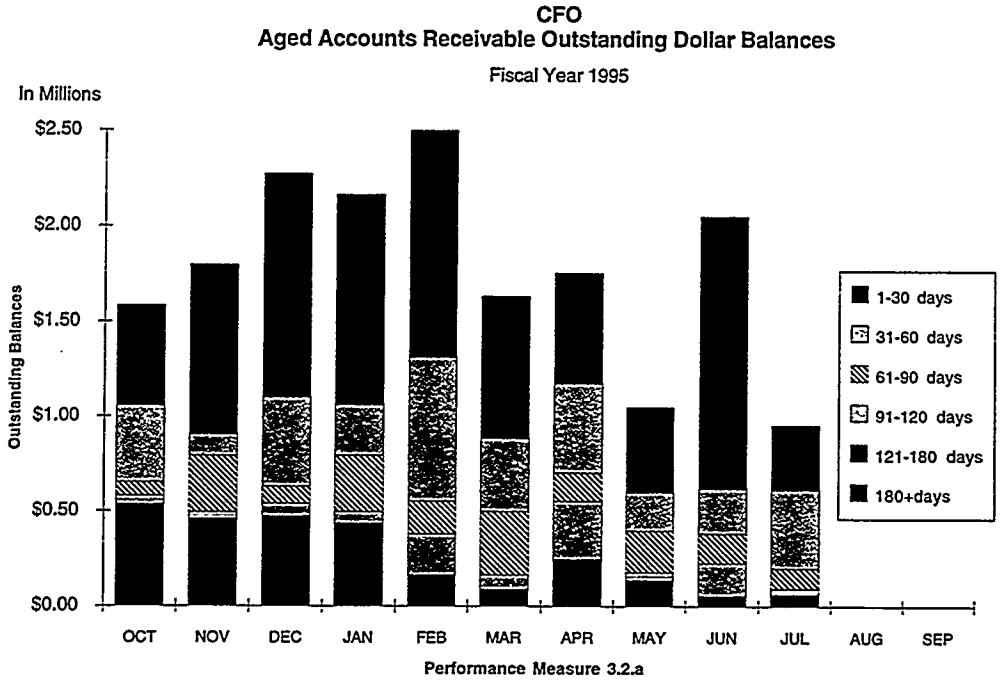
Supporting Data

See Documentation Folder:

- LBNL Average Age of A/R by Type over Time October 1994 through July 1995.

Supporting Data (Continued)





July excludes $1,523.5 K per narrative discussion regarding specific collection problems.

Accounts Receivable – Cycle Time

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

Accounts Receivable—Cost

Graph production cost per transaction with minimum standard line and target line. Establish baseline cost factors.

Use DOE Financial Management Systems Improvement Council (FMSIC) general guidelines and Customer Billing assumptions.

A Meets Expectations rating is achieved by meeting lab-specific targets. Factors that will be considered for a higher rating include: Trends, aggressiveness of targets, performance improvements over previous years.

Performance Measure Result

LBNL has significantly exceeded the Performance Measure objectives.

Instead of reaching the established target of $14.63 transaction cost, Contract Accounting succeeded in reducing the transaction cost to $13.07, a 15% reduction.

Successes/ Plan(s) of Action

At the beginning of this performance period a relatively modest target of a 5% cost reduction per invoicing transaction was established. This modest target was set because the Contract Accounting (CA) Unit was confronted, at that time, with a staffing shortfall of one FTE. This shortfall was caused by a medical leave situation of unpredictable duration. Given this reduction in professional staffing of 33%, it was not felt that there could be systematic analysis and review of the invoicing processes in pursuit of efficiency gains and cost savings. This staffing handicap was not resolved until April 1, 1995.

Another factor that impacts the results of the cost reduction efforts is the invoice volume. In FY94 the average invoice number per month was 240. This number was used when establishing the baseline. Thus far in FY95, the average monthly invoice volume is only 227. Thus, economies of scale are not present.

CA was able to identify improvements in handling invoices, particularly invoices requiring special handling, and in mailing invoices for different projects to the same sponsor. The involvement of senior staff in the invoicing process has been reduced as much as presently feasible.

Effective April 1, 1995, when CA had again reached its full professional staffing level, the oversight of the invoicing process was assigned to a junior professional staff member with the specific charter to search for and identify further possible efficiency improvements and cost savings.

First, the delivery system of computer-generated backup documentation required for invoice distribution was found to be a roadblock to efficiency. Therefore a request was submitted to ISS to route the printout of the reports directly to the Finance printer in Building 936. The request was submitted in June and is currently awaiting implementation.

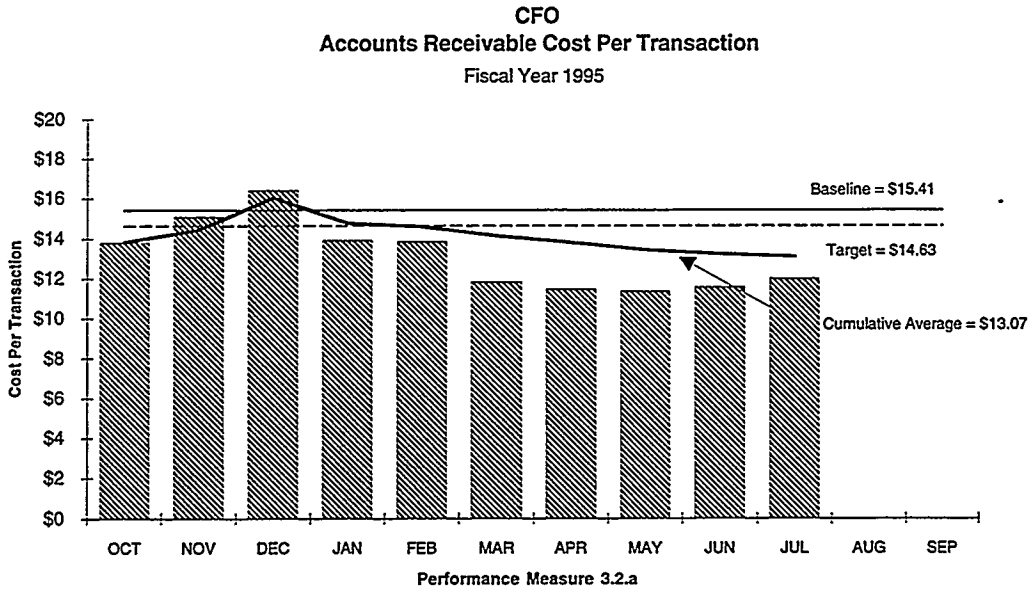
Successes/ Plan(s) of Action (Continued)

The use of the online Payment and Collection System (OPAC) was reviewed and found that this system was not fully used. Using OPAC whenever feasible allows batching of invoices for delivery to DOE/OAK instead of mailing invoices to various recipients. This again results in efficiency gains.

It is obvious that drastic cost reductions can only be achieved by a fundamental redesign of the current programs and systems that drive the invoicing process. Such an endeavor would demand a significant budgetary and programming resource commitment and therefore may not be cost-effective.

Supporting Data

See Documentation Folder.



Accounts Receivable – Cost

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

Payroll–Cost

Graph cost per employee with minimum standard line and target line.

Use DOE Financial Management Systems Improvement Council (FMSIC) assumptions. Establish baseline cost factors.

A Meets Expectations rating is achieved by meeting lab-specific targets. Factors that will be considered for a higher rating include: Trends, aggressiveness of targets, performance improvements over previous years.

Performance Measure Result

LBNL has significantly exceeded the Performance Measure objectives.

Successes/ Plan(s) of Action

Payroll costs have been reduced in FY95 by the implementation of process improvements such as: reduction of manual effort by better use of existing systems; system enhancements to replace manual effort; redistribution of work assignments; reduction in filing requirements. Paycheck costs vary with fluctuations in employee count during the summer months.

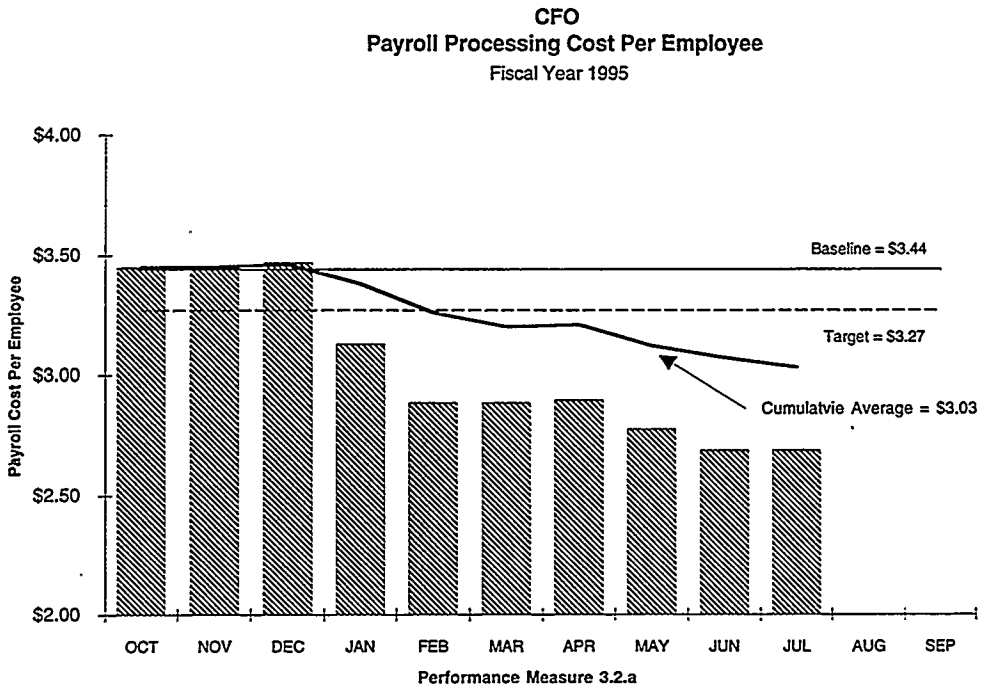
- Implementation of Laboratory Employee Time System (LETS), an in-house electronic time collection system that will provide front-end account validation, policy edits to reduce cycle time, improve data integrity; and higher productivity is currently in BETA test. Lab-wide implementation is scheduled for first half of FY96.
- Redistribution of benefit-related deduction responsibility to Human Resources will result in a reduction in FY95 check costs.

Supporting Data

See Documentation Folder:

- LBNL CFO Payroll Cost.
- LBNL Payroll Processing Changes and Effect on Labor Costs for Calculation of Processing per FTE FY95.

Supporting Data (Continued)



Payroll – Cost

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

Cost Per Travel Claim

A cumulative graph is prepared showing the current month and cumulative cost per travel claim. A Meets Expectations rating is achieved by meeting the target of reducing the cost per claim 5% below the baseline of FY94 cost.

Performance Measure Result

LBNL has exceeded the Performance Measure target.

Successes/Plan(s) of Action

As of July 1995, the goal to reduce the cost per travel claim by 5% has been met and slightly exceeded.

Although at this point the Performance Measure has been exceeded, LBNL is studying the process flow of travel claims to determine further reductions.

Demonstrated Results

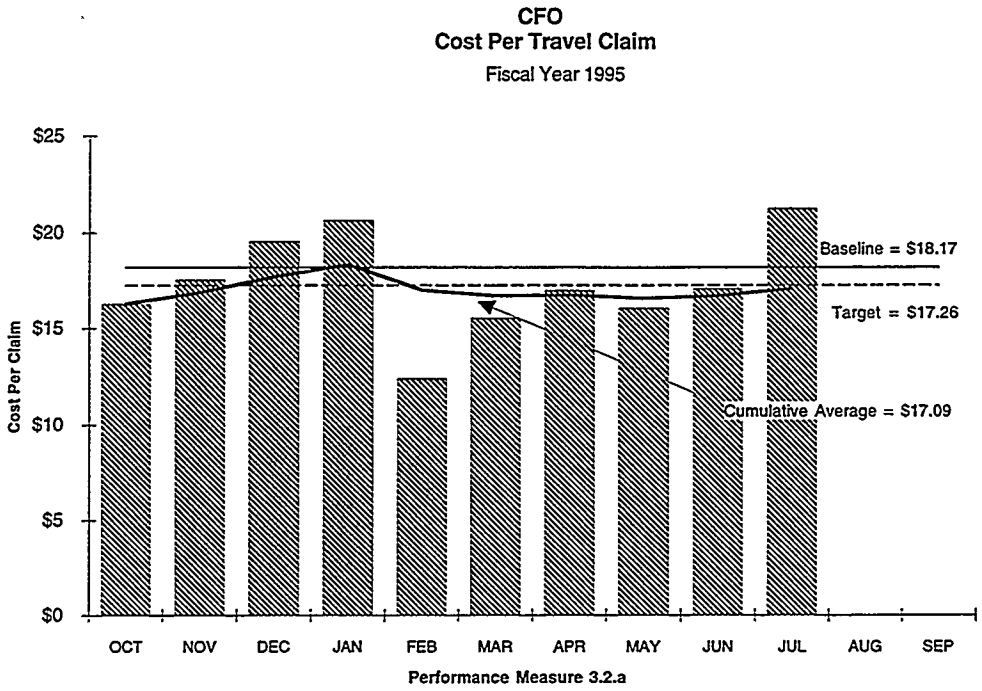
Comparison to FY 1994 – Cost per Travel Claim (cumulative):

7-31-95	7-31-94
$17.09	$19.30

Supporting Data

See Documentation Folder.

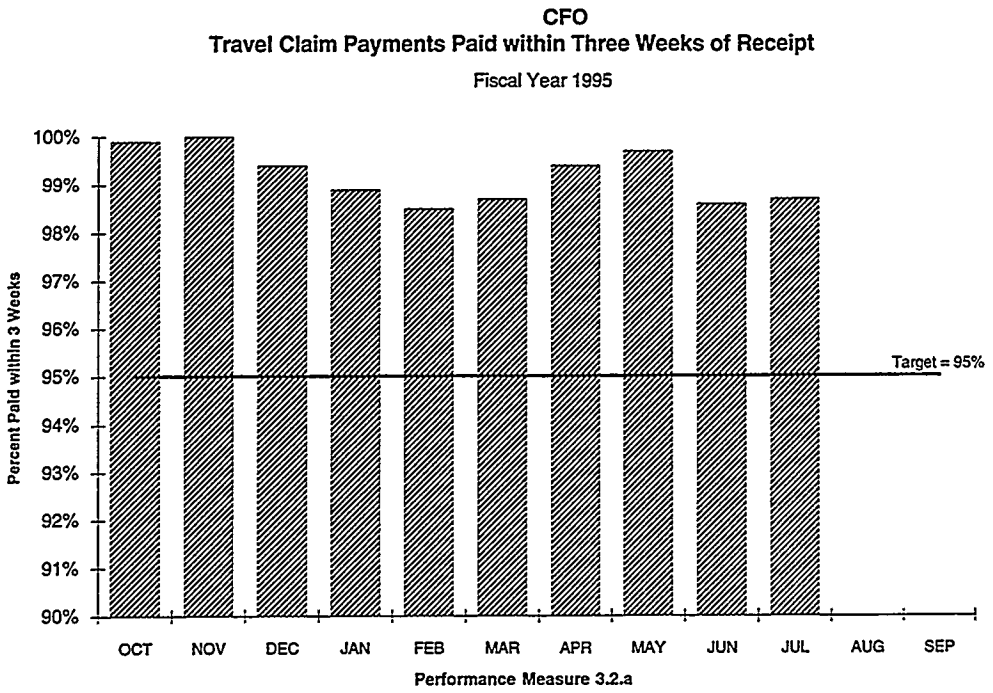
Supporting Data (Continued)



Cost Per Travel Claim

Objective #3 Criterion 3.2 Performance Measure 3.2.a	**Quantification of Improvement:** *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.* **Gradient:** **Travel Claim Payments Paid Within Three Weeks of Receipt** A monthly graph is prepared showing the % of travel claims that have been paid within three weeks. A Meets Expectations rating is achieved by paying 95% of travel claims within three weeks of receipt.
Performance Measure Result	LBNL has consistently exceeded this Performance Measure target.
Successes/Plan(s) of Action	LBNL has continued to exceed the target for this Measure. Performance has ranged from a "low" of 98.5% to 100%. Consistent monitoring of the few exception cases, where claims have not been paid in three weeks, is planned to determine if a pattern exists for those few exception cases. If such a pattern exists, corrective action will be taken to increase performance even closer to 100%.
Supporting Data	See Documentation Folder.

Supporting Data (Continued)



Travel Claim Payments Paid Within Three Weeks of Receipt

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

General Ledger—Cycle Time

Graph comparing actual days to close to targeted days to close and cumulative average with 5 working days minimum standard line and 3 1/2 working days target line. Close date defined as the date that the G/L is closed.

A Meets Expectations rating is achieved by meeting lab-specific targets. Factors that will be considered for a higher rating include: Trends, aggressiveness of targets, performance improvements over previous years.

Performance Measure Result

LBNL has exceeded this Performance Measure target.

Successes/ Plan(s) of Action

The General Ledger cycle time Performance Measure is being met 100% of the time. The number of days to close is trending downward. The G/L Unit has successfully closed in 2.5 days March, June, and July, which demonstrates our aggressiveness of targets.

CFO/Finance is continuing proactive attempts to decrease the number of days to close through analyzing the critical paths of the data elements and implementing process improvements.

Through devoted effort by Finance/General Ledger staff and the G/L Unit's clear closing process timelines, which are issued each month-end, Finance has significantly improved this performance area over previous years.

To meet or exceed the target, the General Ledger Unit will continue to identify and implement system and procedural improvements.

Identified improvement areas include: centralized review of cost transfers, software upgrades, and electronic account maintenance.

Demonstrated Results

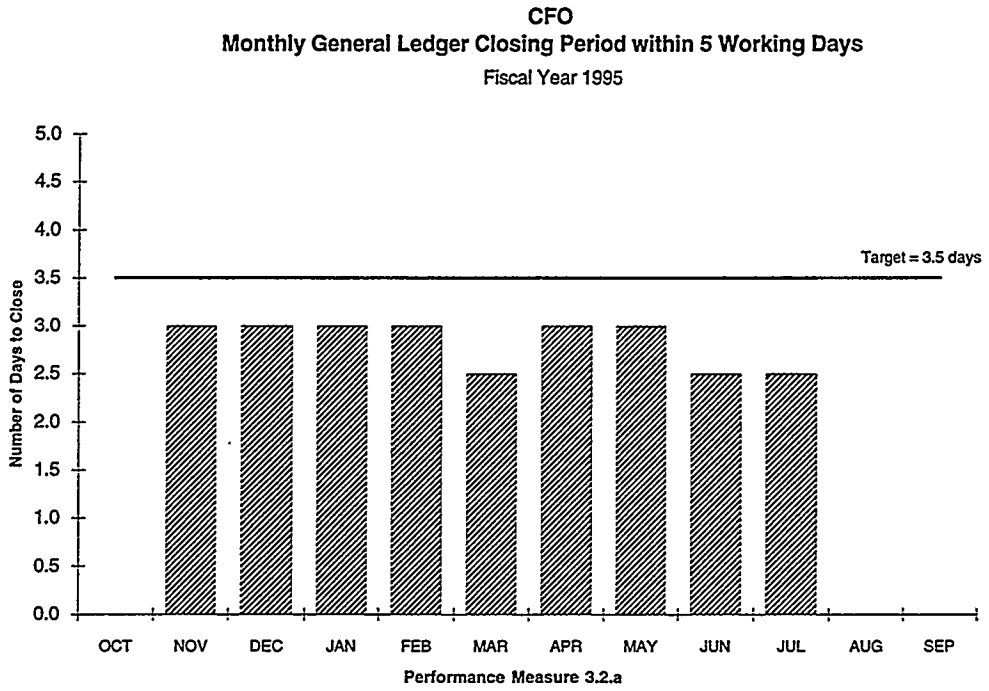
Comparison to FY 1994:
For the nine (9) months (Oct. excluded) ended 7-31

Days to Close	1995	1994
4	0	9
3.5	0	0
3.0	6	0
2.5	3	0

Supporting Data

See Documentation Folder.

Supporting Data (Continued)



General Ledger—Cycle Time

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

General Ledger—Cost

Narrative that demonstrates the establishment of a system/method for measuring these costs using industry benchmarking standards/initiatives.

A Meets Expectations rating is achieved by meeting lab-specific targets. Factors that will be considered for a higher rating include: Trends, aggressiveness of targets, performance improvements over previous years.

Performance Measure Result

LBNL has exceeded the Performance Measure objectives, as indicated by the IMA results.

Successes Plan(s) of Action

General Ledger activities were included in the Institute of Management Accountants–Continuous Improvement Center's benchmarking study. Data on headcounts, costs, and transaction volume were provided.

The benchmarking results from the IMA's study were reviewed in July 1995. An analysis of the results, in comparing General Ledger to the industry median, indicates the following:

	Median	LBNL
Head count per billing or revenue	3.4	1.6
Cost as a % of revenue	0.24%	0.08%
Process cost per Finance employee	$80,370	$53,535
Number of days to close the books	5	3

As one can see, LBNL is far below the median level, which includes both industry and government. LBNL also compares favorably in many financial areas to the other UC Labs, which are much larger.

LBNL is participating in a second benchmarking study—The Hackett Group. The results from this study will compare LBNL to other DOE contractors and separately to industry. LBNL's financial data are to be submitted by November 15, 1995, with results next year.

LBNL used the benchmark data to evaluate General Ledger operations to align priorities in the process of developing the CFO Quality Roadmap and subsequent determinations of staff reductions in the August 16, 1995, reduction-in-force. The IMA and the Hackett benchmark data will be used as the CFO Department continues to reduce its costs and to review areas to make operational efficiencies.

Supporting Data	See Documentation Folder.

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Quantification of Improvement: *By activity, establish FY95 baseline(s) as appropriate: quality, accuracy, cycle times, cost. Graph monthly cycle times with a minimum standard line and target line and/or graph the cumulative cost per transaction with a minimum standard line and target line.*

Gradient:

Suspense Account Reconciliation—Process Improvement

Graph cumulative average monthly dollars into suspense accounts and cumulative dollars going out of the suspense accounts with number of monthly transactions printed on top of each bar.

A Meets Expectations rating is achieved by having cumulative dollars in suspense account(s) zeroed out at year end. Factors that will be considered for a higher rating include: Average cumulative dollars in trends down during year; minimization of cumulative dollars in and cumulative $ out discrepancy; improvement in performance from previous year.

Performance Measure Result

By the end of this performance period LBNL will have met this Performance Measure objective. Additionally, performance has exceeded expectation by minimization of the cumulative $ in and out discrepancy and improved performance from the previous year by trending downward.

Successes Plan(s) of Action

The cumulative average monthly suspense account discrepancy is currently 1%, which represents assertive focus by the Laboratory to resolve transactions within 30 days. The average cumulative dollars entering suspense accounts have declined.

CFO/Finance has a team within General Ledger that analyzes, resolves, and updates a monthly spreadsheet of suspense account activity.

Account revisions have been made to ensure that appropriate Divisions receive their respective suspense items directly to expedite correction processing.

CFO/Finance will continue to aggressively pursue resolutions to suspense items and will have cumulative dollars in suspense accounts zeroed out at year end.

Late/missing time cards from a couple of Divisions resulted in disappointing dollars in for the month of July in the payroll suspense accounts. The front-end edits in the Laboratory Electronic Time Reporting System (LETS) should tremendously reduce the number of items falling into P/R Suspense Accounts. It is estimated that LETS will be in full operation by 12/31/95.

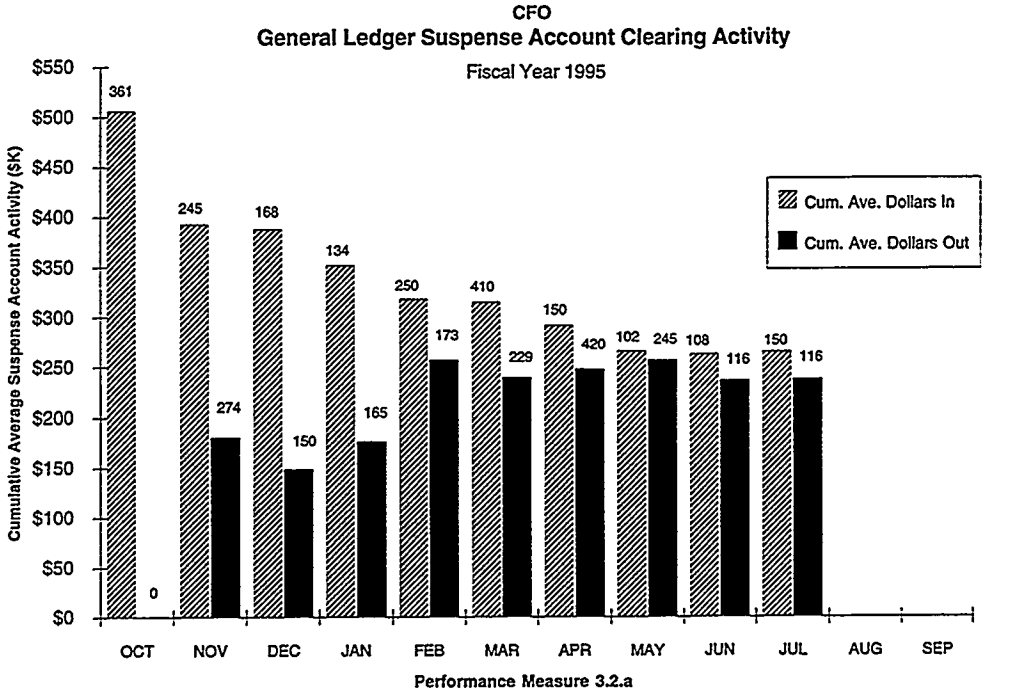
Demonstrated Results (ten (10) months ended 7-31-95):

The average cumulative dollars in is trending downward and LBNL has minimized cumulative dollars in and cumulative dollars out discrepancies.

Supporting Data

See Documentation Folder.

Supporting Data (Continued)



Numbers above bars represent monthly transactions Note: System contraints prevent suspense account clearing in Oct. (month #1)

Suspense Account Reconciliation—Process Improvement

Objective #3
Criterion 3.2
Performance Measure 3.2.b

Perform Benchmarking Reviews: *Perform best practices (benchmarking) reviews and identify opportunities for improvement.*

Assumptions:

Will perform Institute of Management Accountants Continuous Improvement Center benchmarking program. Laboratory will use information to set appropriate future improvement targets.

Performance Measure Result

LBNL has exceeded this Performance Measure objective.

Successes/ Plan(s) of Action

LBNL actively supported the University of California's Laboratory Accounting Office's effort to develop comparative financial benchmarks within the Institute of Management Accountants' Continuous Improvement Center's (IMA-CIC) multicompany financial benchmarking assessment study. CFO submitted initial data covering twenty-five finance and accounting processes to IMA-CIC by the April 7 due date and met with participants to review initial results on April 25, 1995, in Chicago.

- Data scrub and changes were completed on May 5, 1995.
- Reviewed initial results with UCOP and all three Labs on May 16, 1995.
- Summary and individual reporting of final results—May 26, 1995.
- Best practice workshops, June 8–9, 1995, in Scottsdale.
- Best practice workshops, August 24–25, 1995, in San Francisco.

The benchmarking results from the IMA's study was received in July 1995. Our analysis of the results indicates that LBNL is generally below the median level, which includes both industry and government. LBNL also compares favorably in many financial areas to the other UC Laboratories, which are much larger.

LBNL is participating in a second benchmarking study—The Hackett Group. The results from this study will compare LBNL to other DOE contractors and separately to industry. LBNL's financial data are to be submitted by November 15, 1995, with results next year.

LBNL used the benchmark data to target areas where staff was reduced in the August 16, 1995, reduction-in-force. The IMA and the Hackett benchmark data will be used as the CFO Department continues to review its costs and to target areas to make operational efficiencies.

Supporting Data

See Documentation Folder.

Performance Objective #4

Financial Stewardship: *Financial management practices provide for financial stewardship, including compliance and data integrity.* **(Weight = 30%)**

Objective #4 Criterion 4.1

Costs and Commitments Are Managed Properly: *Improve cash and debt management practices.* **(Weight = 6%)**

Objective #4 Criterion 4.1 Performance Measure 4.1.a

Costs and Commitments Are Controlled to Appropriate Funding Levels: *Identify funding levels. Control costs to B&R Level 9, graph % within funding levels. Control commitments within authorized major funding levels (ECOR).*

Gradient:

Graph % within funding levels. Quarterly graph for all fund types except line-item capital equipment and construction, which will be graphed monthly. One [graph] for costs, one [graph] for costs plus commitments, and one chart for capital equipment and line-item construction costs by month.

A Meets Expectations rating is achieved by staying within funding levels as defined above. Factors that will be considered for a higher rating include: Monthly Trends, training and development and other proactive activities to effectively manage and control funds.

Performance Measure Result

LBNL has exceeded the Performance Measure objectives by 100% successes and development of proactive activities to train and effectively manage funds.

Successes/ Plan(s) of Action

B&R Level 9: For the Third Quarter FY95, the Laboratory achieved a success rate of 100% for all categories in maintaining costs within authorized funding limits.

ECOR Level: For the Third Quarter FY95, the Laboratory achieved a success rate of 100% for all categories in maintaining costs plus commitments within authorized funding limits.

Line Items: The Laboratory achieved a 100% success rate each month for line-item construction and line-item capital equipment in maintaining costs with funding at the B&R level.

OTHER FACTORS

Training:

The Finance Forum has been developed as a training environment to educate Divisional administrative personnel in financial and budgetary matters. The topics have included the fiscal-year-end close, budget formulation, cost accounting standards, and the use of financial databases. The forum will also develop common financial models to create efficiencies Lab-wide.

Communication:

Budget analysts use the B&R Status Report monthly to develop straight-line cost projections by 9-digit B&R. The budget analysts then review plans with Division administrators on possible problems and assist in determining solutions.

Successes/ Plan(s) of Action (Continued)

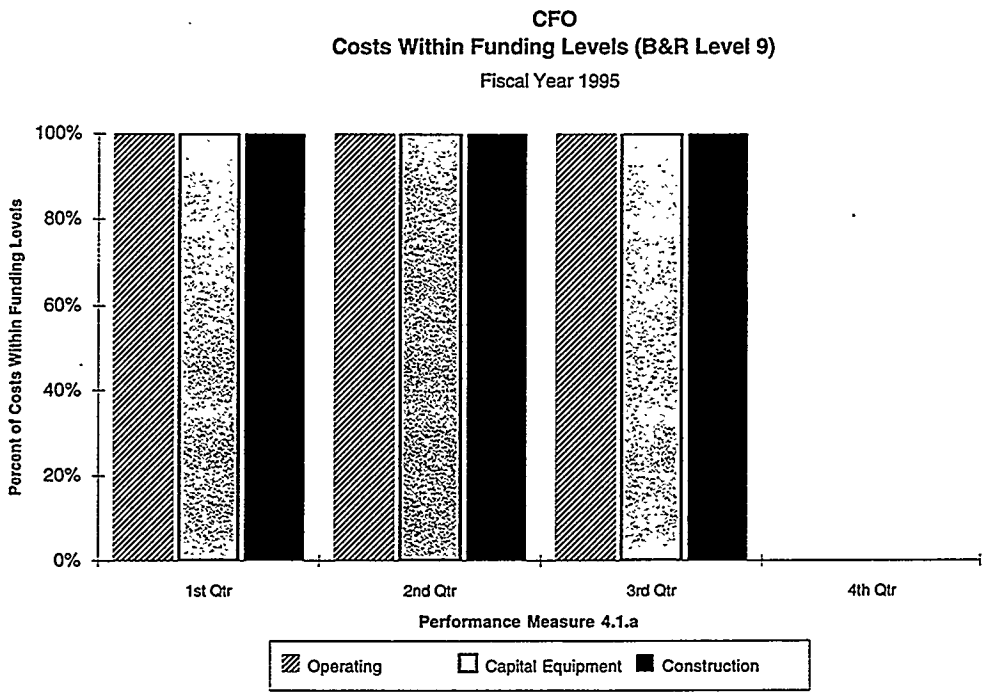
The B&R Status Report is also sorted by Division and distributed to Division administrators for their review of funding and costs in all B&R's in which they control funds. This is the only source of information available showing both funding and expenses and the resulting balance.

B-Factory

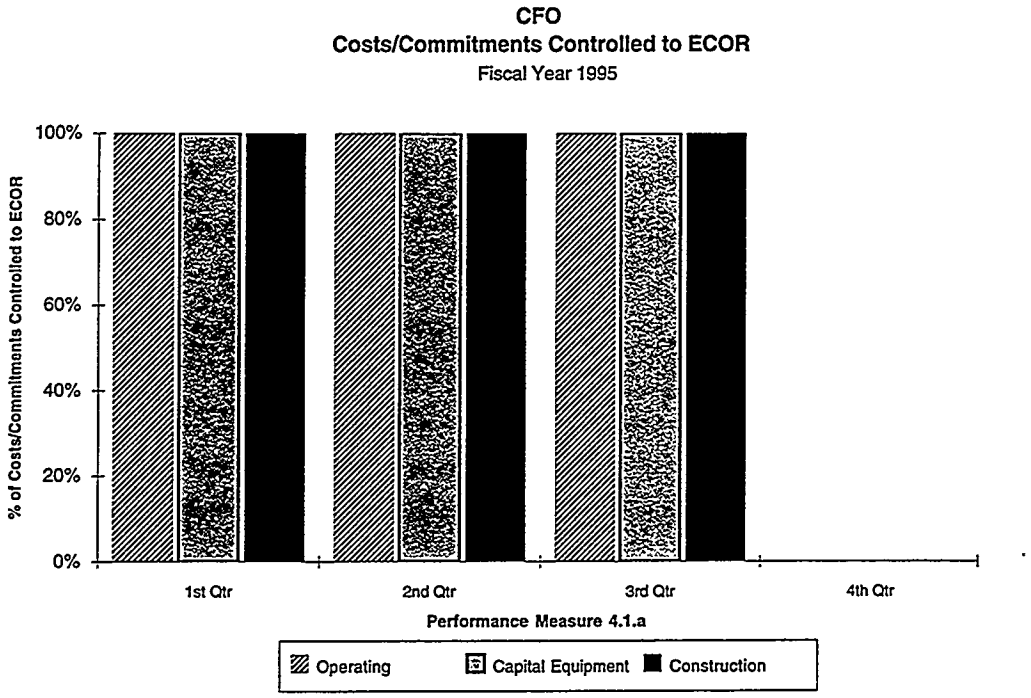
LBNL coordinated with SLAC and LLNL the method of transfer of funds that gives LBNL the ability to participate in the construction of the B-Factory. Originally designed to be a project in the Work for Others system, the B-Factory's change in funding method to the DOE contract allows for increased oversight at all three laboratories as well as the Department of Energy.

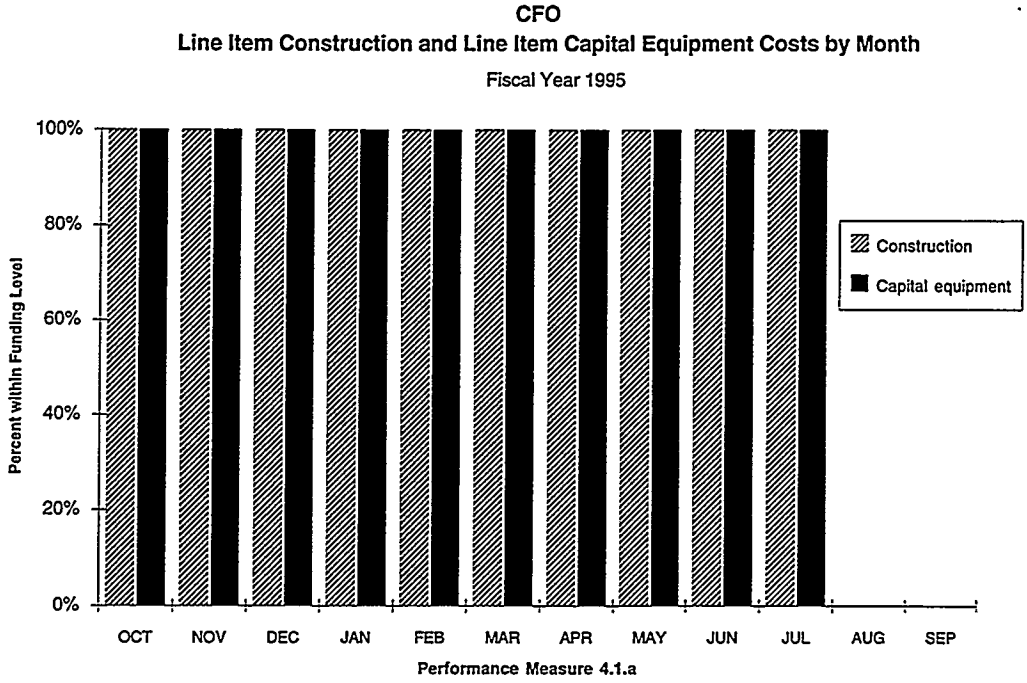
Supporting Data

See Documentation Folder.



Supporting Data (Continued)





Objective #4
Criterion 4.2

Cash and Debt Management: *Improve cash and debt management practices.*
(Weight = 6%)

Objective #4
Criterion 4.2
Performance Measure 4.2.a

Document Improvements: *Identify and report annually cash management improvements/accomplishments.*

Assumption:

Narrative describing progress in support of this criterion.

Gradient:

A Meets Expectations rating is achieved by demonstrated incremental process improvement. Factors that will be considered for a higher rating include: Demonstrated quantum process improvement.

Performance Measure Result

LBNL has exceeded Performance Measure objectives by instituting significant changes to improve service and strengthen controls.

Successes/ Plan(s) of Action

Imprest Funds: The Laboratory currently has five imprest funds. The largest is the Laboratory Cashier Fund, which is used for travel advances and petty cash reimbursements. The Laboratory continues to minimize cash travel advances by issuing traveler's cheques in lieu of cash under a consignment agreement with American Express Company, and to issue Diners Club Cards to our frequent travelers. FY95 CFO-Finance reduced the petty cash reimbursement from $100.00 to $10.00 so that those in excess of $10.00 can be processed through the Accounts Payable System.

The Laboratory has recently finalized an agreement with the Bank of America to provide check cashing services at their downtown Berkeley Branch for LBNL checks for $750.00 or less. This will reduce the demand for cash transactions processed through the LBNL Cashier Office.

The Laboratory also maintains four satellite petty cash funds, which have a combined balance limit of $780.00.

Finance performs quarterly imprest fund cash counts and found no discrepancies. As a result of periodic analyses of the Cashier Fund, which are performed to determine if the size of the fund should change, the balance limit was recently reduced from $12,000.00 to $8,500.00. This is consistent with CFO's effort to reduce the cash transactions processed through the Cashier Office.

Letter of Credit: The Laboratory continues to provide the bank with a daily projection of our cash requirement. This has allowed the bank to maintain LBNL's cash balance very close to zero on an ongoing basis as well as allowed us to identify errors and notify the bank immediately so that they can effect correction the very next day.

The Laboratory is considering eliminating the Central Cashier Fund as part of a Lab-wide effort to improve efficiencies. The specifics of this change are under review.

Supporting Data	See Documentation Folder.

Objective #4
Criterion 4.2
Performance Measure 4.2.b

Reduce Aged Accounts Receivable: *Move to eliminate delinquent Accounts Receivable balances over 180 days old.*

Assumption:

Graph by quarter FY94 and FY95 accounts receivable dollars 180+ days and trend toward zero.

Gradient:

A Meets Expectations rating is achieved by meeting a 10% reduction target. Factors that will be considered for a higher rating include: Level of reduction above 10%, overall trends.

Performance Measure Result

LBNL has significantly exceeded the Performance Measure objectives.

Receivables in the 180+ days category were reduced by 96% from $390K at the end of the first quarter to $16K at the end of the Third Quarter.

Successes/ Plan(s) of Action

During the last two months of FY94 and the First Quarter of FY95 Contract Accounting (CA) suffered from a serious staffing shortage. One of the professional team members was on extended medical leave, which amounted to a 33% reduction in the professional staffing level.

Time and effort that would have normally been devoted to the follow-up on delinquent receivables had to be diverted to cover the critical assignments on the vacant desk. Collection efforts could only be pursued at a very limited pace. This explains the unacceptable increase in our past-due 181 days receivables during the First Quarter of FY95.

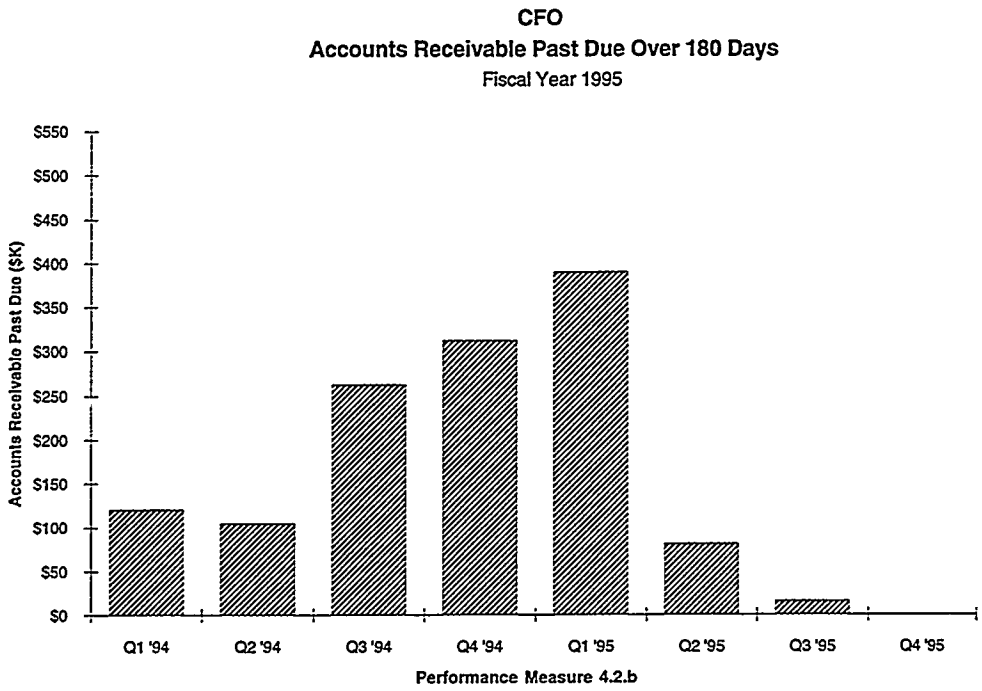
In January, Contract Accounting started focusing efforts on reducing the oldest receivable category and intensified these efforts during the following months. In addition, all receivables in the 180+ days category were evaluated to determine if further collection efforts would be cost-effective. If deemed uncollectible, receivables were either written off or assigned to DOE/OAK, as appropriate.

These efforts resulted in a noteworthy 96% reduction of the 180+ days receivables from the First Quarter high of $390K to $16K at the end of the Third Quarter.

Supporting Data

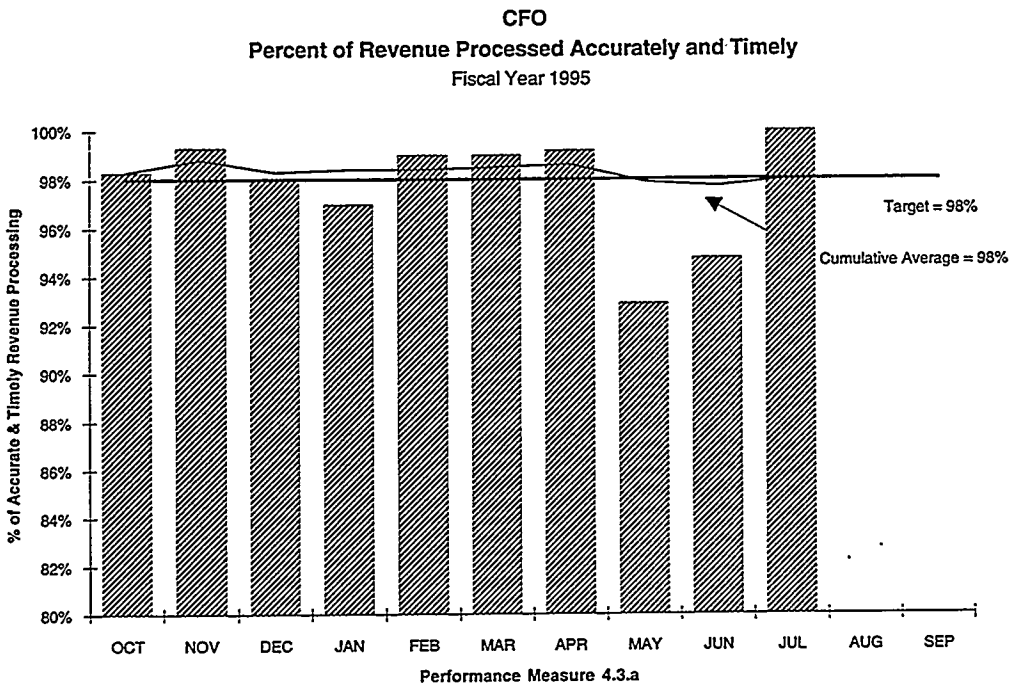
See Documentation Folder.

Supporting Data (Continued)



Objective #4 **Criterion 4.3**	**Revenues Are Processed Properly:** *Ensure all revenues are promptly collected, processed and classified appropriately.* **(Weight = 6%)**
Objective #4 **Criterion 4.3** **Performance 4.3.a**	**Validation of Properly Processed Revenues:** *Develop reports showing collections and classifications. Validate classifications, document to DOE requirements and trend error rates.* **Assumption:** Graph the moving average of accurate/timely performance per month. **Gradient:** A Meets Expectations rating is achieved by meeting a 98% accuracy and timeliness targets. Factors that will be considered for a higher rating include: Process Improvements.
Performance Measure Result	The Performance Measure target has been met and by the end of this review period will be exceeded.
Successes/ Plan(s) of Action	LBNL has devoted effort toward promptly collecting, processing, and appropriately classifying all revenue. All checks are logged in by the Accounts Payable Department and forwarded to the General Ledger Department for processing. The processing procedures have vastly improved from a manual system to a shared database spreadsheet format. This improvement enables consolidation of data at month end, which facilitates transfer voucher preparation. The initiation of a review by the Accounts Payable Department for credit memo application expedites accurate classification of revenue. Also, a daily audit is now part of the deposit procedures, which improves the accuracy of the revenue classifications. A Focus report is generated to validate input accuracy into LBNL's general ledger system monthly. With the implementation of the database spreadsheet, available to all users in the department, management is promoting its use for bank reconciliation, FIS investigation, and other banking-related functions. The revenue classification process will be further enhanced by having another audit point when the bank statement is compared to the deposit log.
Supporting Data	See Documentation Folder.

Supporting Data (Continued)



Objective #4
Criterion 4.4
Performance Measure 4.4.b

Internal Controls Findings Follow-Up: *Categorize internal controls exceptions noted in audits and reviews as significant or minor. Provide explanations and corrective action plans for significant items.*

Assumption:

Narrative describing progress in support of this criterion.

Gradient:

A Meets Expectations rating is achieved by having an effective and timely Internal Controls findings resolutions process. Factors that will be considered for a higher or lower rating include: Number and significance of findings and timeliness/effectiveness of follow-through on corrective action plans.

Performance Measure Result

LBNL has exceeded the Performance Measure objective.

Successes/ Plan(s) of Action

No new internal control issues have been identified by the GAO, OIG, DOE/Financial Review Division, or LBNL Internal Audit Department for FY95

CFO continues to pursue activities that minimize internal control risks. Recent. activities include:

- Obtained a ruling from UC Senior Vice President-Business and Finance, which stated that neither Federal nor State funds may be used for payout of University-sponsored severance pay plans, including payments under the Executive Program Severance Pay Plan. CFO invoiced and received reimbursement from UC for payments made to date and reversed all accrual of Executive Severance.
- Changed a long-standing practice of paying outside litigation fees through the cashier to paying through Accounts Payable, which provided adequate internal controls.
- Reduction of petty cash reimbursement from the cashier from $100.00 to $10.00
- Transfer of all request for funds payments from the Cashier to the Accounts Payable Department. **Completed.**
- Continuous documentation of policies and procedures:

  CFO Function Notebook—**Completed.**

  CFO FIS Procedures Notebook—**Completed.**

LBNL has established a procedure for centralized review of cost transfers. This procedure will provide consistent review and application of policies and enhance internal control.

CFO will continue aggressive involvement with (LCATS)—LBNL Corrective Action Tracking System:

Procedure Number: OAP - IP - 008, 3.3 Follow-Up:

3.3.1 Copies of the final assessment report and any written corrective action plan shall be sent to OAA for central filling. Copies of inspection reports are not required to be submitted to OAA.

Successes/ Plan(s) of Action (Continued)

3.3.2 Corrective actions from review findings are tracked in either of LBNL's two corrective action management databases, the LBNL Corrective Action Tracking System (LCATS) and the LBNL Self-Assessment Database (LSAD). LCATS is used for most external assessments by regulatory agencies and internal assessments that generate institutional findings. LSAD is primarily used for internal assessments and inspections that only affect a single Division or operating unit.

Supporting Data

See Documentation Folder:

- LBNL G/L Staff Review of Conference.
- DOE/IG Audit of Management and Operating Contractor Relocation Costs (Travel).
- LBNL GAO Review of Uncosted Balances for FY1994.
- LBNL Internal Audit Report NO. 1715 – Cost Allowability FY 1994.
- LBNL – LCATS Directive Implementation Plans.

Objective #4
Criterion 4.5

Quality of Data and Reports: *Financial accounts and reports fully disclose the results of operations, and contain accurate, useful, timely information for program and fiscal management needs.* **(Weight = 6%)**

Objective #4
Criterion 4.5
Performance Measure 4.5.a

Policies, Data and Reports Consistent with CAS: *Compliance with CAS requirements; financial practices are consistent with approved disclosure statement; accounting reports and statements are on time, error-free and satisfy user needs; audit reports reflect this criteria.*

Assumption:

Narrative.

Gradient:

A Meets Expectation rating is achieved by having practices consistent with approved disclosure statements. Factors that will be considered for a higher rating include: Agreed audit report findings, proactive interaction with DOE, training and development of staff and relevant program personnel.

Performance Measure Result

LBNL has exceeded the Performance Measure expectations through definitive proactive interactions with DOE and through training and development of staff and Division personnel.

Successes/ Plan(s) of Action

To meet the requirement for CAS compliance and this new Performance Measure, the CFO Department established a development team to facilitate the DOE/OAK review, which resulted in the approval of LBNL's changes to cost accounting practices. The team prepared the revised Cost Accounting Standards Board (CASB) disclosure statement, which reflected practices for FY95.

The CFO Department, in collaboration with the DOE/OAK's Cost Accounting Standards Advisory Board, developed cost accounting recommendations for the application of cost accounting practices.

This team continues to ensure that approved accounting changes are reflected in the CASB disclosure statement and that accounting practices are consistent with the disclosure statement and applicable regulations. An overhead simulation model has been developed and continues to be enhanced to evaluate alternative cost distribution scenarios.

LBNL–CFO, in collaboration with DOE finance personnel, continues an intense review of the existing overhead structure relative to Laboratory objectives and missions. Several improvements are planned for FY96.

Cost Accounting Standards training sessions have been developed by CFO/Budget and presented to LBNL's Division budget administrators. The training presented the use of a dynamic CAS overhead simulation model. Divisional personnel are using this fully automated model for analyses and the impact of changing structures.

Successes/ Plan(s) of Action (Continued)

The CFO Department will continue to review and evaluate the annual distributed budgets with the objective of helping to identify proper allocation processes and cost classifications and potential CAS noncompliance issues.

- The Account Master listing was updated to provide coding to describe account categories and further identify the overhead treatment for each account.
- The Financial Policies Manual has been updated to reflect the FY95 accounting changes.
- The DOE/Office of Inspector General, DOE/OAK, and LBNL Internal Audit Services have jointly conducted a CAS Disclosure Statement Audit. The CFO Department has supported this audit by participating in the status/issue meetings, coordinating meetings with appropriate personnel, and providing required information such as:
    1. A revised CASB Disclosure Statement reflecting the DOE/OAK-approved FY95 accounting changes.
    2. An allocation matrix indicating the distribution of indirect costs.
- Preliminary findings as discussed in a May 3, 1995, meeting with the DOE/IG indicate no significant issues. Any recommendations agreed upon are anticipated to be implemented in FY97.
- During FY95, design of an automated space recharge system was accomplished through a cooperative team effort comprising Facilities, Budget, General Ledger, and Division representation. Implementation of this mainframe resident database is planned for early FY96 and will affect a distribution of costs based on needs resulting in overall cost savings to Laboratory programs. This space database and recharge system will provide direct access to current space information by which Divisions can evaluate programmatic space needs before charges are assessed.

  As an interim step to the mainframe database, during this fiscal year (1995), the space recharge process was enhanced and is accessible electronically through an Excel database. This enhancement has improved accuracy, efficiency, and timeliness of the process by eliminating redundant steps.

Supporting Data

See Documentation Folder:

- LBNL Cost Accounting Standards (CAS) Disclosure Statement.
- LBNL FY 1996 Overhead Structure Changes *(Draft).*

Improvement Actions for Financial Management				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates

(None.)

Human Resources

Performance Characterization

With the buoyancy of the improved rating from the FY94 self-assessment, Human Resources (HR) has moved forward in most HR units to deliver more service at less cost to the Lawrence Berkeley National Laboratory. FY95 has been a year of dramatic change in organizational priorities and yet the Human Resources organization has demonstrated its resiliency and adaptability to high-velocity change. We began the year with implementing a 10% reduction-in-force, which stretched the limited resources of our extremely lean department.

Human Resources is completing its third self-assessment under UC-DOE Contract 98 Appendix F for FY95.

Overall performance for HR in FY95 has been extremely effective. Significant progress on major objectives in compensation, workforce diversity, and continuous quality improvement are noteworthy. Employee development and management training efforts have met or exceeded requirements. New Measures were established to trend employee benefit costs, staff cycle time, effectiveness of recruitment, turnover rate, and cost per hire. Also, there was a new employee relations activities Measure established where our performance has been at or better than expected.

A summary of initiatives that were implemented for this year include:

- Obtained PeopleSoft/Human Resources/Payroll System.
- Conducted a Fair Labor Standards Compliance Review.
- Supported efforts to launch a continuous quality improvement process in Operations.
- Continued Job Classification/Job Family Development and Implementation.
- Staffed the Employee/Labor Relations Unit.
- Removed stovepipes within the HR Department.
- Obtained approval to implement a Spot Recognition Program.
- Increased emphasis on Affirmative Action Plan and support of Diversity Committee.
- Launched a Mentoring Pilot Program in Engineering.
- Continued increased emphasis on Supervisory Training and Leader Effectiveness as a part of the Training Plan.
- Improved Communications of Health Care Plan Changes.

Challenges that we experienced came in the form of organizational restructuring that merged the Administrative Division into Operations. Throughout the year this resulted in business units being realigned as we attempted to merge and streamline functions. On April 1, 1995, the Reception Center and Conference Coordination were transferred to the Human Resources Department to link visiting scientists and conference activities with front-end employment action.

In the Fourth Quarter of FY95 HR staff was engaged in implementing a significant LBNL reduction-in-force. A number of HR Department vacancies were also eliminated.

Throughout FY95 the HR Department adjusted and shifted gears to meet changing institutional priorities.

Performance Characterization (Continued)

The FY94 HR self-assessment noted two Opportunities for Improvement: (1) mandatory EH&S training, and (2) the development of a Strategic Training Plan. The mandatory EH&S training requirement was appropriately transferred to EH&S. EH&S has developed and implemented a Corrective Action Plan.

The Laboratory has moved aggressively to develop and implement a Strategic Training Plan. More detail is provided on the Training Plan under Performance Objective #2 of this report.

Performance Objective #1

Cost Effective HR Systems: *The Laboratory will deliver HR systems in a cost effective manner.* **(Weight = 35%)**

Summary

Laboratory performance for the Measures of this Objective have been significant over the past fiscal year.

An annual validation process has been implemented to verify that the Laboratory has a current job description system for all positions. As part of the annual merit salary increase process, Divisions must verify that complete position descriptions exist for all employees. Following the Division verification, Human Resources Department conducts a 5% random sample audit of Scientists and Engineers, Technical, and Administrative job groups for completeness of the job description and appropriateness of the classification.

At this time, September 1994 data are included in this report. The verification and random sample audit will be completed for this fiscal year in mid-September 1995 and submitted as an addendum to this report by September 30, 1995.

In addition to the random audit, a Human Resources and line management team reviewed 340 Technical and Administrative positions for completeness and accuracy of the classification in conducting a Fair Labor Standards Act Review. Further, 213 position descriptions in the areas of Computer Systems; Environment, Health, and Safety; Facilities; and Engineering were reviewed and reclassified into new job families.

Also, before a vacant position is open for recruitment, a position description must be submitted with the job posting. The position description is reviewed by Human Resources for completeness and accuracy of the classification before the recruitment is initiated.

The job evaluation system review and evaluation is above targets set in the Towers-Perrin classification system review. Over the past year the Laboratory has made significant improvement in the salary administration system and structure.

A baseline in trending employee benefits costs as a percent of payroll was established.

Barriers to Improvement

A major reorganization of the Laboratory's support structure required the Human Resources Department to shift resources and projects in order to adapt to changing organizational priorities.

For the first two quarters of FY95 the Human Resources staff were fully engaged in the completion of a Fair Labor Standards Act Compliance Review.

During most of the past fiscal year a Senior Compensation Analyst was reassigned to the Employee/Labor Relations area because of staff vacancy and an aggressive union organizing campaign.

In the last quarter of the fiscal year the other Senior Compensation Analyst resigned to accept an external position. Because of budgetary constraints, neither Senior Compensation Analyst position vacancy was filled.

Objective #1
Criterion 1.1

Job Classification System: *The Laboratory has a current job description system for all positions.* **(Weight = 10%)**

Objective #1
Criterion 1.1
Performance Measure 1.1.a

Currency of Position Descriptions: *% of positions for which current position descriptions exist. Baseline is 95% by December 1994, and thereafter.* **(Weight = 4%)**

Agreements:

(1) "All positions" refers to regular/career positions which could include part-time employees but not casual or intermittent employees.

(2) The percent of the covered population for which there is a current position description will be measured.

(3) 85%, not the 95% baseline, will be rated at 75 points.

(4) "Current" means that the position description has been reviewed for accuracy and updated, as appropriate, within the last 12 months.

(5) The quality of the annual review or of a new system for documenting position duties and responsibilities will affect the performance rating in addition to the actual percent of regular or career positions that have a current description.

Performance Measure Result

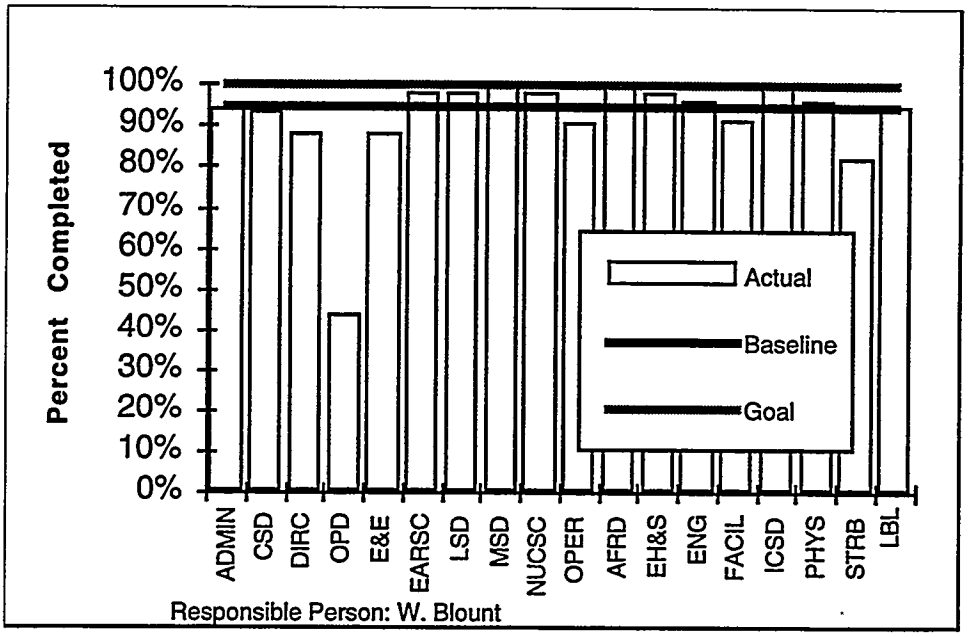
This Performance Measure has been met to date and, in fact, the baseline of 95% was exceeded prior to December 1994 with September 1994 data. Current FY94 data indicate that 98% of all employees have accurate position descriptions.

Successes/ Shortfalls

In September 1994 the Divisions validated existing position descriptions for regular/career employees for FY94. The validation method is incorporated as part of the annual salary review and merit increase process (refer to Attachment A, FY96 Salary Review Guidelines) and indicates a Laboratory completion rate of 98%. The next validation will occur in September 1995 and will be submitted as an addendum to this report.

Supporting Data

Complete Position Descriptions for All Employees



Performance Measure 1.1.a

Objective #1
Criterion 1.1
Performance Measure 1.1.b

Assignment of Position to Job Classification: *A statistically relevant sample of all positions is reviewed to determine the appropriateness of the classification to which assigned. Measure % of relevant sample that are correctly classified. Compare to baseline established in 1994.* **(Weight = 3%)**

Agreements:

(1) 5% stratified sample of all positions will be used as follows:
LBNL: 5% of S&E, Tech and Admin groups
LLNL: 5% of each series
LANL: 5% of each series

(2) The following sources will be used to obtain the 5% sample: (1) reclassification proposals, (2) job postings, and (3) random job audits.

(3) A position will be considered appropriately classified if determined so by random sampling, posted with an updated position description, or, in the case of reclassification proposals, if the existing position description is already appropriate or is adjusted as a result of the reclassification audit.

(4) LANL and LLNL will continue to use reclassification proposals and job postings to reach the 5% sample, but efforts will be made to include more random job audits.

(5) This PM is about the percentage of accurate description found and not about the size of the sample used.

(6) LANL will not reconstruct data from FY94 to establish a baseline. Instead, LANL will establish a baseline for FY95. Establishing a baseline will be rated at 75 points. LANL will conduct random job audits of up to 5% of positions in the structured series. Initially, the central Compensation staff will conduct the audits. Generalists in the field will eventually conduct the audits after guidelines and procedures are established.

Performance Measure Result

This Performance Measure has been met. In September of 1994, the Human Resources Department requested copies of 100 existing position descriptions from Laboratory Divisions and Departments selected randomly from three employee groups (Administrative, Technical, and Scientist/Engineer). Upon receipt of the descriptions that verified their existence, the Compensation Unit staff reviewed each position description against the relevant classification description to determine if each position was appropriately classified and evaluated the overall quality of the position documentation.

The next formal audit with this Performance Measure will occur in September 1995 following the Laboratory's annual validation process, which has been combined with the annual salary review.

The Laboratory exceeded this Measure by reviewing a number of positions well beyond the required 100. Beginning in November 1994, a Human Resources and line management team conducted a voluntary Fair Labor Standard Act (FLSA) review of 340 exempt Administrative and Technical position descriptions to determine if the positions were correctly classified as exempt for FLSA purposes. This effort, completed April 1, 1995, resulted in the reclassification of 50 exempt positions to nonexempt classification.

Performance Measure Result (Continued)

Further, as part of the development of new job classifications, 213 position descriptions were reviewed and appropriately classified in the areas of Computer Systems, Environment, Health and Safety, and Facilities Engineering to ensure the appropriateness of the positions to the new classification descriptions. These activities in conjunction with the review of 677 positions as part of the April 1994 implementation of the Laboratory's new Scientist and Engineer appointment level program represent a total of 1,330 positions reviewed in the last two fiscal years (1994 and 1995) or approximately 72.6% of the FY95 nonrepresented employee population (1,832).

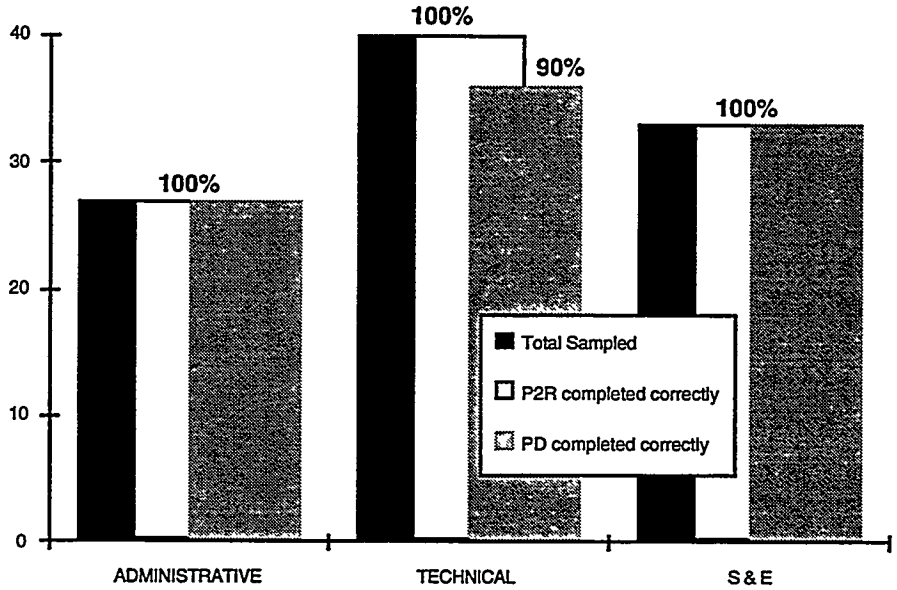
Successes/ Shortfalls

Of the position descriptions reviewed in September 1994, 98% were complete and correctly classified. Two positions were found to have information that was inconsistent with the classification. The Human Resources Department conducted job audits of these two positions and determined both positions to be correctly classified.

Eight of the sampled position descriptions, while correctly classified, were determined to be prepared in a marginal manner and should have additional information. The affected Divisions and supervisory chains were provided with additional training and guidance on completing position descriptions. Of the position descriptions that were marginal or inconsistent with the classification, five were within one Division.

Supporting Data

Audit 5% of PDs and P2Rs for Correctness



Responsible person: W. Blount

Performance Measure 1.1.b

IN ADDITION TO THE 5% AUDIT:

FLSA Review: 191 Technical and 149 Administrative positions
Review completed 4/1/95.

New Job Families: 213 position (Computer System Engineers, EH&S, and Facilities) reviewed and moved to new job families between 6/1/94 and 2/1/95.

Objective #1
Criterion 1.1
Performance Measure 1.1.c

Currency of Job Classification: *Cumulative % of classifications reviewed and updated. Baseline is to have every classification reviewed at least once every five years.* **(Weight = 3%)**

Agreement:

Report annually on cumulative % of classifications reviewed (including results/actions) with the goal of 100% by the end of a 5-year period.

Performance Measure Result

This Measure is being met and LBNL is currently above annual targets. LBNL has reviewed, updated, and added 47 nonrepresented and nonscientist classifications in FY94 and FY95. The Laboratory is also in the process of reviewing the majority of the existing 30 exempt Administrative classifications (see Supporting Data), which is expected to be completed by the Second Quarter of 1996. The remaining 19 nonrepresented Technical classifications (see Supporting Data) are scheduled for review by the end of FY96. If completed on schedule, LBNL will have reviewed 100% of its total nonrepresented classifications within a three-year cycle, well within the five-year cycle identified in the Performance Measure. The cumulative percentage of classifications reviewed by FY95 is 85% (47). This is calculated by adjusting the original number of 115 nonrepresented classifications at the beginning of FY94 to 55 as the result of the UPTE union election in November of 1994, which made 60 Technical classifications represented.

These results do not include the Laboratory's successful review and implementation of its Scientist and Engineer classification and pay program, which involved over 800 employees in April of 1994.

Successes/ Shortfalls

The classification review activities in FY95 were strongly impacted by a FLSA compliance review of 340 employees in 14 different classifications. This comprehensive six-month action required considerable HR Department time and staff work, which originally would have been spent reviewing the Administrative classifications. Also impacting the review activity was the LBNL reduction-in-force (RIF) occurring in the last quarter of FY95, which delayed the introduction of several new job families. Efforts are now directed toward implementing the new Administrative classifications after the October annual salary review.

The following is a summary of classifications and codes that were reviewed and revised in FY94 and FY95:

Nonrepresented Classifications (Excludes S&Es)

Total nonrepresented, beginning FY94:	115
No. became union-represented in FY94 and 95:	60
No. deleted in FY94 and 95:	3
No. reviewed* or created in FY94 and 95:	47

*Does not include six temporary nonexempt classifications created as a result of the FLSA compliance review.

NOTE: 49 classifications summarized in the Supporting Data section remain to be reviewed and revised in FY96.

Supporting Data

Classifications Reviewed

JOB CODE	JOB TITLE
218.1	Project Manager
218.2	Program Manager
218.3	Program Manager, Sr.
220.1	Facilities Architect I
220.2	Facilities Architect II
220.3	Facilities Architect, Chief
221.1	Facilities Civil/Structural Engineer I
221.2	Facilities Civil/Structural Engineer II
221.3	Facilities Civil/Structural Engineer, Chief
222.1	Facilities Electrical Engineer I
222.2	Facilities Electrical Engineer II
222.3	Facilities Electrical Engineer, Chief
223.1	Facilities Mechanical Engineer I
223.2	Facilities Mechanical Engineer II
223.3	Facilities Mechanical Engineer, Chief
224.1	Facilities Energy Management Engineer I
224.2	Facilities Energy Management Engineer II
224.3	Facilities Energy Management Eng., Chief
225.1	Facilities Project Manager I
225.2	Facilities Project Manager II
225.3	Facilities Project Manager, Chief
226.2	Facilities Estimator II
226.3	Chief Facilities Estimator III
227.1	Facilities Planner I
227.2	Facilities Planner II
227.3	Facilities Planner, Chief
230.1	Environmental Health & Safety Professional 1
230.2	Environmental Health & Safety Professional 2
230.3	Environmental Health & Safety Professional 3
230.4	Environmental Health & Safety Professional 4
231.1	Occupational Physician I
231L2	Occupational Physician II
260.0	Computer Systems Engineer I, Trainee
260.1	Computer Systems Engineer I
260.2	Computer Systems Engineer II
260.3	Computer Systems Engineer III
260.4	Computer Systems Engineer IV
261.3	Computer Systems Supervisor
261.4	Computer Systems Manager I
261.5	Computer Systems Manager II
262.3	Computer Operations Supervisor
263.1	Change Control Administrator
263.2	Change Control/Security Supervisor
381.1	Research Associate
381.2	Research Associate, Senior
381.3	Research Associate, Principal
381.4	Research Associate, Staff

Supporting Data (Continued)

Classifications to be Reviewed

JOB TITLE	JOB CODE
Administrative	
Material Specialist	166.1
Administrator 2	167.2
Administrator 3	167.3
Administrator 4	167.4
Administrator 5	167.5
Administrative Specialist 2	168.2
Administrative Specialist 3	168.3
Administrative Specialist 4	168.4
Administrative Specialist 5	168.5
Supervisor Administrative Services 2	169.2
Supervisor Administrative Services 3	169.3
Technical Editor & Writer I	191.1
Technical Editor & Writer II	191.2
Technical Editor & Writer III	191.3
Technical Editor & Writer IV	191.4
Technical Editor & Writer V	191.5
Technical Information Specialist 1	194.1
Technical Information Specialist 2	194.2
Technical Information Specialist 3	194.3
Technical Information Specialist 4	194.4
Technical Information Specialist 5	194.5
Division Director	198.1
Management 1	199.1
Management II	199.2
Management III	199.3
Patent Advisor I	280.1
Patent Advisor II	280.2
Patent Advisor III	280.3
Administrator 1	567.1
Administrative Specialist 1	568.1
Technical	
Occupational Health Nurse III	180.3
Electronics Engineering Associate	302.1
Electronics Engineering Associate, Senior	302.2
Mechanical Engineering Associate	306.1
Mechanical Engineering Associate, Senior	306.2
Plant/Facilities Engineering Associate	308.1
Plant/Facilities Engineering Associate, Senior	308.2
Scientific Engineering Associate	310.1
Scientific Engineering Associate, Senior	310.2
Technical Supervisor	330.1
Technical Superintendent	330.2
Technical Manager	330.3
Fire Chief, Assistant	345.0
Fire Chief	345.1
Chief Research Clinic Lab Technologist	372.1
Lead Technologist	720.0
Medical Laboratory Technologist I	731.1
Medical Laboratory Technologist II	731.2
Truck Driver, Lead	745.3

Objective #1
Criterion 1.2

Job Evaluation System: *A job evaluation system which describes and assesses the value of job classifications and places them in a structure appropriate to the occupational group.* **(Weight = 9%)**

Objective #1
Criterion 1.2
Performance Measure 1.2.a

Currency of Classification Evaluation: *Cumulative % of classifications reviewed and evaluated in accordance with the current system and/or the Laboratory's implementation plan of the program goals identified as a result of the Towers Perrin classification system review.*

Agreement:

In assessing the value of job classifications, both internal alignment and external market forces must be considered. The implementation plan and its milestones are the drivers for this measure.

Performance Measure Result

The Measure was met and LBNL performance is above the Towers Perrin program goals. Similar to the results reported in Performance Measure 1.1.c (Currency of Job Classification), the Laboratory has reviewed, evaluated, and implemented 47 nonrepresented job classifications in the last two fiscal years. All jobs were assessed using a factor comparison job evaluation system for internal alignment and/or using multiple salary surveys to provide a strong external market reference. The Laboratory has successfully completed Phases 1 & 2 of the action plan in the Towers Perrin classification system review.

Implementation of Phase 3, which includes the majority of nonrepresented, nonexempt administrative jobs such as budget, accounting, material, etc., has been delayed from the targeted implementation date of March 1995 because of the Laboratory-wide Fair Labor Standards Act (FLSA) Compliance Review of 14 classifications and 340 positions and a major reduction-in-force in August 1995, which forced a moratorium on the implementation of new classifications. The new implementation date is the First Quarter of FY96.

Changing Laboratory priorities took precedence over the Phase 3 Towers Perrin goals. In discussions with UC and DOE it was agreed that the Phase 3 target dates would be modified. Effort has continued toward reviewing the classifications although the implementation date was delayed. Even though the Human Resources Department efforts have been redirected to the FLSA Compliance Review and reduction-in-force, efforts have continued in the development of new classifications and market-driven pay ranges that will be implemented in FY96.

Successes/ Shortfalls

The overall cumulative percentage of classifications reviewed and evaluated is 85%. Similar to Performance Measure 1.1.c., the number of existing nonrepresented classifications from the beginning of FY94 is 55. The Laboratory has continued to demonstrate significant effort in the review and evaluation of its current classification and pay structure. In addition to the revision of the Research Associate job family (codes 381.1–381.4) and introduction of the Occupational Physicians (codes 231.1 & 231L2) jobs in FY95, the University of California authorized use of the Education Program Administrator and Budget Analyst (four levels) families. However, implementation efforts were delayed because of the reduction-in-force. Work is currently progressing on the nonexempt represented Administrative jobs and pay structure (which would not be included in this Performance Measure) and the remaining Administrative classifications and

Successes/ Shortfalls (Continued)

ranges. Shortfalls include the resignation of a senior compensation analyst who played an instrumental role in evaluating the new job classifications and HR budget reduction, which prevents the position from being filled.

These results do not include the Laboratory's successful review and implementation of its scientist and engineer classification and pay program, which involved over 800 employees in April of 1994.

Supporting Data

The supporting data for this measure are similar to data included in Performance Measure 1.1.c. The classification review activities in FY95 were strongly impacted by a FLSA compliance review of 340 employees in 14 different classifications. This comprehensive action required considerable time and staff assistance of the HR department, which originally would have been spent on reviewing the Administrative classifications. Also impacting the review activity was the Laboratory reduction-in-force occurring in the last quarter of FY95, which delayed the introduction of new job families with their market-driven pay ranges. All efforts are now directed toward implementing the new Administrative classifications after the October annual salary review.

LBNL is reviewing all classifications with a job evaluation component for appropriateness to market and internal alignment.

NOTE: This Measure is the same as PM 1.1.c with the inclusion of pay ranges.

Job Classifications Implemented in FY94 and FY95

JOB CODE	JOB TITLE	RANGE MINIMUM	MIDPOINT	RANGE MAXIMUM
218.1	Project Manager	$4,216	$5,459	$6,703
218.2	Program Manager	$5,225	$6,793	$8,361
218.3	Program Manager, Sr.	$5,879	$7,643	$9,407
220.1	Facilities Architect I	$4,216	$5,459	$6,703
220.2	Facilities Architect II	$4,691	$6,098	$7,505
220.3	Facilities Architect, Chief	$5,225	$6,793	$8,361
221.1	Facilities Civil/Structural Engineer I	$4,216	$5,459	$6,703
221.2	Facilities Civil/Structural Engineer II	$4,691	$6,098	$7,505
221.3	Facilities Civil/Structural Engineer, Chief	$5,225	$6,793	$8,361
222.1	Facilities Electrical Engineer I	$4,216	$5,459	$6,703
222.2	Facilities Electrical Engineer II	$4,691	$6,098	$7,505
222.3	Facilities Electrical Engineer, Chief	$5,225	$6,793	$8,361
223.1	Facilities Mechanical Engineer I	$4,216	$5,459	$6,703
223.2	Facilities Mechanical Engineer II	$4,691	$6,098	$7,505
223.3	Facilities Mechanical Engineer, Chief	$5,225	$6,793	$8,361
224.1	Facilities Energy Management Engineer I	$4,216	$5,459	$6,703
224.2	Facilities Energy Management Engineer II	$4,691	$6,098	$7,505
224.3	Facilities Energy Management Eng., Chief	$5,225	$6,793	$8,361
225.1	Facilities Project Manager I	$4,216	$5,459	$6,703
225.2	Facilities Project Manager II	$4,691	$6,098	$7,505
225.3	Facilities Project Manager, Chief	$5,225	$6,793	$8,361
226.2	Facilities Estimator II	$4,691	$6,098	$7,505
226.3	Chief Facilities Estimator III	$5,225	$6,793	$8,361
227.1	Facilities Planner I	$4,216	$5,459	$6,703
227.2	Facilities Planner II	$4,691	$6,098	$7,505
227.3	Facilities Planner, Chief	$5,225	$6,793	$8,361
230.1	Environmental Health & Safety Professional 1	$2,906	$3,719	$4,533
230.2	Environmental Health & Safety Professional 2	$3,810	$4,934	$6,057
230.3	Environmental Health & Safety Professional 3	$4,691	$6,098	$7,505
230.4	Environmental Health & Safety Professional 4	$5,879	$7,643	$9,407
231.1	Occupational Physician I	$6,616	$8,601	$10,585
231L2	Occupational Physician II	$7,231	$9,401	$11,570

Supporting Data (Continued)

Job Classifications Implemented in FY94 and FY95 (continued)

260.0	Computer Systems Engineer I, Trainee	$2,906	$3,719	$4,533
260.1	Computer Systems Engineer I	$3,166	$4,068	$4,971
260.2	Computer Systems Engineer II	$3,810	$4,934	$6,057
260.3	Computer Systems Engineer III	$4,691	$6,098	$7,505
260.4	Computer Systems Engineer IV	$5,879	$7,643	$9,407
261.3	Computer Systems Supervisor	$4,691	$6,098	$7,505
261.4	Computer Systems Manager I	$5,225	$6,793	$8,361
261.5	Computer Systems Manager II	$5,879	$7,643	$9,407
262.3	Computer Operations Supervisor	$4,691	$6,098	$7,505
263.1	Change Control Administrator	$2,718	$3,398	$4,078
263.2	Change Control/Security Supervisor	$3,810	$4,934	$6,057
381.1	Research Associate	$2,325	$2,961	$3,597
381.2	Research Associate, Senior	$2,927	$3,729	$4,531
381.3	Research Associate, Principal	$3,680	$4,698	$5,716
381.4	Research Associate, Staff	$3,985	$5,081	$6,177

Objective #1
Criterion 1.3

Salary Administration: *Pay rates and pay structures for all employees based on recruitment and retention practices in competitive and relevant markets. Starting salaries are based on qualifications, experience, and competitive market practices. Salary increases take into account internal and external equity.* **(Weight = 16%)**

Objective #1
Criterion 1.3
Performance Measure 1.3.a

Market-Based Salary Ranges: *Salary ranges are competitive with market.* **(Weight = 6%)**

For LBNL and LANL: % of the range control points that fall within ±5% of market averages as of April 1 each fiscal year.

For LLNL: % of top of ranges fall within ±5% of average market top of ranges.

Baseline is 75%. This measure does not apply to S&Es.

Agreement:

Market data as of April 1, 1995, are compared to control points set for FY95. Assess how well the Laboratory projected market movement when it set the control points prior to the start of the fiscal year. **LLNL and LANL must perform at 60%, not the 75% baseline, to receive 75 points, while LBNL must achieve 50%. The 75% baseline will be considered as the target for "ideal" performance.**

Performance Measure Result

This Measure was met and, in fact, LBNL performance is above this Measure's targets. Of the 72 nonrepresented classifications with range midpoints that could be compared to salary survey averages, 54, or 75%, of the range midpoints were within ±5% the market data as of April 1, 1995. This is compared to a baseline of 50% for LBNL. Last year, only 34.5% of the range midpoints were within ±5% of the market averages as of April 1, 1994. The Laboratory uses midpoints as control points for salary administration. There were no market data for 30 classifications.

The Laboratory's significantly improved performance from last year on this Measure is directly attributable to actions beginning in FY94. The Laboratory has spent considerable effort to link its range midpoints to the market, consolidate similar ranges when possible, and reduce range widths in accordance to acceptable business practices. A direct result of this effort was that 50% of its nonrepresented range maximums were frozen after a one-year mandatory freeze on salary adjustments and range adjustments. This corrective action allowed the salary survey averages to catch up to existing range midpoints, thereby creating a closer alignment between our salary structure and market data.

Senior Management has been making a more determined effort to communicate its intent to market-based salary ranges. A presentation on LBNL's compensation program was developed and distributed to Division Directors. This presentation was delivered to a number of Divisions at staff meetings.

Successes/ Shortfalls

In comparison to the 75% baseline number within ±5% of the market averages, 87.5% were within ±8% of the market averages, and 100% were within ±10% of market averages.

Another factor contributing to this year's improved performance was the addition of the 47 new and revised classifications and pay ranges introduced since FY94. The new pay ranges were developed using available market data and /or internal

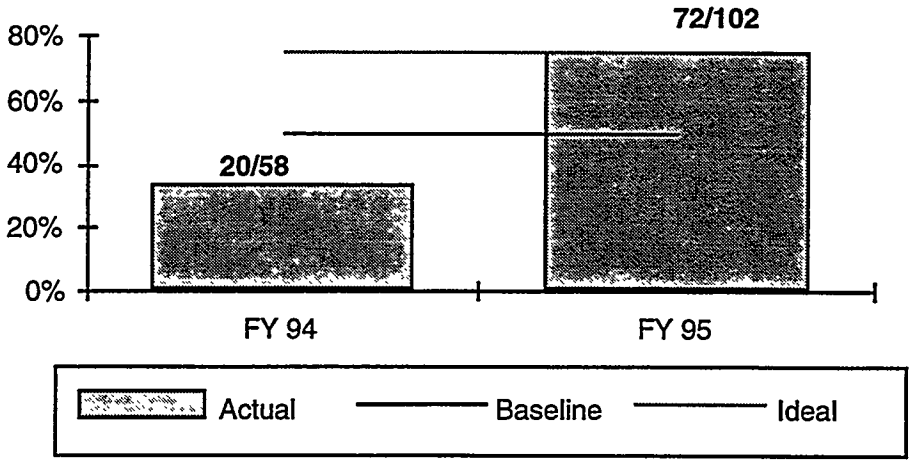
Successes/ Shortfalls (Continued)

relationships as determined by the Laboratory's factor comparison job evaluation system. The new or revised classifications have also allowed the HR compensation staff to make better survey benchmark comparisons, thereby providing the Laboratory with improved and expanded market data.

Supporting Data

See Attachment A, which lists 70 classifications, range midpoints, and market averages, and a copy of the FY96 Salary Review Guidelines.

LBNL Range Midpoints Compared to 4/1/95 Market Averages



Performance Measure 1.3.a

Objective #1
Criterion 1.3
Performance Measure 1.3.b

Effectiveness of Implementation of Market-Based Pay Policy: *The salary administration system reflects competitive market rates. % of all classification averages fall within ±5% of range control points (excluding S&Es). Baseline is 75%.* **(Weight = 6%)**

Agreement:

Classification will be defined as those job titles with 10 or more incumbents **(Can include all classifications, per 5/5/95 PEG Mtg).** Average salary will then be compared to the level control point and designated "yes" if the average falls within ±5% of the control point and no if they do not. The number of "yes" will be divided by the total number of defined classifications. **Performance at the 50% level, not the 75% baseline, will receive 75 points. The 75% baseline will be considered as the target for "ideal" performance.**

Performance Measure Result

The Performance Measure was met. LBNL's performance on this Measure was 61.5% compared to 50% level for 75 points and the "ideal" 75% baseline. The results were obtained by identifying the 26 nonrepresented classifications that included 10 or more incumbents and comparing their average salaries as of August 1, 1995, to the current FY95 range midpoints. Sixteen classifications were designated as "yes" designations as has having average salaries within ±5% of their range midpoints. Ten classifications were designated as "no," or being greater than ±5% of the midpoints.

Successes/ Shortfalls

Beginning in FY93, the Laboratory realized its salary administration system did not effectively reflect competitive market rates; the Laboratory has taken several actions over the last two years to correct this situation. These included the introduction of 47 new classifications and pay ranges that better reflect the work performed at the Laboratory and pay ranges that better reflect our competitive marketplace; a merit planning matrix to better link pay to performance; and the introduction of a salary administration manual for all supervisors that explains the Laboratory's pay philosophy and programs. These actions along with a planned supervisory training program (for implementation in FY96) on salary administration and the continued development of new and revised classifications with market-driven pay ranges should support the Laboratory's continuous improvement efforts on this Performance Measure in the future.

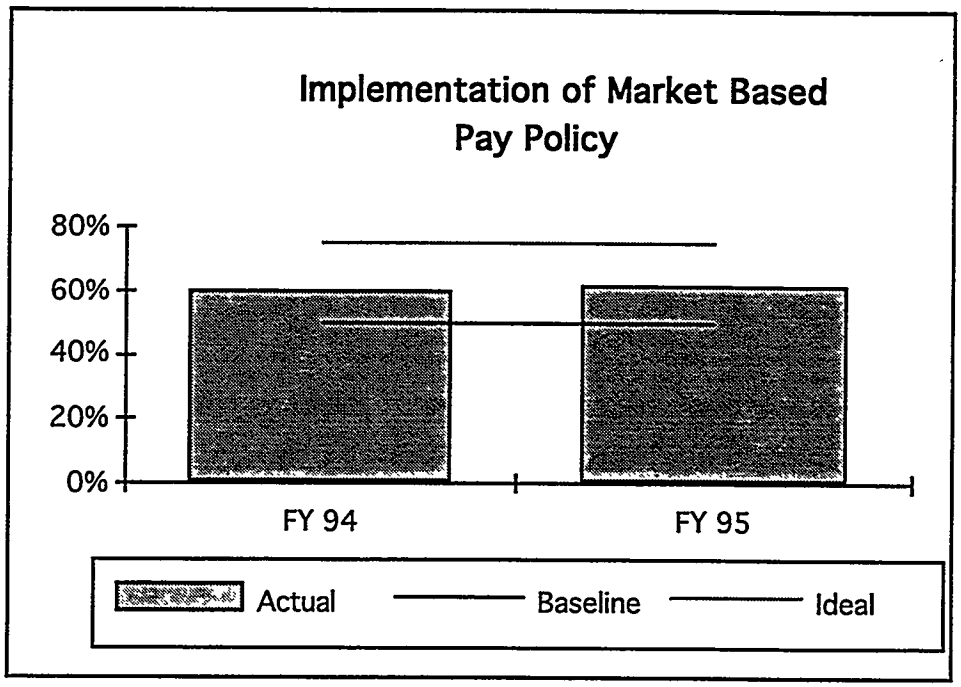
In comparison to the 61.5% performance level with +5% of the range midpoints, 73% of the classification averages were within +6% of the range midpoints and 77% were within +7%. All 26 (or 100%) were within ±10% of the range midpoints.

Although the performance of 61.5% is an improvement over the results obtained in FY94 of 60%, this year's Measure included six new classifications with ten or more incumbents introduced since within the last two years.

Supporting Data

See Attachment B, which lists 27 classification averages and range midpoints.

Supporting Data (Continued)



Performance Measure 1.3.b

Objective #1
Criterion 1.3
Performance Measure 1.3.c

Adherence to Salary Administration Guidelines: *Annual Laboratory guidelines for setting initial salary and subsequent salary increases which ensure consistency, pay for performance, and equity, internally and externally, are approved by management and implemented by September 1, 1994.* **(Weight = 4%)**

Agreements:

The purpose is to achieve and demonstrate consistency and equity in guidelines—not new guidelines annually. Guidelines will be reviewed annually and revised as appropriate.

Evaluate Laboratory performance against annual salary guidelines using the following:

LBNL: Initial salary guidelines: Review actions that resulted in exceptions to guidelines. Report % of exceptions approved only after appropriate review and authorization. Subsequent salary increases: Report salary increase distribution for administrative, S&E, and technical support series.

LLNL: Initial salary guidelines: Review actions that resulted in exceptions to guidelines. Report % of exceptions approved only after appropriate review and authorization. Subsequent salary increases: Report salary increase distribution for administrative, S&E, and technical support series.

LANL: Initial salary guidelines: Establish baseline June 30, 1995. Report % of TSM salary offers above market average to total offers made; report % of structured series offers above control point to total offers made. Subsequent salary increases:

Measure 1: A sample of 250 performance appraisals will be examined for bottom line rating and compared to expected raises as per the guidelines issued in September 1994. The sample will include a proportionate number from all series—TSM, TEC, SSM, OS/GS. Goal is for 90% of the raises to fall within the guidelines.

Measure 2: Raises by series and level will be calculated for minorities and females and will be compared to those raises given to majority and male employees. This will be a baseline only for FY95.

Performance Measure Result

The Performance Measure was met and LBNL performance is above this Measure's targets. Salary offer and annual salary guidelines were approved by senior management and implemented by September 1, 1994. Furthermore, on January 25, 1995, the Laboratory revised the salary offer guidance to delegate standard salary offers to Division Directors. Exceptional salary offers require supporting documentation from the hiring supervisor and senior management and Human Resources Department review. Review of salary offers for career hires from the period of October 1, 1994, to July 25, 1995, indicates that 74 (or 77.9%) of 95 offers were standard salary offers and 21 (or 22.1%) were exceptional offers that were approved following appropriate review and authorization by the Human Resources Department. For subsequent salary increases, the Laboratory implemented a merit planning matrix in FY94 for nonscientist and nonengineer employees that links the performance appraisal rating and employee's salary position in the pay range with the midpoint providing the market reference. For Scientists and Engineers, the Laboratory continues to use the formal guidelines that link proposed salaries to performance appraisal results, peer group comparisons,

Performance Measure Result (Continued)

and market references. Salary increase distribution analysis indicates that 6.1% of the Administrative employees, 2.6% of the Technical employees, and 0.9% of the Scientists and Engineers received zero to 0.9% merit adjustments during the October 1, 1995, annual salary review.

Successes/ Shortfalls

The Laboratory has continued its effort to develop a closer tie between pay and performance as demonstrated in the FY96 Nonrepresented Salary Review Guidelines, which include revised Merit Plan Matrix Guidelines that link salary range position with performance appraisal rating. Salary Review Guidelines for Represented Employees in FY95 also included a similar format and philosophy. The Laboratory Director continues to review the performance appraisal summary and proposed salary adjustment for each individual scientist and engineer to ensure guidelines are being followed. All guidelines including salary offers have been included in a comprehensive Salary Administration Manual, which has been distributed to every Laboratory supervisor. Also, a training program for all supervisors and managers will be made available on salary administration philosophy, and practices will be made available in the First Quarter of FY96. Shortfalls include a reduction in HR compensation staffing, which will delay a proposed brochure on how pay is determined at LBNL; the brochure would be distributed to current and new employees.

Supporting Data

See Attachment A1, the FY 1996 Nonrepresented Salary Review Guidelines; Attachment A2, the FY 1995 Norepresented Salary Review Guidelines; and Attachment A3, the FY 1995 Represented Salary Review Guidelines. In July 1995 the Salary Administration Manual was issued to the Laboratory community. A copy is available in the HR Department. See Attachment C, three charts that show 10/1/94 merit distributions for three employee categories.

Objective #1
Criterion 1.4

Benefit Programs: *The Laboratory sponsors cost-effective programs and policies that contribute to the well-being of Laboratory employees.* **(Weight = 0%)**

Objective #1
Criterion 1.4
Performance Measure 1.4.a

Benefit Costs: *Trend benefit costs annually.*

Agreements:

This serves as a foundation for developing future performance measures. It carries no weight this year while a baseline is being established.

Benefit costs will be measured for the following items and expressed as a % of payroll for all eligible employees: UCRP/PERS, group insurance vacation, holidays, sick leave, other paid leave, workers' compensation, unemployment insurance, and severance payments.

Performance Measure Result

This Performance Measure was met. Benefits costs are summarized below.

BENEFITS COSTS AS A PERCENT OF PAYROLL
(annual estimate based on Third Quarter actual)

PERS/UCRP	0.59
Group Insurance	11.95
Social Security	5.83
Vacation Earned	7.62
Holidays	5.03
Sick Leave	2.99
Other Paid Leave	0.15
Workers' Comp.	2.14
Unemployment Ins.	0.21
Severance	1.05
TOTAL	37.56

For FY96 this Measure has been revised to track sick leave usage and workers' compensation costs. Sick leave usage for the first half of FY95 is shown below.

FY95 SICK LEAVE USAGE
(hours taken per month)

Oct.	12,945
Nov.	11,831
Dec.	11,126
Jan.	12,568
Feb.	11,505
Mar.	13,719
April	12,245
May	11,694
June	10,944

Successes/ Shortfalls

Not applicable.

Supporting Data

See Performance Measure Result.

Performance Objective #2

Workforce Excellence: *The Laboratory will develop and maintain workforce excellence.* **(Weight = 34%)**

Summary

For the FY94 assessment period the workforce excellence Measure was identified as an Opportunity for Improvement.

With the direction and mandate of senior management, a strategic training plan was developed that prioritized individual and organizational training needs. FY95 implementation of the training strategic plan is detailed in Performance Measure 2.1.b.

The strategic training plan needs that were identified by senior management assessment include training modules in the following areas:

1. Leadership.
2. Supervisory.
3. LBNL Infrastructure.

A validation of the completeness of individual development plans and individual performance appraisals is incorporated as part of the annual merit salary review process. As part of the annual merit salary review process, Division must verify that performance appraisals and individual development plans exist for all employees. Following the Division verification, the Human Resources Department conducts a 5% random audit sample of the individual performance appraisals and development plans for currency and completeness.

At this time, September 1994 data are contained in this report. The Division verification and random sample audit will be completed for this fiscal year in mid-September 1995 and submitted as an addendum to this report by September 30, 1995.

A new Measure that establishes a baseline for the effectiveness of staffing practices is reported and includes trending on:

- Staffing Cycle Time.
- Percent of Offers Declined.
- Turnover Rate.

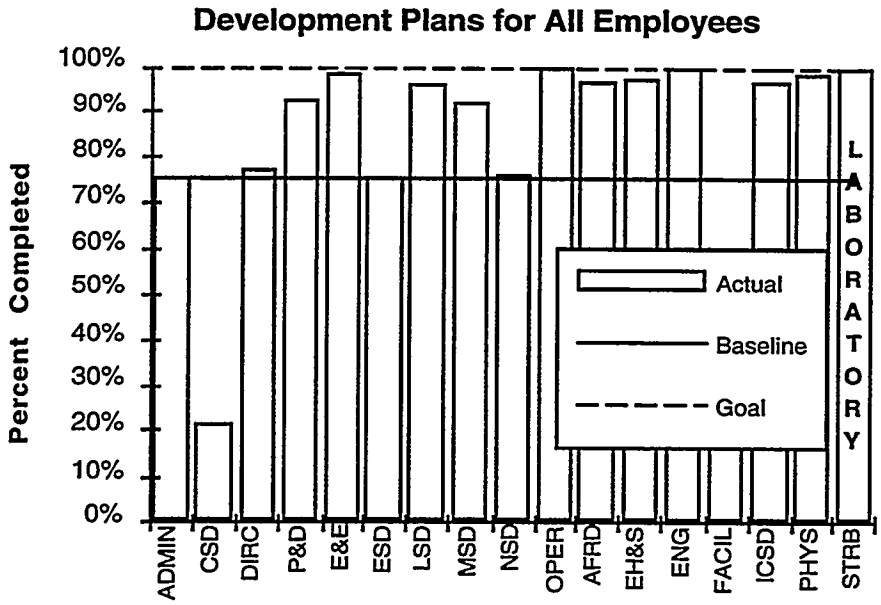
Another new Measure that is reported on measures the effectiveness of the employee relations program. The Performance Measure Result provides data on employee acceptance of the formal complaint process and the effectiveness of internal resolution of employee concerns. These data provide a foundation for developing a future measure of effectiveness.

Barriers to Improvement

Due to major changes in organizational priorities, training staff shifted efforts and resources to support the Operations organization's Total Quality Initiatives. The training manager who was hired in August 1994 left the Laboratory in midyear. Due to budgetary constraints, the position was not filled and administrative duties were assumed by the senior training analyst.

Objective #2 Criterion 2.1	**Training and Development Programs:** *The Laboratory provides a systematic and quality approach to its training and development programs.* **(Weight = 14%)**
Objective #2 Criterion 2.1 Performance Measure 2.1.a	**Individual Development Plan:** *% of employees with a current development plan. Baseline is 75%.* **(Weight = 10%)** **Agreement:** A 2% sample will be used. The percentage of completion is calculated by dividing those completed by the total sample size. Resulting percentage is compared to the 75% baseline.
Performance Measure Result	This Performance Measure was met with 1994 data. The September 1994 Division validation process indicated that 85% of employees had completed development plans. This result exceeds the 75% baseline. The Division validation and Human Resources audit is incorporated as part of the annual performance appraisal process. The new performance review form includes a section on employee development. The 5% random sample of 100 performance appraisals indicated that all 100 had completed the employee development section. Ninety-five were found to be complete and consistent with guidance. Five were found to be completed in a marginal manner and should have had more detailed information. Additional guidance and training was provided to the affected Divisions and supervisory chains. The Human Resources Department will conduct another 5% audit in September 1995 following the Division P2R validation process. The results will be submitted as an addendum to this report.
Successes/ Shortfalls	Not applicable.

Supporting Data



Responsible Person: W. Blount

September 1994 random sample by Human Resources

Performance Measure 2.1.a

ADMIN	Administration	OPER	Operations
CSD	Chemical Sciences Division	AFRD	Accelerator and Fusion Research Division
DIRC	Directorate	EH&S	Environment and Health Division
P&D	Planning and Development	ENG	Engineering
E&E	Energy & Environment	FACIL	Facilities
LSD	Life Sciences Division	ICSD	Information and Computing Sciences
MSD	Materials Sciences Division	PHYS	Physics
NSD	Nuclear Sciences Division	STRB	Structural Biology

Objective #2
Criterion 2.1
Performance Measure 2.1.b

Management Development: *A strategy for strengthening managerial capability in support of the Laboratory strategic plan is in place by April 1, 1995.* **(Weight = 4%)**

Agreements:

This serves as a foundation for developing future performance measures relative to the effectiveness of the Laboratory management development program.

This measure need not be tied directly to the Laboratory strategic plan, but to the direction and objectives identified by senior management.

Performance Measure Result

This Performance Measure was met. Performance on this Measure was significantly improved over 1994. A strategy for strengthening managerial capability based on the direction and objectives identified by senior management was initiated in FY94 and expanded upon during FY95. The training strategy has three key components: Leadership Training, Supervisory Training, and LBNL Infrastructure Training.

LEADERSHIP TRAINING

The Laboratory entered into a contract for management training with the nationally recognized Zenger-Miller organization to present a two-part front-line leadership program. All senior managers, managers, and supervisors in the Operations & Support organization were required to attend the program.

In Part 1, participants were provided with fundamental skills and techniques necessary for successful proactive management and front-line leadership. The focus was to provide a common baseline across the Laboratory for generic management skills. Classes were intentionally structured to include managers and supervisors from different units and departments to promote cross-functional interactions and networking.

In Part 2 management skill training was continued with additional emphasis placed on process improvement and total quality tools and techniques.

To date, 275 senior managers, managers, and supervisors have graduated from the program including most scientific Division Directors. Beginning in September 1995, 210 scientific Group Leaders will attend the Frontline Leadership Program.

SUPERVISORY TRAINING

Initial supervisory training efforts have focused on gaining knowledge of policies, laws, and regulations affecting the Employer–Employee relationship. The program was designed in an effort to reduce and mitigate employee complaints and formal grievances and to provide supervisors skills and information to productively manage employee and labor relations issues.

The "Managing Within the Law" course was presented by a noted labor attorney and author. Three hundred twenty-one Operations organization managers and supervisors attended as well as 29 scientific Division managers.

In addition, a "Knowing the Law" course was attended by 895 Operations organization employees. The course, also presented by a labor attorney, was

Performance Measure Result (Continued)

designed to provide employees with information regarding their rights and responsibilities under the primary employment laws and regulations.

LBNL INFRASTRUCTURE

During FY95 subject matter experts in Human Resources, Technology Transfer, Purchasing, Budget, and EH&S training have been working with an institutional design consultant to develop materials, course outline, and presentation techniques for a nuts-and-bolts training program for LBNL managers and supervisors. The program design will have a consistent format for class materials and delivery by each subject matter expert. The course outline will be finalized by the first quarter of FY96 and the module delivery is scheduled for FY96.

Successes/ Shortfalls

Participant feedback continues to be positive as participants generally feel the training adds value and is an anchor for managing at LBNL. The focus of the feedback is on the opportunity to acquire new skills and discuss issues and exchange feedback with their peer group.

In March 1995 the Operations organization held an offsite management retreat to initiate an organizational total quality effort. Employment Development Training and staff selected and facilitated team building activities that emphasized the importance of vision, organizational alignment, and functional and cross-functional teamwork.

During FY95 Employer Development and Training (EDT) staff consulted, trained, and facilitated process improvement team efforts in support of the Operations organization Total Quality Initiative.

EDT staff also facilitated team building efforts within the Public Information Department, and functional self-assessment efforts with the Medical Services staff of the three UC laboratories.

Objective #2
Criterion 2.2

Performance Management: *Effective employee performance management.* **(Weight = 10%)**

Objective #2
Criterion 2.2
Performance Measure 2.2.a

Currency of Performance Appraisals: *A system that evaluates each employee on an annual basis, against pre-established, job-related performance criteria is in place. % of individual performance appraisals completed annually will be measured. Baseline is 95%.*

Agreement:

Provide DOE with a description of each Laboratory's system for performance appraisals. Report latest viable data. Percent completed determined by dividing the number of completed performance appraisals by the eligible population and compared to 95% baseline. September 1995 data will be used for FY95 since the September FY94 data were used for the FY94 self-assessment.

Performance Measure Result

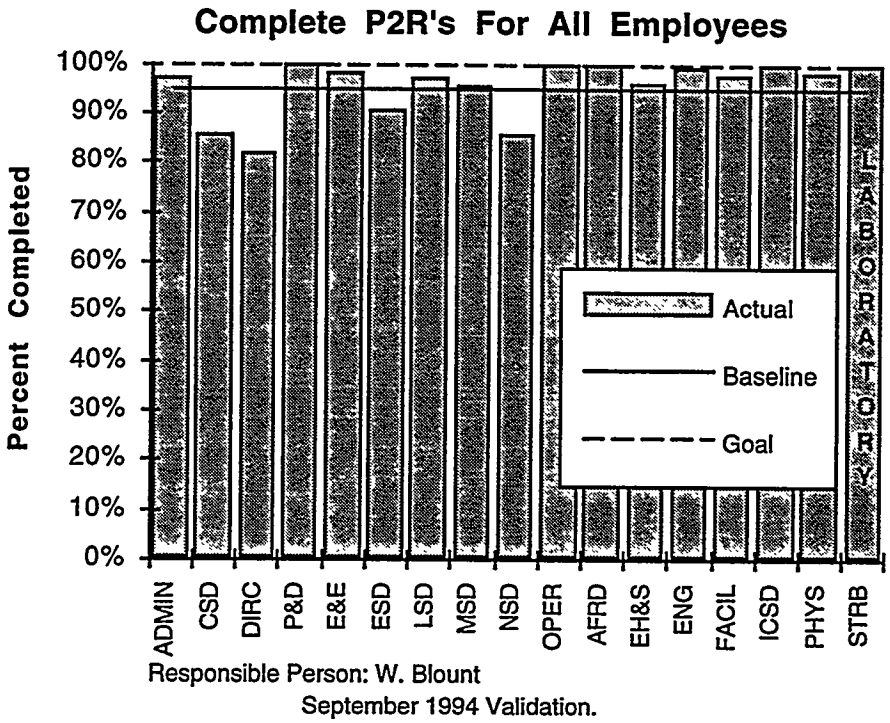
This Performance Measure was met in FY94. The September 1994 Division validation process indicated that 97% of employees had a completed performance appraisal. This result exceeds the 95% baseline. Workshops on P2R preparation are being offered. Revalidation and HR audit processes have been incorporated as part of the annual merit review process. The next validation and audit will be conducted in September 1995 and submitted by September 30, 1995, as an addendum to this report.

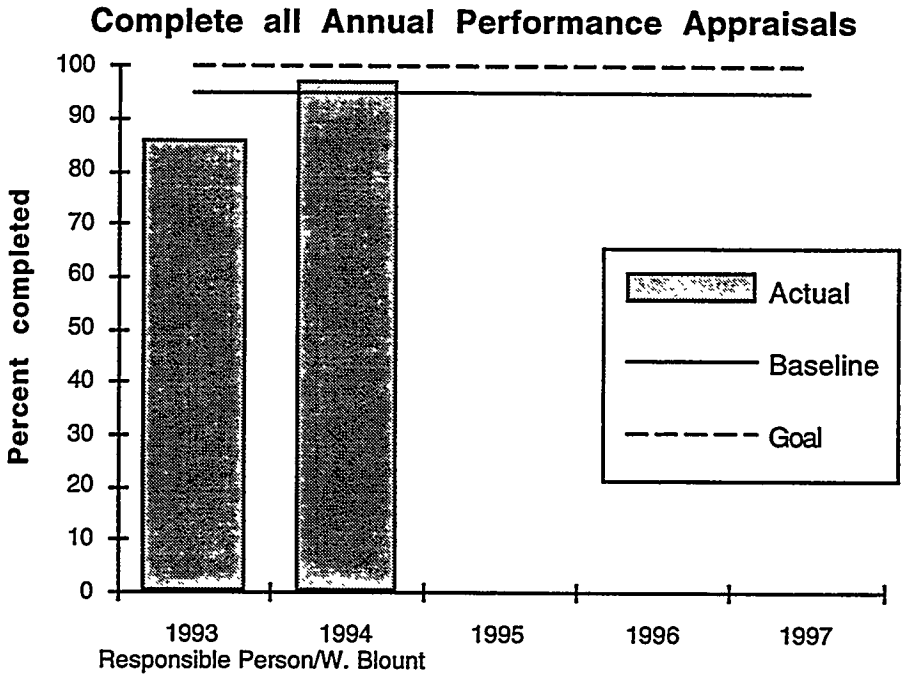
Human Resources selected a statistically random 5% sample of all completed FY94 performance appraisals in the three employee groups—Administrative, Technical, and Scientists and Engineers. The total sample size was 100. The performance appraisals were reviewed for completeness and consistency with established Laboratory performance appraisal guidelines. The random sample indicated that 100% of performance appraisals were completed and consistent with guidance. Of the 100 samples, only four were found completed in a marginal manner and should have had more detailed information.

Successes/ Shortfalls

Additional training and guidance were provided to the deficient Divisions and their supervisory chain. The Zenger-Miller program contained a module on conducting effective performance appraisals, and the Human Resources Department conducted workshops for managers and supervisors in preparation for the FY95 annual performance appraisal process. The workshops instructed participants in the knowledge and skills required to conduct effective performance appraisals and in understanding performance management as an ongoing process.

Supporting Data





Annual guidance is issued to Divisions on completing a Performance Appraisal.

Performance Measure 2.2.a

Objective #2
Criterion 2.3

Staffing: *Effectiveness of staffing practices.* **(Weight = 0%)**

Agreements:

This serves as a foundation for developing future performance measures regarding effectiveness of staffing program. **Data are being tracked for information only. Future measures may or may not include these specific measures.**

Objective #2
Criterion 2.3
Performance Measure 2.3.a

Staffing Cycle Time: *Trend cycle time for staffing positions by employment category. The cycle starts when the staffing organization receives the requisition. The cycle continues through the requisition approval process, one posting period (to exclude the time resulting from purposely prolonging the posting or advertising period), the selection period and the offer processing period. The cycle ends when the formal offer is made.*

Agreements:

Cycle time average will be reported for career indefinite positions in the S&E, Technical, and Administrative (including management) employment categories. Limited terms, retirees, faculty, post-doc, GSRA, student, and summer positions will be excluded. The employment process will be measured as follows:

- **Pre-posting—from when requisition is received by LLNL and LBNL, and on day of input into Resumix by LANL, to when the job is posted.**
- **Posting—from time the job is posted in the bulletin to selection decision date (when "request to hire" is received from hiring department). Does not exclude prolonged posting.**
- **Selection —from selection decision date to when job offer is made; includes salary approval process.**
- **Total Time—from receipt to job offer date.**

Performance Measure Result

This Performance Measure was met. The following table summarizes the staffing cycle time for the period from October 1, 1994, through August 4, 1995.

	Date Received to Post	Post Date to Decision	Decision Date to Offer	Total Receival to Offer
Administrative	6.35 days	37 days	1.9 days	45.25
S&E	3.1 days	46 days	2.0 days	51.1
Technical	2.2 days	18 days	1.2 days	21.4
Average	3.8 days	33.6 days	1.7 days	39.25 overall

Successes/ Shortfalls

This serves as a foundation for developing future Performance Measures. The data are being tracked for information only.

Supporting Data	Refer to Performance Measure Result.

Objective #2
Criterion 2.3
Performance Measure 2.3.b

Effectiveness of Recruitment: *Trend % of offers declined.*

Agreement:

Measure the ratio between the number of offers declined and the total number of offers made for career indefinite positions by employment category. In the future, this PM may be modified to one that examines the reasons offers are rejected.

Performance Measure Result

This Performance Measure was met. The following is a summary of the percent of offers declined.

Accepted vs. Declined:

188 Offers/183 Accepted (97.3% Acceptance Rate)

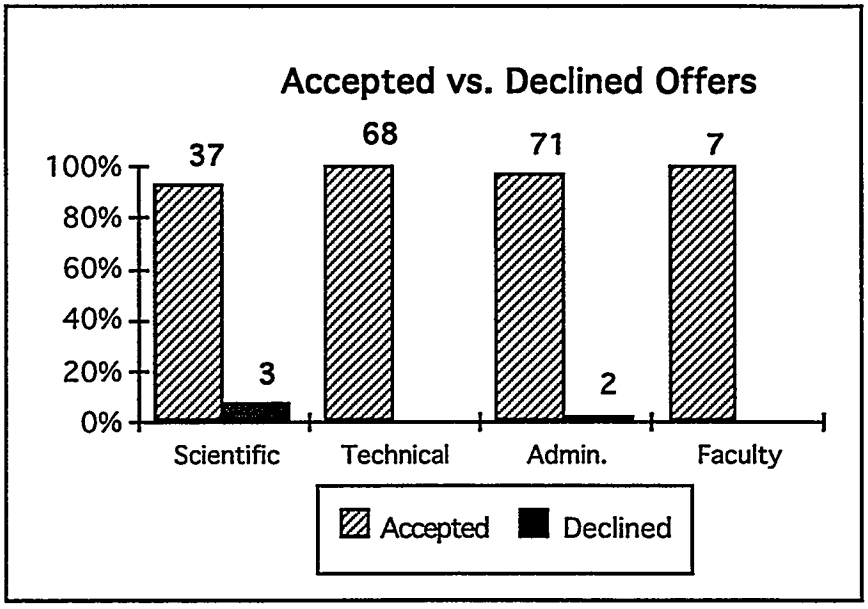
Summary:

Scientific = 37 Accepted, 3 Declined
Technical = 68 Accepted, 0 Declined
Administrative = 71 Accepted, 2 Declined
Faculty = 7 Accepted, 0 Declined

Successes/ Shortfalls

This serves as a foundation for developing future Performance Measures.

Supporting Data



Performance Measure 2.3.b

Objective #2
Criterion 2.3
Performance Measure 2.3.c

Turnover Rate: *Trend % of turnover by employment category.*

Agreements:

"Category" is defined as the classification series or employment category, depending on the Laboratory. "Turnover" includes all involuntary and voluntary separations **for career indefinite employees.**

Performance Measure Result

This Performance Measure was met. The following is a summary of LBNL turnover.

TURNOVER PERCENTAGES

	Number Voluntary Turnover	Percent Voluntary Turnover	Number Involuntary Turnover	Percent Involuntary Turnover	10/1/94 LBNL Career EES	Percent Overall Turnover
Adm/ Exec	23	3.80%	14	2.31%	606	6.11%
Faculty	2	1.05%		0.00%	191	1.05%
Sci/ Eng	53	6.18%	14	1.63%	857	7.82%0
Tech	30	3.28%	28	3.06%	915	6.34%
Total	**108**	**4.2%**	**56**	**1.64%**	**2569**	**6.38%**

Success/ Shortfalls

This serves as a foundation for future Measures.

Supporting Data

Not applicable.

Objective #2
Criterion 2.3
Performance Measure 2.3.d.

Cost Per Hire: *Trend cost per career, full time hire to understand the components of cost and the impact of hiring practices on overall costs.*

Agreements:

Cost per hire data will provide annual gross costs for vacancy advertising, vendor search firms, travel and relocation. Data will not distinguish between career, limited term and temporary appointments. Data will not include wage, effort or material costs, and will not include costs for summer and special programs.

Performance Measure Result

This Performance Measure was met. The following summarizes the average cost per hire for the period from October 1, 1994, through August 4, 1995. There were no vendor search firm costs incurred during that period.

$168,516	Advertising
$125,626	Travel/Relocation
$294,142	Total

Total Hires—432
432 = Career, term, and temporary positions filled for the period.

Average cost per hire = $681

Successes/ Shortfalls

This serves as a foundation for future Measures.

Supporting Data

Not applicable.

Objective #2 Criterion 2.4

Employee Relations Activities: *Effectiveness of employee relations program.* **(Weight = 10%)**

Objective #2 Criterion 2.4 Performance Measure 2.4.a

Employee Acceptance of Internal Complaint Resolution Process: *Trend employee use of formal complaint processes. Measure the ratio of external complaints to internal formal complaints.* **(Weight = 6%)**

Agreement:

All agency filings and lawsuits submitted by one individual will count as one; actions filed by applicants and retirees will not count against this PM.

Performance Measure Result

This Performance Measure was met. The following is the ratio and summary of external complaints to internal complaints.

The goal of the Employee/Labor Relations Unit is to ensure the Lab has effective and responsive employee and labor relations by providing objective, qualitative consulting to our clients (both employee and management) in the resolution of disputes and management of performance.

Employee acceptance of Formal Complaint Processes:

Number of External Complaints (16) to
Number of Internal Formal Complaints (25)
= 16:25

This ratio compares the number of external complaints to internal complaints filed and may provide a measure of employee acceptance (satisfaction) with the Laboratory's formal complaint process. In taking a closer look, the following provides a breakdown of the issues of the formal complaints filed in the unit:

External (16)

94% Discrimination (15)
6% Discipline taken by management (1)

Internal (25)

12% Discrimination (3)
24% Discipline taken by management (6)
32% Performance review ratings (8)
16% Classification and/or compensation (4)
8% Labor (terms & conditions) (2)
8% Layoff action taken by management (2)

Of the cases referenced in this Measure, 12% of the employees lodging external complaints have pending internal complaints on the same issue.

Successes/ Shortfalls

This serves as a foundation for developing a future measure of effectiveness. Another year is needed to review and fine-tune data collection and analysis before a meaningful standard of performance is suggested.

Supporting Data

See Performance Measure Result.

Objective #2
Criterion 2.4
Performance Measure 2.4.b

Effectiveness of Employee Relations Activities: *Define, by April 1, 1995, a method for evaluating the effectiveness of internal resolution of employee concerns, including but not limited to issues related to EEO, AA, employee discipline, whistle blowing and issues addressed by administrative review or grievance process, or the ombudsman.* **(Weight = 4%)**

Agreement:

This serves as a foundation for developing future performance measures of employee relations program effectiveness.

Performance Measure Result

This Performance Measure was met. A methodology for evaluating the effectiveness of internal complaint resolution was presented at the May PEG meeting. The methodology was accepted as a model that the other Laboratories would use in trending these data.

The method chosen to evaluate the effectiveness of the internal resolution of employee concerns was to measure the percentage of informal complaints/disputes that convert into formal grievances of administrative reviews, as well as the percentage of internal filed formal cases that ultimately result in complaints or lawsuits filed through external agencies or the courts.

Effectiveness of Internal resolution of employee concerns:

- The ratio of the number of Informal complaints that are formalized (8) to the total number of Informal disputes (52) = 15%.
- The ratio of the number of external complaints that originated as formal cases (1) to the number of formal cases (25 grievances or administrative reviews) = 4%.

This first measure suggests a degree of success in impacting and/or influencing the resolution of employee concerns using intervention, mediation, and collaborative negotiation skills. The results communicate that 15% of the concerns and issues presented to the Employee and Labor Relations Unit for informal resolution went unresolved to the satisfaction of the employee, resulting in a formal complaint being filed (in the form of a grievance under Laboratory policy or union contract, or an administrative review).

The second measure also suggests a degree of success in monitoring, facilitating, and influencing the formal processes available to resolve a concern internally. The results communicate in 4% of the internally filed formal cases, a satisfactory resolution was not achieved resulting in the employee filing a complaint externally.

The following is a breakdown of the issues raised in the informal complaint resolution process:

- 27%—Work Relationship with Supervisor: (15)
- 20%—Classification and/or Compensation: (11)
- 18%—Performance Review Rating and Comments: (10)
- 16%—Attendance and Conduct Counseling: (9)
- 11%—Accommodation (disability and family care related cases): (6)

Performance Measure Result (Continued)

- 4%—Layoff: (2)
- 2%—Hours of Work: (1)
- 2%—Harassment: (1)

Total (55)

Successes/ Shortfalls

This Measure serves as a foundation for developing a future measure of effectiveness. Another year is needed to review and fine-tune data collection and analysis before a meaningful standard of performance is suggested.

Performance Objective #3

Workforce Diversity: *Strengthen the commitment to and accountability for workforce diversity.* **(Weight = 20%)**

Summary

The Laboratory strengthens its commitment and accountability for workforce diversity by defining the roles and responsibilities of employees and evaluating performance for those employees having responsibilities for ensuring compliance with policies and laws and in developing and carrying out its Affirmative Action Program (also referred to as "AAP" or "Program"). Affirmative Action and Equal Employment Opportunity (AA/EEO) Program responsibilities are shared between specific organizations and their employees. The Laboratory Director has overall responsibility for the implementation of AA/EEO policies. The AA/EEO responsibilities for line supervisors are located in the Laboratory's *Regulations and Procedures Manual.*

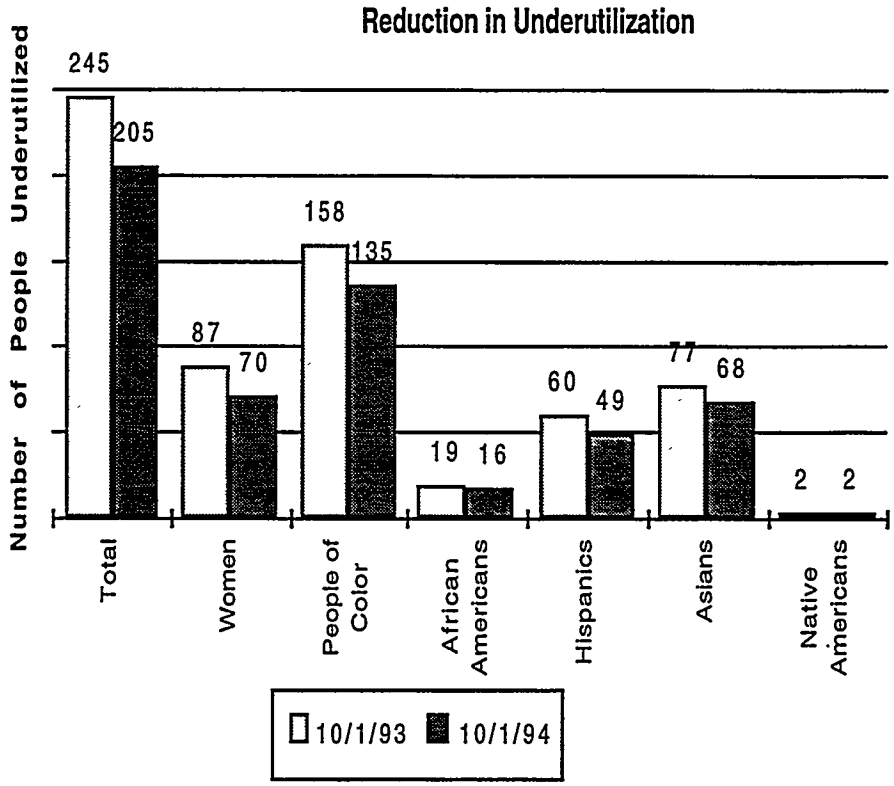
Overall, in FY94, the Laboratory achieved workforce representation comparable to availability for women and minorities, as a result of reducing underutilization by 19.5% for women and 14.6% for minorities.

LBNL has become more focused in its efforts to achieve a competitive and diverse workforce. In its review of personnel activities, the Laboratory identifies areas of underutilization of women and minorities in its workforce. Not all underutilization is of immediate concern. In fact, most of the underutilization at the Laboratory is slight and not statistically significant. Ten of 31 underutilized job groups were determined to have statistically significant underutilization, as shown in the table below under Barriers to Improvement. This type of underutilization is covered under the general placement goals in **LBNL's 1995 Affirmative Action Program, Section 17, CY95 Placement Goals.**

In achieving workforce representation comparable to availability, LBNL eliminated areas of underutilization in several occupational categories representing 12 of 31 (38.7%) job groups (see the table in the Barriers to Improvement section below) at the beginning of FY94. It also reduced underutilization in 16 of the 31 (51.6%) job groups that were underutilized. Significant placement opportunities (greater than five) occurred in six groups; three were in areas identified as having statistically significant underutilization.

In comparison, during FY93 a reduction in underutilization was achieved in only two of the 30 (6.7%) underutilized job groups and in only one of the ten (10.0%) job groups with statistically significant underutilization had a reduction. Underutilization was not eliminated in any job group.

Summary (Continued)



This graph shows the reduction in underutilization from October 1, 1993, to October 1, 1994. In 1993, the total (minorities and women) underutilization was reduced from 245 to 205; for women underutilization was reduced from 87 to 70; 158 to 135 for People of Color; 19 to 16 for African Americans; 60 to 49 for Hispanics; 77 to 68 for Asians; and no change for Native Americans. The reduction in underutilization (with the exception of Native Americans) results from many personnel-related factors, such as the early retirement program, layoffs, and hiring activities.

Barriers to Improvement

The barriers (or root causes) to fully utilizing women and minorities in underutilized job categories are the lack of hiring opportunities and appropriate applicant pools in areas that have statistically significant underutilization. Also, changes in the scientific programs and funding make it difficult for managers and supervisors to project future hiring opportunities on a consistent basis. Of the ten job groups that have statistically significant underutilization, only three are expected to have significant placement opportunities in FY96 based on historical trends. Therefore, the Laboratory must look beyond placement as the sole approach to combating underutilization.

The following table illustrates the areas with Significant Placement, Underutilization, and Elimination of Underutilization relative to FY94 results.

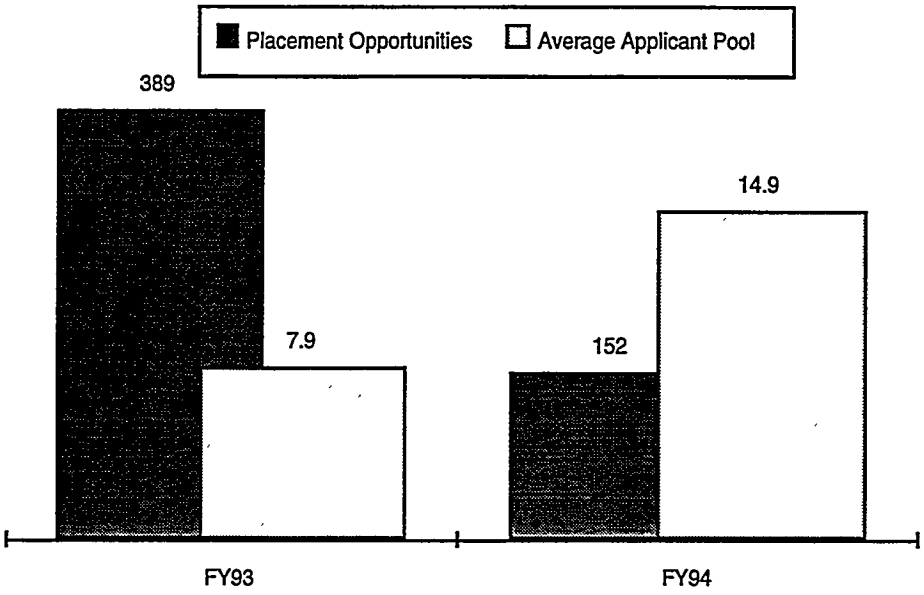
Barriers to Improvement (Continued)

Significant Placement, Underutilization, and Elimination of Underutilization relative to FY94 Results

Job Group	Title	Significant Placement Opportunities	Statistically Significant Underutilization	Elimination Of Underutilization
A03	Administrative/ Management	Yes	Hispanic	-
B03	Physics	-	-	Women
B04	Computer Sci/Math/ Statistics	-	African American	-
B06	Mechanical Engineering	-	-	Women
B10	Technical Editing/Writing	-	-	People of Color
B11	Research Associate	Yes	African American	Women
B13	Administrators/ Analysts	Yes	-	-
B16	Environmental Health and Safety	Yes	-	-
C01	Computer Technicians	-	-	People of Color
C02	Mechanical Technicians	-	Women	-
C03	Electronic Technicians	-	Women and People of Color	-
C04	Technicians/ Research	-	Asian	-
C06	Health/Medical	-	Women	People of Color
C08	Accelerator Operators	-	Asian	Women
D01	Office Services	Yes	Asian	-
D02	Clerical Supervisors	Yes	-	People of Color
E02	Crafts/Trades	-	People of Color	Women
E03	Mechanics/ Repair	-	-	Women
F01	Semi-skilled	-	-	People of Color
G03	Custodians	-	-	People of Color

NOTE: The factors (personnel actions) that influence the level of underutilization are placements, promotions (across job groups), and terminations. Changes in availability and the number of employees in each job group also affect underutilization.

Barriers to Improvement (Continued)



NOTE: This graph illustrates the lack of hiring opportunities in FY94. It compares the number of placement opportunities and average number of applicants to opportunities for FY93 and FY94. This comparison reveals that there were significantly fewer placement opportunities (less than half in FY94 compared to FY93), while the average number of applicants per opportunity almost doubled in FY94 as compared to FY93.

Objective #3
Criterion 3.1

Employment of Women and Minorities: *Ensure representation of minorities and women in underutilized categories in accordance with UC-approved affirmative action plans.* **(Weight = 18%)**

Objective #3
Criterion 3.1
Performance Measure 3.1.a

Employment of Minorities: Utilization of minorities in underutilized job categories as identified in the affirmative action plan. **(Weight = 8%)**

Agreements:

"Utilization of minorities" means to continue to improve—not necessarily just to attain goals. Utilization and availability ratio for each EEO category is plotted over time. **"Good faith efforts" will be measured with a weight of 50% for job categories in which utilization goals are not met. The criteria for good faith efforts will be: Composition and viability of candidate pools; efforts to educate and sensitize the workforce to diversity awareness, goals, and objectives; coupling of recruitment/outreach efforts to key areas of underutilization; and efforts to encourage and obtain active top management support of diversity considerations, including affirmative action and educational outreach efforts.**

Performance Measure Result

This Performance Measure has been met. As a result of retention, placement, and promotion, underutilization was eliminated in 12 job groups in FY94 while only 2 areas that were previously fully utilized became slightly underutilized. This compares to 14 of 33 EEO job groups which were fully utilized for people of color (i.e., employees vs. availability for people of color) and 6 of 33 were fully utilized for every minority group (e.g., employees vs. availability for African Americans) at the beginning of FY93. **LBNL's 1995 Affirmative Action Program, Section 14 Utilization Analysis-94** describes where women or people of color were not fully utilized and the goals that were established for the underrepresented EEO job groups.

At the end of FY94, 18 of 33 EEO job groups were fully utilized for people of color and 8 of 33 were fully utilized for every minority group. This resulted in the underutilization of African Americans being reduced by 15.79%, Hispanics by 18.33%, and Asians by 11.69% as described in the table marked Attachment E. Overall, underutilization of minorities was reduced by 14.56%. In the same period, placement of minorities in underutilized job groups fell short of goals by three people. **(See LBNL's 1995 Affirmative Action Program, Section 14, Utilization Analysis-94.)**

Overall, good-faith efforts in promotion and retention have overshadowed a slight weakness in placements. However, LBNL's data for FY94 reflect continued improvement in the overall representation in the employment of people of color.

During this period the Laboratory's good-faith efforts included:

- On-site and Off-site Training Programs.
- Educational Assistance Program.
- Career Counseling.
- Employee Problem-Solving Procedures.
- Management Skills Assessment Program.
- Employment Law Training.

Performance Measure Result (Continued)

- Zenger-Miller Training Programs.
- UC President's Postdoctoral Fellowship Program.

Detailed descriptions of the good-faith efforts are contained in **LBNL's 1995 Affirmative Action Program, Section 16, Good Faith Efforts.**

Successes/ Shortfalls

SUCCESSES

The Laboratory's good-faith efforts in promotion and retention overshadowed less than optimum placement results.

SHORTFALLS

During FY94, placement of minorities in underutilized job groups fell short of goals by three people. This was due primarily to the fact that significant placement opportunities did not occur in those areas that experienced significant underutilization among people of color.

Supporting Data

- Refer to LBNL's 1995 Affirmative Action Program, Section 16, Good Faith Efforts, pages 16-1 through 16-6.
- Refer to LBNL's 1995 Affirmative Action Program, Section 14, Utilization Analysis-94, pages 14-1 through 14-36.
- Refer to Underutilization Report for period 10/1/93–9/30/94.

Objective #3
Criterion 3.1
Performance Measure 3.1.b

Employment of Women: *Utilization of women in underutilized job categories as identified in the affirmative action plan.* **(Weight = 8%)**

Agreements:

"Utilization of women" means to continue to improve—not necessarily just to attain goals. Utilization and availability ratio for each EEO category is plotted over time. "Good-faith efforts" will be measured with a weight of 50% for job categories in which utilization goals are not met. The criteria for good-faith efforts will be: Composition and viability of candidate pools; efforts to educate and sensitize the workforce to diversity awareness, goals, and objectives; coupling of recruitment/outreach efforts to key areas of underutilization; and efforts to encourage and obtain active top management support of diversity considerations, including affirmative action and educational outreach efforts.

At the end of FY94, women were fully utilized by the Laboratory in 21 of 33 EEO job groups. This improvement was the result of retention, placement, and promotion. Underutilization was eliminated in FY 94. This compares to 15 of 33 EEO job groups where women were fully utilized by the Laboratory in FY93. In cases where women were not fully utilized, goals were established for the underrepresented EEO job groups. **LBNL's 1995 Affirmative Action Program, Section 14, Utilization Analysis-94** describes the underutilization in specific job groups.

Performance Measure Result

During FY94, underutilization of women was reduced by 19.54% as shown in Attachment E. In the same period, placement of women in underutilized job groups exceeded the goals set by 6.62% as computed by the aggregate performance measures. **(See LBNL's 1995 Affirmative Action Program, Section 14 Utilization Analysis-94.)**

Successes/ Shortfalls

Refer to Performance Measure Result.

Supporting Data

Refer to Underutilization report for period 10/1/93–9/30/94.

Objective #3 **Criterion 3.1** **Performance Measure 3.1.c**	**Affirmative Action Plan:** *The Laboratory submits an Affirmative Action Plan to the University within 90 days of the effective date of the AAP.* **(Weight = 2%)**
Performance Measure Result	This Performance Measure has been met. The deadline for submitting the AAP to UCOP General Counsel's Office is March 31. The Laboratory submitted the 1995 AAP to the University of California Office of the President (UCOP) General Counsel's Office on March 30, 1995. The Laboratory received a letter of approval on May 17, 1995, from the UCOP General Counsel Office and a letter of approval on May 19, 1995, from the UCOP Equal Opportunity and Affirmative Action Office. (See Attachment F.)
Successes/ Shortfalls	Not Applicable.
Supporting Data	Refer to Attachment F, LBNL's transmittal letter and letter from the UCOP General Counsel and from the Equal Opportunity and Affirmative Action Office.

Objective #3
Criterion 3.2

Employment of Individuals with Disabilities and of Veterans: *Enhance employment opportunities for individuals with disabilities and covered veterans.* **(Weight = 2%)**

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Outreach Program for Individuals with Disabilities and Veterans: *Actions taken to improve employment opportunities in accordance with the provisions of Article X, Equal Employment Opportunity, of the contract.*

Agreement:

"Good-faith efforts" **as they relate to employment** will be measured.

Performance Measure Result

This Performance Measure was met.

The Laboratory prepares a written Affirmative Action Program for Vietnam Era/Special Disabled Veterans and Individuals with a Disability **(LBNL's 1995 Affirmative Action Program, Section 12, Veterans/Disabled.)** It is available for inspection by any employee or applicant for employment upon request during regular business hours at the Workforce Diversity Office. A copy of the program is distributed to each Division Director.

Appropriate outreach and positive recruitment activities are being undertaken. Outreach recruitment efforts have resulted in direct contact with various agencies representing individuals with a disability, special disabled veterans, and Vietnam Era veterans. LBNL Staffing Specialists coordinate recruitment efforts for individuals with disabilities, special disabled veterans, and Vietnam Era veterans to ensure that pre-employment problems in interviewing, accommodation issues, and job analyses and restructuring are adequately addressed. The Laboratory will continue to enlist the assistance and support of appropriate recruiting sources, including State Employment Development Department, vocational rehabilitation agencies or facilities, college disabled students' placement offices, educational/training agencies, and organizations of or for individuals with a disability, special disabled veterans, and Vietnam Era veterans.

Successes/ Shortfalls

SUCCESSES

Outreach recruitment efforts have resulted in LBNL's making direct contact with various agencies representing individuals with a disability, special disabled veterans, and Vietnam Era veterans.

SHORTFALLS

None.

Supporting Data

Refer to LBNL's Affirmative Action Program, Section 12, Veterans/Disabled, pages 12-1 through 12-13.

Performance Objective #4

Human Resource Quality Program: *Human Resource programs and operations will be guided by quality principles in accordance with the Laboratory's quality strategies.* **(Weight = 11%)**

Summary

For FY95, three projects were selected as Quality Performance Measures for the Human Resources Department. The two projects under Intra-Laboratory quality initiatives include the installation/implementation of a new HR/payroll management information (HRIS) system and the facilitation by HR of a Safety Glasses Program in LBNL Health Services. For the internal HR quality initiative a cross-training effort with HR Department support staff has been under way during this fiscal year. The effort was designed to improve customer service delivery by broadening support staff's knowledge of other HR units, and enabling participants to back up each other for absences and absorb duties of current vacancies. The definition and status of these projects was submitted in a written report to DOE in April 1995 as required by the Measure agreement, and an update was provided to DOE, UC, and the other two Laboratories at a meeting in May 1995.

The internal HR quality initiative cross-training project was broadened to accommodate and support significant organizational changes.

The cross-training project was modified to incorporate the staff of another unit (Reception Center) that was transferred to HR in midyear. HR resources were realigned to support the Operations organization Total Quality Effort that was launched in March 1995. HR staff were fully engaged in supporting a significant Fourth Quarter Operations organization reduction-in-force.

In addition to the cross-training project the HR Department launched a Department-wide continuous quality initiative in tandem with the Operations organization quality effort. More detail on the expanded internal HR quality initiative is provided in the Performance Measure Result sections below.

Barriers to Improvement

See Summary above.

Objective #4
Criterion 4.1

Intra-Laboratory Human Resource Quality Initiatives: *Provide human resource related infrastructure for accomplishing laboratory quality initiatives.* **(Weight = 6%)**

Objective #4
Criterion 4.1
Performance Measure 4.1.a

Results of Intra-Laboratory Human Resource Quality Initiatives: *Provide progress report by April 1, 1995, on human resource quality initiatives with Laboratory-wide impact. Progress report may include improvements in cycle times, cost savings, customer satisfaction, etc., as appropriate to the particular initiative.*

Agreements:

The Laboratories will self-identify the quality initiatives undertaken. **Definition and status of project will be reported by 4/1; update on the status will be provided at time of self-assessment. Effort, in terms of effectiveness of process as well as resources applied, impact and metric-based results are the factors that will be considered.**

Performance Measure Result

This Performance Measure was met. A written progress report was provided to DOE/Oakland on April 10, 1995, and a midyear presentation on the quality initiative status was made to UC and DOE at the May PEG meeting.

HRIS

The Laboratory has obtained and installed PeopleSoft Human Resource Payroll Management Information System (HRIS). The implementation plan is scheduled throughout FY95 and FY96. It is anticipated that this new system will provide more timely and accurate Human Resources reports to assist management in delivering cost-effective HR systems. More importantly, the PeopleSoft system will allow for easier input and access of data while allowing for improved efficiency and eliminate many hand-offs we currently have to perform.

A cross-functional project implementation team was formed consisting of two members of Human Resources, one from Payroll, two from Information Systems & Services, one representing the Divisions, and an external contract programmer.

The team is conducting an extensive review of Laboratory business requirements involving focus groups, questionnaires, and interviews as this project offers an excellent opportunity to streamline some of our processes that will result in increased efficiency and improved customer service. At the same time, the basic foundation of the new system is being built, and will be modified based on the results of the team's business analysis.

SAFETY GLASSES PROGRAM

The Safety Glasses Program was selected by LBNL Health Services as an initial project for the Total Quality Management (TQM) initiative because the program was thought to be small enough in scope to provide a foundation for learning and applying the principles of TQM.

The selected resources for this project included the Deputy Department Head, the Optometrist, the Safety Glasses Program Coordinator, two nurses, a Laboratory technician, and the HR facilitator.

Performance Measure Result (Continued)

The HR facilitator provided just-in-time training and consulting. In working with the Deputy Department Head, goals were set, direction given, and a process developed to accommodate the specific needs of Health Services.

The purpose behind the selection of the Safety Glasses Program as a project, was to improve the level of customer service provided by Health Services. The primary savings was anticipated to be the amount of time incurred by both the safety glass user and the coordinator of the Safety Glasses Program. Part of the scope of the project was to establish metric baselines for the existing program to better determine the impact of proposed solutions.

During the Third Quarter of 1995 Medical Services conducted an in-depth analysis of its Eye Protection Program. The Medical Services staff applied quality tools and techniques, gathered necessary data, and identified a more effective approach to the distribution of safety glasses.

The result was a reduction of program costs by nearly 25% and a more competitive eye exam fee.

Successes/ Shortfalls

HRIS

In June 1995, a summary report was issued that included the results from the focus groups, questionnaires, and interviews. This report serves as a useful reference for the project team in helping to build a system that reflects how LBNL would like to do business. The results from this report will be used as a basis for a more in-depth analysis of HR and Payroll processes and procedures when time and resources permit.

A significant effort has been made to keep a broad segment of the Lab community informed about the status and progress of the implementation of the PeopleSoft system. An electronic newsletter is distributed to 115 people around the Lab. In addition, the Project Team has established a World Wide Web home page that contains information about various aspects of the project.

SAFETY GLASSES PROGRAM

The project has resulted in the following improvements:

- Reduced number of callbacks and data-entry time resulting in a reduction in an Administrative FTE time from 50% to 30%.
- Increased eye exam fee from $20 to $35.
- Moved regular eyeglasses disbursement to Stores, resulting in a one-third savings to the FTE burden.
- Reduced appointments for simple repairs by 20 per month.

The June 1995 HRIS summary report is available for review in the HR Department. In the August 11, 1995, issue of Currents (LBNL weekly employee newsletter), an article appeared reporting on the success of the Safety Glasses Program.

Objective #4
Criterion 4.2

Internal Human Resource Quality Initiatives: *Application of quality principles to Human Resource operations.* **(Weight = 5%)**

Objective #4
Criterion 4.2
Performance Measure 4.2.a

Results of Internal Human Resource Quality Initiatives: *Provide progress report by April 1, 1995, on quality initiatives within the human resource function. Progress report may include improvements in cycle times, cost savings, customer satisfaction, etc., as appropriate to the particular initiative.*

Agreement:

The Laboratories will self-identify the quality initiatives undertaken. **Definition and status of project will be reported by 4/1; update on the status will be provided at time of self-assessment. Effort, in terms of effectiveness of process as well as resources applied, impact and metric-based results are the factors that will be considered.**

Performance Measure Result

This Performance Measure was met. A progress report was submitted to DOE/Oakland on April 10, 1995, and a midyear presentation on the quality initiatives status was made to UC and DOE at the May PEG meeting.

INTERNAL HUMAN RESOURCES QUALITY INITIATIVES

As a direct result of downsizing in the Human Resources Department and with continued fluctuation in workflow, a project was started to pool the skills of our support staff to improve customer service delivery and compensate for reduced staff.

In the fall of 1994, the HR Department support staff was tasked with the development and implementation of training regarding transactional duties and responsibilities. While the focus initially was to rotate the responsibilities of the staffing receptionist desk, the plan soon encompassed more than one program area and the objective was established to incorporate all the transactional activities of the entire support staff. By training all the support staff on one another's duties, we readily shifted resources to accommodate the ebb and flow of activity common to many Human Resources functions and cover staff absences and position vacancies. The support staff has also been working toward the elimination of duplicative effort, non-value-added reviews and unnecessary transactions.

At the beginning of FY95 the LBNL Operations and Administration Divisions were merged. This merger created a structure where all Laboratory support functions are in the same organization.

In March 1995 the Operations organization managers held a retreat to launch a total quality effort with an overall goal of developing a leaner, more responsive support structure to improve processes and services while reducing costs by 25%.

Due to these significant shifts in organizational priorities, the Human Resources Department modified its internal HR Quality Initiative to support the Operations organization total quality effort.

In addition, the support staff cross-training effort was expanded and a broader HR Department Quality Initiative was launched by the HR management team.

Performance Measure Result (Continued)

The HR Department has helped facilitate the Operations organization total quality efforts in the following areas:

- Coordination of manager and supervisory training.
- Consultation and facilitation of organizational restructuring and realignments.
- Consultation and coordination of necessary downsizing.
- Training and facilitation of process improvement teams.
- Consultation and facilitation of performance management issues.
- Development and implementation of administrative support job families.
- Development and implementation of a Spot Award program.

The broader HR Department quality initiative was launched May 1, 1995. The HR internal quality initiative effort sought to deploy a comprehensive/integrative approach that addresses the delivery of service to customers, evaluated all activities/processes and examined/streamlined the current structure. The quality action plan was designed into four phases outlined on the HR Road Map in the Supporting Data section below.

Successes/ Shortfalls

In April 1995 a new unit was transferred to the Human Resources Department that included the Reception Center, Conference Coordination, and vendor contract management. The cross-functional support team was realigned to accommodate this unit and incorporate the Reception Center into the HR function. Participating staff have become more familiar with other aspects of the HR function and have been better able to handle customer calls and walk-ins particularly in the areas of benefits, staffing, and foreign visitor questions and processes. The team has been able to absorb the work of three support position vacancies without a service delivery drop-off and has been able to rotate for peak periods and cover absences of other team members.

Supporting Data

During **Phase 1**, "Internal Evaluation," information was gathered on each function.

Phase 2 of the re-engineering effort evaluated "Customer Needs and Expectations." Interviews were conducted with key internal clients, data from the HRIS PeopleSoft process analysis teams, input from the Personnel Administrators' Forum as well as the principles and deliverables in the HR strategic plan were used to establish and crystallize expectations.

In **Phase 3**, Unit Managers began the "Gap Analysis," reviewing performance standards, evaluating staff skills and job requirements, and determining resources required and providing input on their structure.

In **Phase 4**, "Implementation," we will be implementing a streamlined HR Department that has all organizational members reporting directly to the respective Unit Managers.

The HR Department also met a targeted 18.5% FY96 overall budget reduction by eliminating eight positions in August 1995. This action will result in an HR Department budgetary savings for FY96 of over $.5 million.

See Attachment G, Human Resources Quality Road Map.

Areas for Improvement

By Performance Objective, indicate that the need for improvement has been discovered, and using the table below, detail the specific improvement actions that have been developed to address the Laboratory's failure to meet any of the Performance Measures for each Performance Objective. Indicate that these actions also appear in the Appendix, which contains all of the improvement actions for all of the functional areas.

NOTE: *If a key action addresses more than one Performance Objective or Performance Measure, list it once and include all relevant reference numbers in the spaces provided.*

This section is not applicable.

LBNL met all FY95 Performance Measures and is not noting any areas for improvement.

NOTE: This section is not applicable. All HR 1995 Performance Measures were met.

Improvement Actions for Human Resources				
Performance Objective #	**Performance Measure #**	**Key Actions**	**Major Milestones**	**Associated Dates**

HUMAN RESOURCES FY95 SELF-ASSESSMENT

Supporting Data/Attachments

Attachment #	Performance Measure	Attachment Summary
Attachment A	P.M. 1.3.a	Range Mid-points to Market
Attachment A1	P.M. 1.3.c	FY96 Nonrepresented Salary Review Guidelines
Attachment A2	P.M. 1.3.c	FY95 Nonrepresented Salary Review Guidelines
Attachment A3	P.M. 1.3.c	FY95 Represented Salary Review Guidelines
Attachment B	P.M. 1.3.b	Market-Based Pay Policy Implementation
Attachment C	P.M. 1.3.c	FY95 Salary Increase Distribution
Attachment D	P.M. 3	Performance Objective #3 Graph
Attachment E	P.M. 3.1.a & 3.a.b	Underutilization Report
Attachment F	P.M. 3.1.c	LBNL AAP Transmittal Letter and UCOP Response
Attachment G	P.M. 4.2.a	Human Resources Quality Road Map

1.3.a. LBNL RANGE MIDPOINTS COMPARED TO 4/1/95 MARKET AVERAGES

	CLASSIFICATION		CURRENT RANGE MIDPOINT	4/1/95 SURVEY MEAN	CURRENT DELTA	+ or - 5% of Control
1	330.1	Technical Supervisor	$4,511	$4,066	-10%	NO
2	330.2	Technical Superintendent	$5,320	$4,821	-9%	NO
3	180.3	Occupational Health Nurse III	$4,790	$4,373	-9%	NO
4	191.5	Technical Editor & Writer V	$5,433	$5,006	-8%	NO
5	194.5	Technical Information Specialist 5	$5,433	$5,006	-8%	NO
6	345.1	Fire Chief	$5,852	$5,419	-7%	NO
7	218.2	Program Manager	$6,595	$7,088	7%	NO
8	381.2	Research Associate, Senior	$3,551	$3,823	8%	NO
9	167.4	Administrator 4	$4,600	$4,953	8%	NO
10	168.4	Administrative Specialist 4	$4,600	$4,953	8%	NO
11	218.1	Project Manager	$5,301	$5,728	8%	NO
12	381.1	Research Associate	$2,820	$3,058	8%	NO
13	302.1	Electronics Engineering Associate	$4,396	$4,776	9%	NO
14	306.1	Mechanical Engineering Associate	$4,396	$4,776	9%	NO
15	308.1	Plant/Facilities Engineering Associate	$4,396	$4,776	9%	NO
16	310.1	Scientific Engineering Associate	$4,396	$4,776	9%	NO
17	191.3	Technical Editor & Writer III	$3,908	$4,285	10%	NO
18	194.3	Technical Information Specialist 3	$3,908	$4,285	10%	NO
19	191.1	Technical Editor & Writer I	$2,850	$2,706	-5%	YES
20	194.1	Technical Information Specialist 1	$2,850	$2,706	-5%	YES
21	260.1	Computer Systems Engineer I	$3,950	$3,793	-4%	YES
22	167.5	Administrator 5	$5,433	$5,254	-3%	YES
23	168.5	Administrative Specialist 5	$5,433	$5,254	-3%	YES
24	230.1	Environmental Health & Safety Professional 1	$3,610	$3,511	-3%	YES
25	230.2	Environmental Health & Safety Professional 2	$4,790	$4,667	-3%	YES
26	260.4	Computer Systems Engineer IV	$7,420	$7,245	-2%	YES
27	230.4	Environmental Health & Safety Professional 4	$7,420	$7,311	-1%	YES
28	230.3	Environmental Health & Safety Professional 3	$5,920	$5,839	-1%	YES
29	220.1	Facilities Architect I	$5,301	$5,254	-1%	YES
30	221.1	Facilities Civil/Structural Engineer I	$5,300	$5,254	-1%	YES
31	222.1	Facilities Electrical Engineer I	$5,300	$5,254	-1%	YES
32	223.1	Facilities Mechanical Engineer I	$5,300	$5,254	-1%	YES
33	224.1	Facilities Energy Management Engineer I	$5,300	$5,254	-1%	YES
34	225.1	Facilities Project Manager I	$5,300	$5,254	-1%	YES
35	227.1	Facilities Planner I	$5,300	$5,254	-1%	YES
36	720.0	Lead Technologist	$23.03	$23.07	0%	YES
37	220.3	Facilities Architect, Chief	$6,595	$6,674	1%	YES
38	221.3	Facilities Civil/Structural Engineer, Chief	$6,595	$6,674	1%	YES
39	222.3	Facilities Electrical Engineer, Chief	$6,595	$6,674	1%	YES
40	223.3	Facilities Mechanical Engineer, Chief	$6,595	$6,674	1%	YES
41	224.3	Facilities Energy Management Eng., Chief	$6,595	$6,674	1%	YES
42	225.3	Facilities Project Manager, Chief	$6,595	$6,674	1%	YES
43	226.3	Chief Facilities Estimator III	$6,595	$6,674	1%	YES
44	227.3	Facilities Planner, Chief	$6,595	$6,674	1%	YES
45	166.1	Material Specialist	$3,320	$3,360	1%	YES
46	167.2	Administrator 2	$3,320	$3,360	1%	YES
47	168.2	Administrative Specialist 2	$3,320	$3,360	1%	YES
48	169.2	Supervisor Administrative Services 2	$3,320	$3,360	1%	YES
49	231.1	Occupational Physician 1	$8,350	$8,468	1%	YES
50	260.3	Computer Systems Engineer III	$5,920	$6,004	1%	YES
51	261.3	Computer Systems Supervisor	$5,920	$6,004	1%	YES
52	262.3	Computer Operations Supervisor	$5,920	$6,004	1%	YES

1.3.a. LBNL RANGE MIDPOINTS COMPARED TO 4/1/95 MARKET AVERAGES

	CLASSIFICATION		CURRENT RANGE MIDPOINT	4/1/95 SURVEY MEAN	CURRENT DELTA	+ or - 5% of Control
53	260.2	Computer Systems Engineer II	$4,790	$4,867	2%	YES
54	231.2	Occupational Physician 2	$9,401	$9,574	2%	YES
55	330.3	Technical Manager	$6,437	$6,564	2%	YES
56	220.2	Facilities Architect II	$5,920	$6,068	3%	YES
57	221.2	Facilities Civil/Structural Engineer II	$5,920	$6,068	3%	YES
58	222.2	Facilities Electrical Engineer II	$5,920	$6,068	3%	YES
59	223.2	Facilities Mechanical Engineer II	$5,920	$6,068	3%	YES
60	224.2	Facilities Energy Management Engineer II	$5,920	$6,068	3%	YES
61	225.2	Facilities Project Manager II	$5,920	$6,068	3%	YES
62	226.2	Facilities Estimator II	$5,920	$6,068	3%	YES
63	227.2	Facilities Planner II	$5,920	$6,068	3%	YES
64	167.3	Administrator 3	$3,908	$4,026	3%	YES
65	168.3	Administrative Specialist 3	$3,908	$4,026	3%	YES
66	169.3	Supervisor Administrative Services 3	$3,908	$4,026	3%	YES
67	191.4	Technical Editor & Writer IV	$4,599	$4,805	4%	YES
68	194.4	Technical Information Specialist 4	$4,599	$4,805	4%	YES
69	199.1	Management 1	$6,305	$6,588	4%	YES
70	381.3	Research Associate, Principal	$4,396	$4,611	5%	YES
71	191.2	Technical Editor & Writer II	$3,320	$3,490	5%	YES
72	194.2	Technical Information Specialist 2	$3,320	$3,490	5%	YES

RESULTS: 54/72 "YES" OR 75% OF LBNL MIDPINTS ARE WITHIN +-5% OF MARKET AVERAGE

FY 1996 Non-Represented Salary Review Guidelines

Objectives

- Reward accomplishments and contributions toward department/division and overall Laboratory objectives.
- Motivate high levels of productivity and performance.
- Maintain a competitive compensation position within our marketplace.

Pay for Performance

As in previous years, productivity, overall performance and contribution are the most important considerations in determining new salaries. Our objective is to recognize high quality work and reward it accordingly.

S&E Appointment Levels

For salary review guidance for Scientist and Engineer Appointment Levels (codes 1XX.X - 150.X), please refer to the document "FY 1996 Review Process for Scientists and Engineers" or Section IV "Scientist and Engineer Appointment Levels" in the Salary Administration Manual.

Performance Rating

Any merit increase system which relates pay levels and pay programs to the performance of employees in their jobs is dependent upon performance ratings as the primary tool. It is the Supervisor's responsibility to assess individual performance and consider this level of performance in recommending a new salary.

Market-Based Salary Ranges

The attached salary ranges are effective October 1, 1995. Midpoints of each salary range are positioned to reflect the "going" rate for comparable levels of responsibility among our competitors in the job market. Thus, the midpoint establishes a "market value" for the salary range and becomes the focal point for all internal salary determinations. Based on a comparison of our current range midpoints to available market data (projected to April 1996), salary ranges have been adjusted to reflect market competitive rates.

Merit Increase Recommenda - tion

Each employee's salary, over time, should be commensurate with his/her level of performance. Assuming that the job classification has been compared to the appropriate market, and the individual position is properly classified, the two major considerations in the merit process are "current position of salary in a salary range for the job" and "performance rating". By using the merit plan matrix guidelines, the employee's salary, <u>over time</u>, will be in the appropriate segment of the range, based on his/her performance. Employees with demonstrated outstanding sustained performance should have salaries targeted toward the third and fourth quartiles of the respective salary ranges.

Continued on next page

FY 1996 Non Represented Salary Review Guidelines, Continued

Eligibility

Employees hired on or before April 1 in an eligible category are eligible for an October 1 merit increase, if they successfully complete the six-month probationary period. Eligible categories of employees include full and part time career, term, or temporary employees. The following employee categories are **not** eligible:

- Temporary employees hired before April 1, with an expected termination date of September 30 or earlier,
- Employees hired after April 1, 1995,
- VERIP rehires,
- Faculty,
- Special scientists,
- Postdocs,
- GSRAs, and Student Assistants.

(Refer to page 5 for guidance regarding increases for Indeterminate employees.)

Merit Plan Matrix

To use the Merit Plan Matrix Guidelines below, locate the block on the matrix where the performance rating of the individual intersects with the quartile in which the current salary falls. For example, the minimum salary for an Administrative Specialist 2 (classification code 168.2) is $2,722, and the 2nd quartile is $3,063. Therefore, if the salary for an Administrative Specialist 2 (classification code 168.2) employee is $2,850, and his or her performance rating is "Meets", the salary would fall in the first quartile and the employee could receive a merit increase of up to 5% of base salary (or up to $143), to a new salary of up to $2,993.

Please indicate on the enclosed computerized worksheet, a merit increase recommendation for each eligible employee in your division, utilizing the matrix guidelines. Merit spending must be within the budget provided, by employee category (i.e., Professional Exempt, Administrative Exempt and Non Exempt, and Technical Exempt and Non Exempt) for your division. As in previous years, the Division Director's Reserve can be used across employee categories. **Salary Increase Worksheets are to be returned to the Compensation Unit by Friday, August 25, 1995.**

Continued on next page

FY 1996 Non Represented Salary Review Guidelines, Continued

FY 1996 Merit Plan Matrix Guidelines

Salary Range Position	*1st Quartile*	*2nd Quartile*	*3rd Quartile*	*4th Quartile*
Performance Rating				
Exceeds	up to 8.0%	up to 7.0%	up to 6.0%	up to 5.0%
Meets	up to 5.0%	up to 4.0%	up to 3.5%	Up to 3.0%
Improvement Needed	0%	0%	0%	0%

Minimum Midpoint Maximum

Merit Plan Matrix (cont.)

The Merit Plan matrix guidelines give you a range of increase percentages with which to work. These are only guidelines and it is understood that there will be other factors which influence the salary recommendation. For example, all salaries must be within the new range minimum unless the employee's performance rating is "Improvement Needed" or is a VERIP rehire.

Lump Sum Merit Awards

Individuals receiving an Exceeds (E) performance rating who are paid at or near the salary range maximum, are eligible for a lump sum, non base-building, merit award. If the merit increase (base rate) amount will result in the employee's salary exceeding the range maximum, a lump sum merit award may be proposed in conjunction with a base rate merit increase (Example: 2% merit increase, 3% lump sum). If the employee is already paid at or above the salary range maximum, a lump sum for the entire amount may be proposed. The percentage should be indicated in the "Percent Lump Sum" column of the computerized worksheet. The dollar amount of the lump sum (Column P) will be automatically calculated, as will the monthly/hourly charge to the merit budget (Column Q). NOTE: Lump sum increases are paid on a one time basis and are subject to withholding taxes.

Dual Rate Increases

Employees receiving a dual rate are eligible for merit increases up to but not exceeding the percentage increase used for their primary classification. (e.g. receiving 4% in primary classification, increase may not exceed 4% in dual rated classification).

Time Frame

Performance ratings and proposed new salaries should be based on the employee's achievements and performance in the current position for the July 1, 1994 through June 30, 1995 review period, and not relative to his/her potential, education, or experience.

Continued on next page

FY 1996 Non Represented Salary Review Guidelines, Continued

Criteria to Consider

Several other factors must be given consideration before the salary recommendation is finalized:

- Salary administration must be nondiscriminatory and consistent with the objectives of our Affirmative Action Policy and Guidelines.
- Salary relationships with peers, supervisors, and subordinates should be equitable.
- Salary history, particular date, amounts since last increase may be considered. For instance, an employee's receipt of a post- October reclassification salary increase due to additional job responsibilities, may have some bearing on the salary recommendation for this review.

Written Justification Requirement

Divisions are required to provide written justification for salary increases of 9% or greater which result in a proposed salary of $115,000 ($9,584 monthly) or greater. This is the new DOE approval level. Justifications should be in the form of a memo and submitted no later than September 22, 1995 to Human Resources.

Input of Salaries

Please input only the proposed **percentage** increases for exempt and non-exempt employees. Note that the "$ Increase" column contains a formula which automatically calculates the dollar increase once the proposed percentage increase has been inserted into the "% Increase" column. Dual Rated employees are listed separately at the bottom of each worksheet.

Additional Worksheet Input Requirements

Columns U through X require input as part of the validation process for this year's UC/DOE Performance Measures. These must be completed prior to approval of the FY 1996 salary increases. Required input includes the date the P^2R was signed by the employee, the performance rating, the date the position description was last updated or reviewed as indicated on the form, and whether Part V. Performance Planning and Development was completed (Yes or No).

Continued on next page

FY 1996 Non Represented Salary Review Guidelines, Continued

Indeterminate Employees

Indeterminate employees (excluding VERIP rehires) are eligible for merit increases. Merit increases for these employees must be submitted separately on a **PAF** with an October 1, 1995 effective date. A written justification must be attached to the PAF for increases which exceed the percent allocated for the respective employee group. **Do not** include increases for Indeterminate employees on the automated worksheet.

Reclassification Requests

Requests for reclassifications should be submitted for the October review to the Division's Staffing Specialist. The package should include an updated Position Description, and a Salary Action form. Both forms are available in: AppleShare, LBL-Servers, WKSG Server, Public Access, LBL Forms, Reclass Forms.. Personnel Action Forms (PAFs) are not required for the October review, but will be required for all post-October cases that request a change in salary or classification. Reclassification requests for October 1 are due to the Staffing Unit by **August 25, 1995.**

Post October Actions

The annual salary review is intended to be a once-a-year, focal date assessment of each eligible employee's salary and classification. Divisions are therefore urged to spend the majority of their total merit allocation during the October Salary Review and recommend a minimum of salary recommendations outside of the October Review.

Reclassification requests will continue to be reviewed throughout the year by Human Resources with the effective date usually the first of the month following receipt of request.

For further information or questions regarding the salary review process and procedures, please contact the Compensation Unit as follows:

Tom Taylor (Manager)	Ext. 5245
Kari Bast	Ext. 4389
Carrie Joy	Ext. 4100

If you have questions regarding reclassification requests, contact your Staffing Specialist, as follows:

Christine Kurata (Manager)	Ext. 5077
Mary Bishop	Ext. 5557
Norm Budman	Ext. 5520
Mary Anne Holman	Ext. 5398

FY 1996
SCIENTIST AND ENGINEER APPOINTMENT LEVEL PAY BANDS

CODE	JOB TITLE	MINIMUM*	MAXIMUM*
0XX.X	Special Scientist	Special arrangement.	
1XX.1	Post Doctoral Fellow	$2,200	$4,400
1XXV1	Visiting Post Doctoral Fellow	$2,200	$4,400
1XX.2	Divisional Fellow	$3,400	$9,500
1XX.4	Scientist/Engineer	$2,900	$5,800
1XX.5	Staff Scientist/Engineer	$3,400	$9,500
1XX.6	Senior Staff S&E	$4,400	$11,390**
1XX.7	Distinguished Staff S&E	Salaries individually evaluated.	
1XX.8	Faculty Scientist/Engineer	Special arrangement.	
1XX.9	Senior Faculty Scientist/Engineer	Special arrangement.	

* Laboratory Director must approve salaries below or above pay bands.

** Tied to Regents Approval Level

Pay Bands are effective as of 10/1/95 and reflect monthly salary.

FY 1996 Non-Represented Rate Ranges
Numerical Order

JOB TITLE	JOB CODE	REPRESENTED	FLSA STATUS	EEO CODE	RANGE MINIMUM	2nd QUARTILE	MIDPOINT	3rd QUARTILE	RANGE MAXIMUM
Material Specialist	166.1	NR	E	F01	$2,722	$3,063	$3,403	$3,744	$4,084
Administrator 2	167.2	NR	E	B13	$2,722	$3,063	$3,403	$3,744	$4,084
Administrator 3	167.3	NR	E	B13	$3,205	$3,606	$4,006	$4,407	$4,807
Administrator 4	167.4	NR	E	B13	$3,772	$4,244	$4,715	$5,187	$5,658
Administrator 5	167.5	NR	E	A03	$4,372	$4,971	$5,569	$6,168	$6,766
Administrative Specialist 2	168.2	NR	E	B13	$2,722	$3,063	$3,403	$3,744	$4,084
Administrative Specialist 3	168.3	NR	E	B13	$3,205	$3,606	$4,006	$4,407	$4,807
Administrative Specialist 4	168.4	NR	E	B13	$3,772	$4,244	$4,715	$5,187	$5,658
Administrative Specialist 5	168.5	NR	E	A03	$4,372	$4,971	$5,569	$6,168	$6,766
Supervisor Administrative Services 2	169.2	NR	E	D02	$2,722	$3,063	$3,403	$3,744	$4,084
Supervisor Administrative Services 3	169.3	NR	E	D02	$3,205	$3,606	$4,006	$4,407	$4,807
Occupational Health Nurse III	180.3	NR	E	C06	$3,810	$4,372	$4,934	$5,496	$6,057
Technical Editor & Writer I	191.1	NR	E	B10	$2,280	$2,565	$2,850	$3,135	$3,420
Technical Editor & Writer II	191.2	NR	E	B10	$2,722	$3,105	$3,487	$3,870	$4,252
Technical Editor & Writer III	191.3	NR	E	B10	$3,205	$3,651	$4,096	$4,541	$4,986
Technical Editor & Writer IV	191.4	NR	E	B10	$3,772	$4,294	$4,815	$5,336	$5,856
Technical Editor & Writer V	191.5	NR	E	B10	$4,372	$5,009	$5,646	$6,283	$6,920
Technical Information Specialist 1	194.1	NR	E	B10	$2,280	$2,565	$2,850	$3,135	$3,420
Technical Information Specialist 2	194.2	NR	E	B10	$2,722	$3,105	$3,487	$3,870	$4,252
Technical Information Specialist 3	194.3	NR	E	B10	$3,205	$3,651	$4,096	$4,541	$4,986
Technical Information Specialist 4	194.4	NR	E	B10	$3,772	$4,294	$4,815	$5,336	$5,856
Technical Information Specialist 5	194.5	NR	E	B10	$4,372	$5,009	$5,646	$6,283	$6,920
Division Director	198.1	NR	E	A01	$8,807	$10,122	$11,437	$12,752	$14,067
Management 1	199.1	NR	E	A03	$4,976	$5,720	$6,463	$7,206	$7,949
Management II	199.2	NR	E	A03	$6,424	$7,383	$8,342	$9,302	$10,261
Management III	199.3	NR	E	A03	$7,387	$8,491	$9,594	$10,698	$11,801
Project Manager	218.1	NR	E	A03	$4,216	$4,838	$5,459	$6,081	$6,703
rogram Manager	218.2	NR	E	A03	$5,225	$6,009	$6,793	$7,577	$8,361
rogram Manager, Sr.	218.3	NR	E	A03	$5,879	$6,761	$7,643	$8,525	$9,407
Facilities Architect I	220.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Architect II	220.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Architect, Chief	220.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Civil/Structural Engineer I	221.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Civil/Structural Engineer II	221.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Civil/Structural Engineer, Chief	221.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Electrical Engineer I	222.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Electrical Engineer II	222.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Electrical Engineer, Chief	222.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Mechanical Engineer I	223.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Mechanical Engineer II	223.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Mechanical Engineer, Chief	223.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Energy Management Engineer I	224.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Energy Management Engineer II	224.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Energy Management Eng., Chief	224.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Project Manager I	225.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Project Manager II	225.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Project Manager, Chief	225.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Estimator II	226.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Chief Facilities Estimator III	226.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Planner I	227.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Planner II	227.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Planner, Chief	227.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Environmental Health & Safety Professional 1	230.1	NR	E	B16	$2,906	$3,313	$3,719	$4,126	$4,533
Environmental Health & Safety Professional 2	230.2	NR	E	B16	$3,810	$4,372	$4,934	$5,496	$6,057
Environmental Health & Safety Professional 3	230.3	NR	E	B16	$4,691	$5,395	$6,098	$6,802	$7,505
Environmental Health & Safety Professional 4	230.4	NR	E	B16	$5,879	$6,761	$7,643	$8,525	$9,407
ccupational Physician	231.1	NR	E	B01	$6,616	$7,609	$8,601	$9,593	$10,585

FY 1996 Non-Represented Rate Ranges
Numerical Order

JOB TITLE	JOB CODE	REPRE SENTED	FLSA STATUS	EEO CODE	RANGE MINIMUM	2nd QUARTILE	MIDPOINT	3rd QUARTILE	RANGE MAXIMUM
Computer Systems Engineer I, Trainee	260.0	NR	E	B04	$2,906	$3,313	$3,719	$4,126	$4,533
Computer Systems Engineer I	260.1	NR	E	B04	$3,166	$3,617	$4,068	$4,520	$4,971
Computer Systems Engineer II	260.2	NR	E	B04	$3,810	$4,372	$4,934	$5,496	$6,057
Computer Systems Engineer III	260.3	NR	E	B04	$4,691	$5,395	$6,098	$6,802	$7,505
Computer Systems Engineer IV	260.4	NR	E	B04	$5,879	$6,761	$7,643	$8,525	$9,407
Computer Systems Supervisor	261.3	NR	E	B04	$4,691	$5,395	$6,098	$6,802	$7,505
Computer Systems Manager I	261.4	NR	E	B04	$5,225	$6,009	$6,793	$7,577	$8,361
Computer Systems Manager II	261.5	NR	E	B04	$5,879	$6,761	$7,643	$8,525	$9,407
Computer Operations Supervisor	262.3	NR	E	B04	$4,691	$5,395	$6,098	$6,802	$7,505
Change Control Administrator	263.1	NR	E	B04	$2,718	$3,058	$3,398	$3,738	$4,078
Change Control/Security Supervisor	263.2	NR	E	B04	$3,810	$4,372	$4,934	$5,496	$6,057
Patent Advisor I	280.1	NR	E	A03	$3,772	$4,244	$4,715	$5,187	$5,658
Patent Advisor II	280.2	NR	E	A03	$4,372	$4,971	$5,569	$6,168	$6,766
Patent Advisor III	280.3	NR	E	A03	$4,976	$5,720	$6,463	$7,206	$7,949
Electronics Engineering Associate	302.1	NR	E	C03	$3,680	$4,189	$4,698	$5,207	$5,716
Electronics Engineering Associate, Senior	302.2	NR	E	C03	$3,985	$4,533	$5,081	$5,629	$6,177
Mechanical Engineering Associate	306.1	NR	E	C02	$3,680	$4,189	$4,698	$5,207	$5,716
Mechanical Engineering Associate, Senior	306.2	NR	E	C02	$3,985	$4,533	$5,081	$5,629	$6,177
Plant/Facilities Engineering Associate	308.1	NR	E	C07	$3,680	$4,189	$4,698	$5,207	$5,716
Plant/Facilities Engineering Associate, Senior	308.2	NR	E	C07	$3,985	$4,533	$5,081	$5,629	$6,177
Scientific Engineering Associate	310.1	NR	E	C07	$3,680	$4,189	$4,698	$5,207	$5,716
Scientific Engineering Associate, Senior	310.2	NR	E	C07	$3,985	$4,533	$5,081	$5,629	$6,177
Technical Supervisor	330.1	NR	E	A05	$3,680	$4,189	$4,698	$5,207	$5,716
Technical Superintendent	330.2	NR	E	A05	$4,260	$4,900	$5,539	$6,179	$6,818
Technical Manager	330.3	NR	E	A05	$5,108	$5,876	$6,643	$7,411	$8,178
Fire Chief, Assistant	345.0	NR	E	A05	$3,985	$4,533	$5,081	$5,629	$6,177
Fire Chief	345.1	NR	E	A05	$4,665	$5,365	$6,065	$6,765	$7,465
Research Clinic Lab Technologist, Chief	372.1	NR	E	C06	$3,680	$4,189	$4,698	$5,207	$5,716
Research Associate	381.1	NR	E	B11	$2,325	$2,643	$2,961	$3,279	$3,597
Research Associate, Senior	381.2	NR	E	B11	$2,927	$3,328	$3,729	$4,130	$4,531
Research Associate, Principal	381.3	NR	E	B11	$3,680	$4,189	$4,698	$5,207	$5,716
Research Associate, Staff	381.4	NR	E	B11	$3,985	$4,533	$5,081	$5,629	$6,177
Material Specialist - N/E	501.0	NR	NE	D01	$15.26	$17.17	$19.08	$20.99	$22.90
Administrator 2 -N/E	502.0	NR	NE	D01	$15.26	$17.17	$19.08	$20.99	$22.90
Administrator 3 - N/E	503.0	NR	NE	D01	$17.97	$20.22	$22.46	$24.71	$26.95
Administrative Specialist 2 - N/E	504.0	NR	NE	D01	$15.26	$17.17	$19.08	$20.99	$22.90
Administrative Specialist 3 - N/E	505.0	NR	NE	D01	$17.97	$20.22	$22.46	$24.71	$26.95
Supervisor Admin Serv 2 - N/E	506.0	NR	NE	D01	$15.26	$17.17	$19.08	$20.99	$22.90
Administrator 1	567.1	NR	NE	D02	$13.85	$15.08	$16.31	$17.53	$18.75
Administrative Specialist 1	568.1	NR	NE	D02	$13.85	$15.08	$16.31	$17.53	$18.75
Lead Technologist	720.0	NR	NE	C04	$19.85	$22.60	$25.35	$28.10	$30.85
Medical Laboratory Technologist I	731.1	NR	NE	C06	$18.40	$20.70	$23.00	$25.30	$27.60
Medical Laboratory Technologist II	731.2	NR	NE	C06	$19.85	$22.60	$25.35	$28.10	$30.85
Truck Driver, Lead	745.3	NR	NE	F01	$18.40	$20.70	$23.00	$25.30	$27.60

NOTE: Non exempt employees' salaries reflect hourly wage and exempt employees' salaries reflect monthly salary.
"E" indicates Exempt and "NE" indicates Non Exempt.
"R" indicates Represented and "NR" indicates Not Represented.

FY 1996 Non-Represented Rate Ranges
Alphabetical Order

JOB TITLE	JOB CODE	REPRE-SENTED	FLSA STATUS	EEO CODE	RANGE MINIMUM	2nd QUARTILE	MIDPOINT	3rd QUARTILE	RANGE MAXIMUM
Administrative Specialist 1	568.1	NR	NE	D02	$13.85	$15.08	$16.31	$17.53	$18.75
Administrative Specialist 2	168.2	NR	E	B13	$2,722	$3,063	$3,403	$3,744	$4,084
Administrative Specialist 2 - N/E	504.0	NR	NE	D01	$15.26	$17.17	$19.08	$20.99	$22.90
Administrative Specialist 3	168.3	NR	E	B13	$3,205	$3,606	$4,006	$4,407	$4,807
Administrative Specialist 3 - N/E	505.0	NR	NE	D01	$17.97	$20.22	$22.46	$24.71	$26.95
Administrative Specialist 4	168.4	NR	E	B13	$3,772	$4,244	$4,715	$5,187	$5,658
Administrative Specialist 5	168.5	NR	E	A03	$4,372	$4,971	$5,569	$6,168	$6,766
Administrator 1	567.1	NR	NE	D02	$13.85	$15.08	$16.31	$17.53	$18.75
Administrator 2	167.2	NR	E	B13	$2,722	$3,063	$3,403	$3,744	$4,084
Administrator 2 -N/E	502.0	NR	NE	D01	$15.26	$17.17	$19.08	$20.99	$22.90
Administrator 3	167.3	NR	E	B13	$3,205	$3,606	$4,006	$4,407	$4,807
Administrator 3 - N/E	503.0	NR	NE	D01	$17.97	$20.22	$22.46	$24.71	$26.95
Administrator 4	167.4	NR	E	B13	$3,772	$4,244	$4,715	$5,187	$5,658
Administrator 5	167.5	NR	E	A03	$4,372	$4,971	$5,569	$6,168	$6,766
Change Control Administrator	263.1	NR	E	B04	$2,718	$3,058	$3,398	$3,738	$4,078
Change Control/Security Supervisor	263.2	NR	E	B04	$3,810	$4,372	$4,934	$5,496	$6,057
Chief Facilities Estimator III	226.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Computer Operations Supervisor	262.3	NR	E	B04	$4,691	$5,395	$6,098	$6,802	$7,505
Computer Systems Engineer I	260.1	NR	E	B04	$3,166	$3,617	$4,068	$4,520	$4,971
Computer Systems Engineer I, Trainee	260.0	NR	E	B04	$2,906	$3,313	$3,719	$4,126	$4,533
Computer Systems Engineer II	260.2	NR	E	B04	$3,810	$4,372	$4,934	$5,496	$6,057
Computer Systems Engineer III	260.3	NR	E	B04	$4,691	$5,395	$6,098	$6,802	$7,505
Computer Systems Engineer IV	260.4	NR	E	B04	$5,879	$6,761	$7,643	$8,525	$9,407
Computer Systems Manager I	261.4	NR	E	B04	$5,225	$6,009	$6,793	$7,577	$8,361
Computer Systems Manager II	261.5	NR	E	B04	$5,879	$6,761	$7,643	$8,525	$9,407
Computer Systems Supervisor	261.3	NR	E	B04	$4,691	$5,395	$6,098	$6,802	$7,505
Division Director	198.1	NR	E	A01	$8,807	$10,122	$11,437	$12,752	$14,067
ectronics Engineering Associate	302.1	NR	E	C03	$3,680	$4,189	$4,698	$5,207	$5,716
ectronics Engineering Associate, Senior	302.2	NR	E	C03	$3,985	$4,533	$5,081	$5,629	$6,177
Environmental Health & Safety Professional 1	230.1	NR	E	B16	$2,906	$3,313	$3,719	$4,126	$4,533
Environmental Health & Safety Professional 2	230.2	NR	E	B16	$3,810	$4,372	$4,934	$5,496	$6,057
Environmental Health & Safety Professional 3	230.3	NR	E	B16	$4,691	$5,395	$6,098	$6,802	$7,505
Environmental Health & Safety Professional 4	230.4	NR	E	B16	$5,879	$6,761	$7,643	$8,525	$9,407
Facilities Architect I	220.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Architect II	220.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Architect, Chief	220.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Civil/Structural Engineer I	221.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Civil/Structural Engineer II	221.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Civil/Structural Engineer, Chief	221.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Electrical Engineer I	222.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Electrical Engineer II	222.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Electrical Engineer, Chief	222.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Energy Management Eng., Chief	224.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Energy Management Engineer I	224.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Energy Management Engineer II	224.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Estimator II	226.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Mechanical Engineer I	223.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Mechanical Engineer II	223.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Mechanical Engineer, Chief	223.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Planner I	227.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Planner II	227.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Planner, Chief	227.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Facilities Project Manager I	225.1	NR	E	B08	$4,216	$4,838	$5,459	$6,081	$6,703
Facilities Project Manager II	225.2	NR	E	B08	$4,691	$5,395	$6,098	$6,802	$7,505
Facilities Project Manager, Chief	225.3	NR	E	B08	$5,225	$6,009	$6,793	$7,577	$8,361
Fire Chief	345.1	NR	E	A05	$4,665	$5,365	$6,065	$6,765	$7,465
Chief, Assistant	345.0	NR	E	A05	$3,985	$4,533	$5,081	$5,629	$6,177

FY 1996 Non-Represented Rate Ranges
Alphabetical Order

JOB TITLE	JOB CODE	REPRE-SENTED	FLSA STATUS	EEO CODE	RANGE MINIMUM	2nd QUARTILE	MIDPOINT	3rd QUARTILE	RANGE MAXIMUM
Lead Technologist	720.0	NR	NE	C04	$19.85	$22.60	$25.35	$28.10	$30.85
Management 1	199.1	NR	E	A03	$4,976	$5,720	$6,463	$7,206	$7,949
Management II	199.2	NR	E	A03	$6,424	$7,383	$8,342	$9,302	$10,261
Management III	199.3	NR	E	A03	$7,387	$8,491	$9,594	$10,698	$11,801
Material Specialist	166.1	NR	E	F01	$2,722	$3,063	$3,403	$3,744	$4,084
Material Specialist - N/E	501.0	NR	NE	D01	$15.26	$17.17	$19.08	$20.99	$22.90
Mechanical Engineering Associate	306.1	NR	E	C02	$3,680	$4,189	$4,698	$5,207	$5,716
Mechanical Engineering Associate, Senior	306.2	NR	E	C02	$3,985	$4,533	$5,081	$5,629	$6,177
Medical Laboratory Technologist I	731.1	NR	NE	C06	$18.40	$20.70	$23.00	$25.30	$27.60
Medical Laboratory Technologist II	731.2	NR	NE	C06	$19.85	$22.60	$25.35	$28.10	$30.85
Occupational Health Nurse III	180.3	NR	E	C06	$3,810	$4,372	$4,934	$5,496	$6,057
Occupational Physician	231.1	NR	E	B01	$6,616	$7,609	$8,601	$9,593	$10,585
Patent Advisor I	280.1	NR	E	A03	$3,772	$4,244	$4,715	$5,187	$5,658
Patent Advisor II	280.2	NR	E	A03	$4,372	$4,971	$5,569	$6,168	$6,766
Patent Advisor III	280.3	NR	E	A03	$4,976	$5,720	$6,463	$7,206	$7,949
Plant/Facilities Engineering Associate	308.1	NR	E	C07	$3,680	$4,189	$4,698	$5,207	$5,716
Plant/Facilities Engineering Associate, Senior	308.2	NR	E	C07	$3,985	$4,533	$5,081	$5,629	$6,177
Program Manager	218.2	NR	E	A03	$5,225	$6,009	$6,793	$7,577	$8,361
Program Manager, Sr.	218.3	NR	E	A03	$5,879	$6,761	$7,643	$8,525	$9,407
Project Manager	218.1	NR	E	A03	$4,216	$4,838	$5,459	$6,081	$6,703
Research Associate	381.1	NR	E	B11	$2,325	$2,643	$2,961	$3,279	$3,597
Research Associate, Principal	381.3	NR	E	B11	$3,680	$4,189	$4,698	$5,207	$5,716
Research Associate, Senior	381.2	NR	E	B11	$2,927	$3,328	$3,729	$4,130	$4,531
Research Associate, Staff	381.4	NR	E	B11	$3,985	$4,533	$5,081	$5,629	$6,177
Research Clinic Lab Technologist, Chief	372.1	NR	E	C06	$3,680	$4,189	$4,698	$5,207	$5,716
Scientific Engineering Associate	310.1	NR	E	C07	$3,680	$4,189	$4,698	$5,207	$5,716
Scientific Engineering Associate, Senior	310.2	NR	E	C07	$3,985	$4,533	$5,081	$5,629	$6,177
Supervisor Admin Serv 2 - N/E	506.0	NR	NE	D01	$15.26	$17.17	$19.08	$20.99	$22.90
Supervisor Administrative Services 2	169.2	NR	E	D02	$2,722	$3,063	$3,403	$3,744	$4,084
Supervisor Administrative Services 3	169.3	NR	E	D02	$3,205	$3,606	$4,006	$4,407	$4,807
Technical Editor & Writer I	191.1	NR	E	B10	$2,280	$2,565	$2,850	$3,135	$3,420
Technical Editor & Writer II	191.2	NR	E	B10	$2,722	$3,105	$3,487	$3,870	$4,252
Technical Editor & Writer III	191.3	NR	E	B10	$3,205	$3,651	$4,096	$4,541	$4,986
Technical Editor & Writer IV	191.4	NR	E	B10	$3,772	$4,294	$4,815	$5,336	$5,856
Technical Editor & Writer V	191.5	NR	E	B10	$4,372	$5,009	$5,646	$6,283	$6,920
Technical Information Specialist 1	194.1	NR	E	B10	$2,280	$2,565	$2,850	$3,135	$3,420
Technical Information Specialist 2	194.2	NR	E	B10	$2,722	$3,105	$3,487	$3,870	$4,252
Technical Information Specialist 3	194.3	NR	E	B10	$3,205	$3,651	$4,096	$4,541	$4,986
Technical Information Specialist 4	194.4	NR	E	B10	$3,772	$4,294	$4,815	$5,336	$5,856
Technical Information Specialist 5	194.5	NR	E	B10	$4,372	$5,009	$5,646	$6,283	$6,920
Technical Manager	330.3	NR	E	A05	$5,108	$5,876	$6,643	$7,411	$8,178
Technical Superintendent	330.2	NR	E	A05	$4,260	$4,900	$5,539	$6,179	$6,818
Technical Supervisor	330.1	NR	E	A05	$3,680	$4,189	$4,698	$5,207	$5,716
Truck Driver, Lead	745.3	NR	NE	F01	$18.40	$20.70	$23.00	$25.30	$27.60

NOTE: Non exempt employees' salaries reflect hourly wage and exempt employees' salaries reflect monthly salary.
"E" indicates Exempt and "NE" indicates Non Exempt.
"R" indicates Represented and "NR" indicates Not Represented.

Attachment A2

Lawrence Berkeley Laboratory
Bldg: 938 Phone: 5245

August 23, 1994

TO: Associate Laboratory Directors
Division Directors
Division Administrators

FROM: Tom Taylor
Compensation Manager

SUBJECT: FY 1995 Non Represented Salary Review

We are sending to Division Administrators by electronic mail, the salary increase worksheets for all non scientists and engineering employees. S&E worksheets were previously distributed on August 12, 1994. Also included will be the FY 1995 salary review guidelines, administrative and technical non represented salary ranges, each division's merit budget, new job family salary ranges, and S&E appointment level pay bands.

The FY 1995 Salary Increase Authorization (SIA) of the Laboratory's June 30, 1994 payroll base for non represented Technical and Administrative was approved by DOE and adjusted as follows:

4.3%	Total SIA for Administrative and Technical exempt employees
4.2%	Total SIA for Administrative and Technical non exempt employees
	Less
0.2%	Division Director Reserve for spending across employee categories within a division
4.05%	10/1/94 merit distribution for all Administrative & Technical employees

In addition, divisions will also receive 0.25% of the total 6/30/94 payroll for all reclassifications. This amount must be kept separate from the merit allocation since we must report both spending totals to DOE.

The following are key dates for this years salary review:

August 31	S&E worksheets with P^2R, position description and performance planning/development columns completed and returned to HR
September 6 - 12	Laboratory Director/Management meeting dates to review proposed salaries
September 7	All other salary increase worksheets with P^2R, position description and performance planning/development columns completed and returned to HR
October 1	Effective date of the salary increases

Please call me x5245 should you have questions or require additional assistance.
Attachment

cc : Personnel Administrators

FY 1995 LBL NON REPRESENTED SALARY REVIEW GUIDELINES

The Fiscal Year 1995 Salary Program covering non-represented employees has been designed to:

- Reward accomplishments and contributions toward department / division and overall Lab objectives.
- Motivate high levels of productivity and performance.
- Maintain our competitive compensation position within the marketplace.

An employee's salary level and future increase are influenced by performance and competitive salary factors. Therefore, we must have a program that enables us to define and evaluate these elements and then target the appropriate salary level for each employee.

PROGRAM HIGHLIGHTS

This year's Salary Review Program includes the following key components:

PAY FOR PERFORMANCE - As in previous years, productivity and overall performance and contribution are the most important considerations in determining salary increases. Our objective is to recognize high quality work and reward it accordingly.

PERFORMANCE RATING -Any merit increase system which relates pay levels and pay programs to the performance of employees in their jobs is dependent upon performance ratings to begin with. It is the Manager's responsibility to assess individual performance and consider this level of performance in recommending salary increases.

MARKET BASED SALARY RANGES - The attached salary ranges are effective October 1, 1994. Midpoints of each salary range are positioned to reflect the 'going' rate for comparable levels of responsibility among our competitors in the job market. Thus, the midpoint establishes a "market value" for the salary range and becomes the focal point for all internal salary determinations. Based on a comparison of our current range midpoints to available market data (projected to April 1995), salary ranges have been adjusted to reflect market competitive rates across the board.

The attached salary ranges include the range minimums, midpoints and maximums. In addition, salary range quartiles are being introduced. For example, 2nd quartile is the value which equally separates the range minimum from the range midpoint.

MERIT INCREASE RECOMMENDATION - Each employee's salary, over time, should be commensurate with his/her level of performance. Assuming that the job classification has been compared to the appropriate market, and the individual position is properly classified, the two major considerations in the merit process are "current position of salary in a salary range for the job" and "performance rating". By using the merit plan matrix guidelines described later, the employee's salary, <u>over time</u>, will be in the appropriate segment of the range, based on his/her performance. Employees with demonstrated outstanding sustained performance should have salaries targeted toward the third and fourth quartiles of the respective salary ranges.

FY 1995 LBL NON REPRESENTED SALARY REVIEW GUIDELINES

1. Employees hired on or before April 1 in an eligible category are eligible for an October 1 merit increase, if they pass the six-month probationary period. Eligible categories of employees include full and part time career, term, or temporary employees. Temporary employees hired before April 1, with an expected termination date of September 30 or earlier, are not eligible. Employees hired after April 1, and employees classified as faculty, special scientists, postdocs, GSRAs, and students are not eligible.

2. To use the Merit Plan Matrix Guidelines below, locate the block on the matrix where the performance rating of the individual and the quarter in which the current salary falls intersect. Using the example below for a monthly salary range, a salary for a Material Specialist (classification code 166.1) is $2,850, and his performance rating is 'Meets'. Therefore, the salary would fall in the first quartile as minimum is $2,656 and the 2nd quartile is $2,988. The employee could receive a merit increase up to 5% of base salary (or up to $143). Please indicate a merit increase recommendation using the matrix guidelines, on the enclosed computerized worksheet, for each eligible employee in your division. Merit spending must be within the budget provided, by employee categories (i.e., Administrative Exempt and Non Exempt, and Technical Exempt and Non Exempt) for your division. As in previous years, the Division Director Reserve can be used across any of the categories. **Salary Increase Worksheets are to be returned to the Compensation Unit by September 7, 1994.**

LBL FY 1995 MERIT PLAN MATRIX GUIDELINES

SALARY RANGE POSITION

	1st Quartile	2nd Quartile	3rd Quartile	4th Quartile
Performance				
Exceeds	up to 9.0%	up to 7.0%	up to 6.0%	up to 5.0%
Meets	up to 5.0%	up to 4.0%	up to 3.0%	Up to 3.0%
Improvement Needed	0%	0%	0%	0%

Minimum Midpoint Maximum

The Merit Plan Matrix guidelines gives you a range of increase percentages with which to work. These are only guidelines and it is understood that there will be other factors which influence the salary recommendation. (NOTE: This Merit Plan Matrix was developed based on modeling a sample population of LBL employees, using last year's performance ratings.)

3. Performance rating should be based on the employee's achievements and performance in the current position for the July 1, 1993 through June 30, 1994 review period, and not relative to his/her potential, education, or experience.

4. Several other factors must be given consideration before the salary recommendation is finalized:

- Salary administration must be nondiscriminatory and consistent with the objectives of our Affirmative Action Policy and Guidelines.

FY 1995 LBL NON REPRESENTED SALARY REVIEW GUIDELINES

- Salary relationships with peers, supervisors, and subordinates should be equitable.

- Salary history, particular date, amounts since last increase may be considered. For instance, if the employee received a post- October reclassification salary increase due to an increase in job responsibilities, that may have some bearing on the salary recommendation for this review.

5. Divisions are required to provide written justification for all salary increases of 10% or greater or for proposed salaries of $100,000 ($8,334 monthly) or greater. This is the new DOE approval level. Justifications should be in the form of a memo and submitted no later than September 12, 1994 to Human Resources.

6. Along with the Proposed Salary and Proposed Classification (for any 10/1/94 reclassification) columns, there are four other columns that require input. These include the date P^2R was signed by the employee, the performance rating, the date the position description was last updated as indicated on the form and whether Part V. Performance Planning and Development was completed (Yes or No). These columns are part of the validation process for this year's UC/DOE Performance Measures and must be completed prior to approval of the FY 1995 salary increases.

Please input monthly salaries for exempt employees and hourly salaries for non exempt employees. Note that the columns "$ Increase" and "% Increase" contain formulas which automatically calculate the dollar increase and percent increase for each employee once the proposed monthly or hourly salary has been inserted. Dual Rated employees are listed separately at the bottom of each worksheet.

GUIDANCE FOR PREPARING REQUESTS RECLASSIFICATION - Requests for reclassifications should be submitted for the October review to the Division's Staffing Specialist. The package should include an updated Position Description, and a Salary Action form. Both forms are available in the AppleShare WKSG-50b zone WKSG Server & Public Access: LBL Forms: Reclass forms. Personnel Action Forms (PAFs) are not required for the October review, but will be required for all post-October cases that request a change in salary or classification. Reclassification requests for October 1 are due to the Staffing Unit by **September 7, 1994.**

POST-OCTOBER ACTIONS - The annual salary review is intended to be a once-a-year, focal date assessment of each eligible employee's salary and classification. Divisions are therefore urged to spend the majority of their total merit allocation during the October Salary Review and recommend a minimum of salary recommendations outside of the October Review.

Reclassification requests will continue to be reviewed throughout the year by Human Resources with the effective date usually the first of the month following receipt of request.

FY 1995 LBL NON REPRESENTED SALARY REVIEW GUIDELINES

For further information or questions regarding the salary review process and procedures, please contact the Compensation Unit as follows:

Tom Taylor (Manager)	Ext. 5245
Kari Bast	Ext. 4389
Delores Gaines	Ext. 6747
Rafael Gonzales	Ext. 6750
Kent Ryden	Ext. 6928
Carrie Joy	Ext. 4100

If you have questions regarding reclassification requests, contact your Staffing Specialist, as follows:

Karl Olsen (Acting Manager)	Ext. 5077
Mary Bishop	Ext. 5557
Norm Budman	Ext. 5520
Michael Goldstein	Ext. 6748
Mary Anne Holman	Ext. 5398

LBL FY 1995
SALARY RANGES
NON REPRESENTED CLASSIFICATIONS

Code	Job Title	Salary Ranges Minimum	2nd Quartile	Midpoint	3rd Quartile	Maximum
166.1	Material Specialist	$2,656	$2,988	$3,320	$3,652	$3,984
167.2	Administrator 2	2,656	2,988	3,320	3,652	3,984
167.3	Administrator 3	3,126	3,517	3,908	4,299	4,690
167.4	Administrator 4	3,680	4,140	4,600	5,060	5,520
167.5	Administrator 5	4,265	4,849	5,433	6,017	6,601
168.2	Administrative Specialist 2	2,656	2,988	3,320	3,652	3,984
168.3	Administrative Specialist 3	3,126	3,517	3,908	4,299	4,690
168.4	Administrative Specialist 4	3,680	4,140	4,600	5,060	5,520
168.5	Administrative Specialist 5	4,265	4,849	5,433	6,017	6,601
169.2	Supervisor Administrative Services 2	2,656	2,988	3,320	3,652	3,984
169.3	Supervisor Administrative Services 3	3,126	3,517	3,908	4,299	4,690
180.3	Occupational Health Nurse III	3,699	4,245	4,790	5,336	5,881
191.1	Technical Editor & Writer I	2,280	2,565	2,850	3,135	3,420
191.2	Technical Editor & Writer II	2,388	2,854	3,320	3,786	4,252
191.3	Technical Editor & Writer III	2,830	3,369	3,908	4,447	4,986
191.4	Technical Editor & Writer IV	3,341	3,970	4,599	5,227	5,856
191.5	Technical Editor & Writer V	3,946	4,690	5,433	6,177	6,920
194.1	Technical Information Specialist I	2,280	2,565	2,850	3,135	3,420
194.2	Technical Information Specialist II	2,388	2,854	3,320	3,786	4,252
194.3	Technical Information Specialist III	2,830	3,369	3,908	4,447	4,986
194.4	Technical Information Specialist IV	3,341	3,970	4,599	5,227	5,856
194.5	Technical Information Specialist V	3,946	4,690	5,433	6,177	6,920
198.1	Division Director	8,592	9,875	11,158	12,441	13,724
199.1	Management I	4,855	5,580	6,305	7,030	7,755
199.2	Management II	6,267	7,203	8,139	9,075	10,011
199.3	Management III	7,207	8,284	9,360	10,437	11,513
280.1	Patent Advisor I	3,680	4,140	4,600	5,060	5,520
280.2	Patent Advisor II	4,265	4,849	5,433	6,017	6,601
280.3	Patent Advisor III	4,855	5,580	6,305	7,030	7,755
302.1	Electronics Engineering Associate	3,451	3,924	4,396	4,869	5,341
302.2	Electronics Engineering Associate, Senior	3,981	4,479	4,977	5,475	5,972
306.1	Mechanical Engineering Associate	3,451	3,924	4,396	4,869	5,341
306.2	Mechanical Engineering Associate, Senior	3,981	4,479	4,977	5,475	5,972
308.1	Plant/Facilities Engineering Associate	3,451	3,924	4,396	4,869	5,341
308.2	Plant/Facilities Engineering Associate, Senior	3,981	4,479	4,977	5,475	5,972
310.1	Scientific/Engineering Associate	3,451	3,924	4,396	4,869	5,341
310.2	Scientific Engineering Associate, Senior	3,981	4,479	4,977	5,475	5,972

LBL FY 1995
SALARY RANGES
NON REPRESENTED CLASSIFICATIONS

Code	Job Title	Salary Ranges Minimum	2nd Quartile	Midpoint	3rd Quartile	Maximum
330.1	Technical Supervisor	3,553	4,027	4,500	4,984	5,468
330.2	Technical Superintendent	4,091	4,706	5,320	5,935	6,549
330.3	Technical Manager	4,950	5,694	6,437	7,181	7,924
345.0	Assistant Fire Chief	3,719	4,278	4,836	5,395	5,953
345.1	Fire Chief	4,500	5,176	5,852	6,528	7,204
372.1	Chief Research Clinic Lab Technologist	3,311	3,834	4,357	4,880	5,403
374.1	Accelerator Operator	2,099	2,580	3,060	3,541	4,021
374.2	PrincipalAccelerator Operator	2,967	3,485	4,003	4,521	5,038
374.3	Accelerator Operations Supervisor	3,301	3,929	4,556	5,184	5,811
381.1	Research Associate	2,214	2,517	2,820	3,123	3,426
381.2	Senior Research Associate	2,788	3,170	3,551	3,933	4,315
381.3	Principal Research Associate	3,451	3,924	4,396	4,869	5,341
567.1	Administrator 1	12.72	14.23	15.74	17.25	18.75
568.1	Administrative Specialist 1	12.72	14.23	15.74	17.25	18.75
700.1	Drafter I	12.88	14.82	16.75	18.69	20.62
700.2	Design/Drafter II	14.40	16.56	18.72	20.88	23.04
700.3	Designer III	17.71	20.37	23.03	25.69	28.35
702.1	Electrical Engineering Technologist I	12.88	14.82	16.75	18.69	20.62
702.2	Electrical Engineering Technologist II	14.40	16.56	18.72	20.88	23.04
702.3	Electrical Engineering Technologist III	16.10	18.52	20.93	23.35	25.76
706.1	Mechanical Engineering Technologist I	12.88	14.82	16.75	18.69	20.62
706.2	Mechanical Engineering Technologist II	14.40	16.56	18.72	20.88	23.04
706.3	Mechanical Engineering Technologist III	16.10	18.52	20.93	23.35	25.76
707.1	Mechanical Engineering Machinist Assistant I	12.88	14.82	16.75	18.69	20.62
707.2	Mechanical Engineering Machinist II	14.40	16.56	18.72	20.88	23.04
707.3	Mechanical Engineering Machinist III	17.71	20.37	23.03	25.69	28.35
720.0	Lead Technologist	17.71	20.37	23.03	25.69	28.35
730.0	Engineering Assistant	10.56	12.29	14.02	15.75	17.48
730.1	Engineering Assistant, Senior	12.10	14.21	16.32	18.43	20.53
730.2	Assistant Technical Coordinator	14.36	16.55	18.74	20.92	23.11
730.3	Assistant Tech. Coordinator, Senior	16.51	19.18	21.85	24.52	27.19
731.1	Medical Laboratory Technologist I	16.10	18.52	20.93	23.35	25.76
731.2	Medical Laboratory Technologist II	17.71	20.37	23.03	25.69	28.35

LBL FY 1995
SALARY RANGES
NON REPRESENTED CLASSIFICATIONS

Code	Job Title	Salary Ranges Minimum	2nd Quartile	Midpoint	3rd Quartile	Maximum
740.1	Radiation Safety Technician	10.56	12.29	14.02	15.75	17.48
740.2	Radiation Safety Technician, Senior	12.88	14.82	16.75	18.69	20.62
740.3	Radiation Safety Technician, Principal	14.36	16.55	18.74	20.92	23.11
741.1	Health/Safety Technician	10.56	12.29	14.02	15.75	17.48
741.2	Health/Safety Technician, Senior	12.88	14.82	16.75	18.69	20.62
741.3	Health/Safety Technician, Principal	14.36	16.55	18.74	20.92	23.11
741.4	Health/Safety Technician, Specialist	16.51	19.18	21.85	24.52	27.19
744.1	Animal Technician 1	9.50	11.06	12.61	14.17	15.72
744.2	Animal Technician 2	10.76	12.70	14.63	16.56	18.49
744.3	Animal Technician 3	12.92	14.89	16.87	18.84	20.81
745.3	Lead Truck Driver	16.10	18.52	20.93	23.35	25.76
757.1	Digital Computer Operator	10.56	12.29	14.02	15.75	17.48
757.2	Digital Computer Operator, Senior	12.10	14.21	16.32	18.43	20.53
757.3	Digital Computer Operator, Principal	14.36	16.55	18.74	20.92	23.11
757.4	Digital Computer Operator, Specialist	16.51	19.18	21.85	24.52	27.19
759.1	Computing Technician	10.56	12.29	14.02	15.75	17.48
759.2	Computing Technician, Senior	12.10	14.21	16.32	18.43	20.53
759.3	Computing Technician, Principal	14.36	16.55	18.74	20.92	23.11
781.1	Graphic Arts Technician	10.56	12.29	14.02	15.75	17.48
781.2	Senior Graphic Arts Technician	11.87	13.81	15.74	17.68	19.61
781.3	Principal Graphic Arts Technician	13.33	15.52	17.72	19.91	22.10
795.1	Research Technician	10.56	12.29	14.02	15.75	17.48
795.2	Research Technician, Senior	12.10	14.21	16.32	18.43	20.53
795.3	Research Technician, Principal	14.36	16.55	18.74	20.92	23.11
795.4	Research Specialist	16.51	19.18	21.85	24.52	27.19
797.1	Technical Illustrator I	10.56	12.29	14.02	15.75	17.48
797.2	Technical Illustrator II	12.10	14.21	16.32	18.43	20.53
797.3	Technical Illustrator III	14.36	16.55	18.74	20.92	23.11
797.4	Technical Illustrator IV	16.51	19.18	21.85	24.52	27.19
798.1	Photographic Specialist I	10.56	12.29	14.02	15.75	17.48
798.2	Photographic Specialist II	12.10	14.21	16.32	18.43	20.53
798.3	Photographic Specialist III	14.36	16.55	18.74	20.92	23.11
798.4	Photographic Specialist IV	16.51	19.18	21.85	24.52	27.19

LBL FY 1995
SALARY RANGES
NEW JOB FAMILIES

Professional Category		Salary Ranges				
Code	Classification Title	Minimum	2nd Quartile	Midpoint	3rd Quartile	Maximum
220.1	Facilities Architect	$4,093	$4,697	$5,300	$5,904	$6,508
220.2	Senior Facilities Architect	4,554	5,237	5,920	6,603	7,286
220.3	Chief Facilities Architect	5,073	5,834	6,595	7,356	8,117
221.1	Facilities Civil/Structural Engineer	4,093	4,697	5,300	5,904	6,508
221.2	Senior Facilities Civil/Structural Engineer	4,554	5,237	5,920	6,603	7,286
221.3	Chief Facilities Civil/Structural Engineer	5,073	5,834	6,595	7,356	8,117
222.1	Facilities Electrical Engineer	4,093	4,697	5,300	5,904	6,508
222.2	Senior Facilities Electrical Engineer	4,554	5,237	5,920	6,603	7,286
222.3	Chief Facilities Electrical Engineer	5,073	5,834	6,595	7,356	8,117
223.1	Facilities Mechanical Engineer	4,093	4,697	5,300	5,904	6,508
223.2	Senior Facilities Mechanical Engineer	4,554	5,237	5,920	6,603	7,286
223.3	Chief Facilities Mechanical Engineer	5,073	5,834	6,595	7,356	8,117
224.1	Facilities Energy Management Engineer	4,093	4,697	5,300	5,904	6,508
224.2	Senior Facilities Energy Management Engineer	4,554	5,237	5,920	6,603	7,286
224.3	Chief Facilities Energy Management Engineer	5,073	5,834	6,595	7,356	8,117
225.1	Facilities Project Manager	4,093	4,697	5,300	5,904	6,508
225.2	Senior Facilities Project Manager	4,554	5,237	5,920	6,603	7,286
225.3	Chief Facilities Project Manager	5,073	5,834	6,595	7,356	8,117
226.2	Senior Facilities Estimator	4,554	5,237	5,920	6,603	7,286
227.1	Facilities Planner	4,093	4,697	5,300	5,904	6,508
227.2	Senior Facilities Planner	4,554	5,237	5,920	6,603	7,286
227.3	Chief Facilities Planner	5,073	5,834	6,595	7,356	8,117
230.1	Environmental Health & Safety Professional 1	2,821	3,216	3,610	4,006	4,401
230.2	Environmental Health & Safety Professional 2	3,699	4,245	4,790	5,336	5,881
230.3	Environmental Health & Safety Professional 3	4,554	5,237	5,920	6,603	7,286
230.4	Environmental Health & Safety Professional 4	5,708	6,564	7,420	8,277	9,133
260.0	Trainee, Computer Systems Engineer I	2,821	3,216	3,610	4,006	4,401
260.1	Computer Systems Engineer I	3,074	3,512	3,950	4,388	4,826
260.2	Computer Systems Engineer II	3,699	4,245	4,790	5,336	5,881
260.3	Computer Systems Engineer III	4,554	5,237	5,920	6,603	7,286
260.4	Senior Computer Systems Engineer	5,708	6,564	7,420	8,277	9,133
261.3	Computer Systems Supervisor	4,554	5,237	5,920	6,603	7,286
261.4	Computer Systems Manager	5,708	6,564	7,420	8,277	9,133
262.3	Computer Operations Supervisor	4,554	5,237	5,920	6,603	7,286
263.1	Change Control Administrator	2,639	2,969	3,299	3,629	3,959
263.2	Security/Change Control Supervisor	3,699	4,245	4,790	5,336	5,881

LBL FY 1995
SCIENTIST AND ENGINEER APPOINTMENT LEVEL PAY BANDS

Level	Band*	
	Minimum	Maximum
Post Doctoral Fellow	$2,000	$4,200
Divisional Fellow	3,350	9,300
S&E	2,800	5,600
Staff S&E	3,350	9,300
Senior Staff S&E	4,300	11,390**
Distinguished Staff S&E	Salaries to be individually evaluated.	

* Laboratory Director must approve salaries below or above pay bands.

** Tied to Regents Approval Level

LAWRENCE BERKELEY LABORATORY
Bldg.: 938A **Room:** 237 **Ext.:** 5245

November 7, 1994

TO: Division Directors
Division Administrators
[redacted]

FROM: Tom Taylor
Compensation Manager

SUBJECT: FY 1995 Represented Salary Review

We are sending to Division Administrators, by way of electronic mail, each Division's salary increase worksheet (s) with merit allocation and the FY 1995 Salary Review Guidelines for Clerical and Service Represented Employees. Following negotiations with UC and AFSCME, the FY 1995 Salary Review Program for Clerical and Service Employees includes the following authorizations of the June 30, 1994, payroll:

- 3.0% to cover all merit increases.
- 0.5% to cover all posted promotions and reclassifications.
- 1.0% for a one time, lump sum (non base building) merit payments for distribution in December.

The Clerical Unit ratified the new contract on October 31, 1994. However, as of today, the Service contract has not been ratified. We are proceeding with the salary review with the understanding that the Service Unit increases will not be effective until UC notifies us that the contract has been ratified.

In addition to the general information contained in the guidelines, I am highlighting the following changes in this year's program.

I. Eligibility for a retroactive October 1, 1994, merit increase. Employees must have been hired on or before April 1, 1994, and on the active payroll in the Clerical or Service Unit on the date each respective contract has been ratified (i.e., Clerical Unit contract was ratified on October 31, 1994) to be eligible for a retroactive October 1 merit increase. Employees who terminated or were promoted into a non represented classification before the contract ratification date are not eligible.

II. Eligibility for a one time, lump sum (non base building) merit payment. Employees must have been hired on or before April 1, 1994, and on the active payroll in the Clerical or Service Unit on December 1, 1994, to be eligible for the lump sum merit payment. Payments will be calculated by taking 1.0% of the employee's new annualized hourly base rate as of October 1, 1994.

Eligible employees who were less than full time employees as of October 1, 1994, will receive a prorated payment based on the percent of time worked. Employees must also receive a minimum "meets" performance appraisal rating to receive the 1.0% lump sum merit payment.

Upon completion of the represented salary review, the Compensation Unit will provide each Division with a list of calculated lump sum merit payments for your review. It is our goal to provide a separate payroll check to you for distribution before the holiday shutdown. The lump sum merit payment will be subject to normal tax withholdings.

III. Reclassification/posted promotion allocations. An allocation (0.5% of payroll) for Clerical and Service employees will be held centrally. Typically, up to 5% of salary can be charged to this allocation for each approved reclassification or posted promotion. If Divisions wish to request more than 5%, they must include a written rationale as part of the reclassification request. When requesting a reclassification as part of the represented salary review for October 1, 1994, Divisions must designate the amount to be charged to both the merit and reclassification actions. All proposed October 1, 1994, reclassifications must be delivered to their Staffing Specialist by **November 18th.** Reclassifications received after that date will be effective the first of the month following receipt by HR.

IV. Merit Plan Matrix Guidelines. Similar to non represented employees, a merit plan matrix has been developed for merit increase recommendations. Please note that employees must have a performance appraisal rating of "meets" or "exceeds" to be eligible for a October 1, merit increase. Employees with "needs improvement" or "I" rating are not eligible.

Please return the completed worksheet to the Compensation Unit, by electronic mail, no later that **November 18, 1994.** If using a Macintosh our quick mail address is "Compensation, Compensation". If there are any discrepancies in the worksheet, please contact Carrie at ext. 4100. Please remember that we will not accept any worksheet with proposed merit increases that exceed the Division's merit allocation.

Please call your Staffing Specialist or me at ext. 5245 should you have any questions regarding this review.

Attachments:

FY 1995 Represented Salary Review Guidelines
Worksheet (s) with merit allocation (s)

cc: Klaus Berkner
Walter Blount
Staffing Specialists
Personnel Administrators

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FY 1995 LBL SALARY REVIEW GUIDELINES FOR CLERICAL AND SERVICE REPRESENTED EMPLOYEES

The Fiscal Year 1995 Salary Program covering represented employees has been designed to:

- Reward accomplishments and contributions toward department / division and overall Lab objectives.
- Motivate high levels of productivity and performance.
- Maintain our competitive compensation position within the marketplace.

An employee's salary level and future increase are influenced by performance and competitive salary factors. Therefore, we must have a program that enables us to define and evaluate these elements and then target the appropriate salary level for each employee.

PROGRAM HIGHLIGHTS

This year's Salary Review Program includes the following key components:

PAY FOR PERFORMANCE - As in previous years, productivity and overall performance and contribution are the most important considerations in determining salary increases. Our objective is to recognize high quality work and reward it accordingly.

PERFORMANCE RATING -Any merit increase system which relates pay levels and pay programs to the performance of employees in their jobs is dependent upon performance ratings to begin with. It is the Manager's responsibility to assess individual performance and consider this level of performance in recommending salary increases.

MARKET BASED SALARY RANGES - The attached salary ranges are effective October 1, 1994. Midpoints of each salary range are positioned to reflect the 'going' rate for comparable levels of responsibility among our competitors in the job market. Thus, the midpoint establishes a "market value" for the salary range and becomes the focal point for all internal salary determinations.

The attached salary ranges include the range minimums, midpoints and maximums. In addition, salary range quartiles are being introduced. For example, 2nd quartile is the value which equally separates the range minimum from the range midpoint.

MERIT INCREASE RECOMMENDATION - Each employee's salary, over time, should be commensurate with his/her level of performance. Assuming that the job classification has been compared to the appropriate market, and the individual position is properly classified, the two major considerations in the merit process are "current position of salary in a salary range for the job" and "performance rating". By using the merit plan matrix guidelines described later, the employee's salary, <u>over time</u>, will be in the appropriate segment of the range, based on his/her performance. Employees with demonstrated outstanding sustained performance should have salaries targeted toward the third and fourth quartiles of the respective salary ranges.

FY 1995 LBL SALARY REVIEW GUIDELINES FOR CLERICAL AND SERVICE REPRESENTED EMPLOYEES

1. Employees hired on or before April 1 in an eligible category are eligible for an October 1 merit increase, if they pass the six-month probationary period. Eligible categories of employees include full and part time career, term, or temporary employees as well as indeterminate time represented employees. VERIP retirees are ineligible. **Employees must also be on the active payroll and in the clerical or service unit on the date each respective contract has been ratified** (i.e., Clerical Unit contract was ratified on October 31, 1994) **to be eligible for retroactive October 1, 1994 merit increases.**

2. To use the Merit Plan Matrix Guidelines below, locate the block on the matrix where the performance rating of the individual and the quartile in which the current salary falls intersect. Using the example below for an hourly salary range, a salary for a Material Handler (classification code 566.1) is $13.00, and his performance rating is 'Meets'. Therefore, the salary would fall in the third quartile as the midpoint is $12.40 and the 3rd quartile is $13.57. The employee could receive a merit increase up to 2.0% of base salary (or up to $0.26 to $13.26). Please indicate a merit increase recommendation using the matrix guidelines, on the enclosed computerized worksheet, for each eligible employee in your division. Merit spending must be within the budget allocation provided, by employee categories (i.e., Clerical and Service) for your division. **Salary Increase Worksheets are to be returned to the Compensation Unit by November 18, 1994.**

LBL FY 1995 MERIT PLAN MATRIX GUIDELINES* FOR CLERICAL AND SERVICE REPRESENTED EMPLOYEES

SALARY RANGE POSITION

	1st Quartile	2nd Quartile	3rd Quartile	4th Quartile
Performance				
Exceeds	up to 6.0%	up to 5.0%	up to 4.0%	up to 3.0%
Meets	up to 4.0%	up to 3.0%	up to 2.0%	Up to 1.5%
Improvement Needed	0%	0%	0%	0%

Minimum Midpoint Maximum

* Merit increase percentages are valid for 3% budget.

The Merit Plan Matrix guidelines gives you a range of increase percentages with which to work. These are only guidelines and it is understood that there will be other factors which influence the salary recommendation. Please note that employees must have a performance appraisal rating of "meets" or "exceeds" to be eligible for a October 1, merit increase. Employees with "needs improvement" or "I" rating are not eligible.

3. Performance rating should be based on the employee's achievements and performance in the current position for the July 1, 1993 through June 30, 1994 review period, and not relative to his/her potential, education, or experience.

FY 1995 LBL SALARY REVIEW GUIDELINES FOR CLERICAL AND SERVICE REPRESENTED EMPLOYEES

4. Several other factors must be given consideration before the salary recommendation is finalized:

- Salary administration must be nondiscriminatory and consistent with the objectives of our Affirmative Action Policy and Guidelines.
- Salary relationships with peers, supervisors, and subordinates should be equitable.
- Salary history, particular date, amounts since last increase may be considered. For instance, if the employee received a post- October reclassification salary increase due to an increase in job responsibilities, that may have some bearing on the salary recommendation for this review.

5. **EXCEPTIONAL MERIT INCREASES** - Divisions are required to provide written justification for all merit increases of 10% or greater. Justifications should be in the form of a memo and submitted no later than November 18, 1994 to Human Resources.

Note that the worksheet columns "$ Increase" and "% Increase" contain formulas which automatically calculate the dollar increase and percent increase for each employee once the proposed hourly salary has been inserted. Represented hourly salaries are noted in dollars and cents and should not be rounded. Dual Rated employees are listed separately at the bottom of each worksheet.

LUMP SUM (NON BASE BUILDING) MERIT PAYMENT - Employees must meet three criteria in order to be eligible for a lump sum merit payment. First, employees must have been **hired on or before April 1** in an eligible category. Eligible categories of employees include full and part time career, term, or temporary employees as well as indeterminate time represented employees. VERIP retirees are ineligible. Second, employees must also be on the active payroll and in the clerical or service unit on **December 1, 1994** to be eligible for the lump sum merit payment. Third, employees must also receive a minimum "meets" performance appraisal rating to receive the 1.0% lump sum merit payment.

Payments will be calculated by taking 1.0% of the employee's new annualized hourly base rate as of October 1, 1994. Eligible employees who were less than full time employees as of October 1, 1994, will receive a prorated payment based on the percent of time worked. For example if a full-time employee earns $13.26 per hour after the salary review on October 1, 1994, the calculation would be as follows: 13.26 x 174 (number of working hours per month) x 12 (number of months per year) for an annualized rate of $27,686.88. One percent of $27,686.88 yields a lump sum award of $276.87. If an employee earned $13.26 per hour and was appointed 25% time, the lump sum would equal $69.22.

Upon completion of the represented salary review, the Compensation Unit will provide each Division with a list of calculated lump sum merit payments for your review. It is our goal to provide a separate payroll check to employees for distribution before the holiday shutdown. The lump sum merit payment will be subject to normal tax withholdings.

FY 1995 LBL SALARY REVIEW GUIDELINES FOR CLERICAL AND SERVICE REPRESENTED EMPLOYEES

GUIDANCE FOR PREPARING REQUESTS RECLASSIFICATION - Requests for reclassifications should be submitted for the October review to the Division's Staffing Specialist. The package should include an updated Position Description, and a Salary Action form. Both forms are available in the AppleShare WKSG-50b zone WKSG Server & Public Access: LBL Forms: Reclass forms. Personnel Action Forms (PAFs) are not required for the October review, but will be required for all post-October cases that request a change in salary or classification. Reclassification requests for October 1 are due to the Staffing Unit by **November 18, 1994.** Reclassifications received after that date will be effective the first of the month following receipt by HR.

RECLASSIFICATION / PROMOTION ALLOCATION - One half of one percent (0.50%) of payroll base for Clerical and Service employees will be held centrally for reclassifications and promotions. Typically, up to 5% will be funded for either a reclassification or a promotion. When requesting reclassifications or promotions, divisions need to designate exact dollar amount charged to reclassification / promotion allocation and exact dollar amount charged to merit increase fund. If Divisions wish to request more than 5%, they must include a written rationale as part of the reclassification request.

DUAL RATED EMPLOYEES - Dual rated employees are eligible for merit increases up to but not exceeding the percentage increase used for their primary classification. For example if an employee receives a 4% increase in their primary classification, then the increase for their dual rated classification cannot exceed 4%.

OUT-OF-CLASS ASSIGNMENTS - All merit increases for employees currently receiving a pay differential for out-of-class assignment must be handled separately and not on the worksheet. Two PAF's are required, one PAF to reflect the merit increase and another PAF to reflect the current out-of-class salary.

POST-OCTOBER ACTIONS - The annual salary review is intended to be a once-a-year, focal date assessment of each eligible employee's salary and classification. Divisions are therefore urged to spend the majority of their total merit allocation during the October Salary Review and recommend a minimum of salary recommendations outside of the October Review.

Reclassification requests will continue to be reviewed throughout the year by Human Resources with the effective date usually the first of the month following receipt of request.

For further information or questions regarding the salary review process and procedures, please contact the Compensation Unit as follows:

Tom Taylor (Manager)	Ext. 5245
Kari Bast	Ext. 4389
Rafael Gonzales	Ext. 6750
Kent Ryden	Ext. 6928
Carrie Joy	Ext. 4100

If you have questions regarding reclassification requests, contact your Staffing Specialist, as follows:

Mary Bishop	Ext. 5557
Norm Budman	Ext. 5520
Mary Anne Holman	Ext. 5398

LBL FY 1995
REPRESENTED SALARY RANGES

CLERICAL

Code	Job Title	Minimum	2nd Quartile	Midpoint	3rd Quartile	Maximum
518.1	Administrative Services 1	$8.20	$8.90	$9.60	$10.30	$11.00
518.2	Administrative Services 2	9.15	9.94	10.73	11.51	12.30
518.3	Administrative Services 3	10.30	11.25	12.20	13.15	14.10
518.4	Administrative Services 4	12.00	13.06	14.13	15.19	16.25
518.5	Administrative Services 5	13.85	15.08	16.30	17.53	18.75
519.1	Supervisor Administrative Services 1	13.85	15.08	16.30	17.53	18.75
642.0	Dispatcher, Emergency Comm.	12.30	13.40	14.50	15.60	16.70

SERVICE

(Subject to notification from UC that AFSCME has ratified the new agreement.)

Code	Job Title	Minimum	2nd Quartile	Midpoint	3rd Quartile	Maximum
566.1	Material Handler 1	$10.04	$11.22	$12.40	$13.57	$14.75
566.2	Material Handler 2	11.65	12.76	13.87	14.97	16.08
566.3	Material Handler 3	12.17	13.49	14.81	16.13	17.45
630.1	Custodian	10.04	11.22	12.40	13.57	14.75
630.2	Senior Custodian	10.85	12.14	13.42	14.71	15.99
630.3	Assistant Custodian Supervisor	11.65	12.76	13.87	14.97	16.08
724.1	Technical Assistant 1	9.25	10.30	11.35	12.40	13.45
724.2	Technical Assistant 2	10.04	11.22	12.40	13.57	14.75
737.1	Garage Attendant	10.85	12.14	13.42	14.71	15.99
738.1	Bus Driver	10.85	12.14	13.42	14.71	15.99
738.2	Lead Bus Driver	13.38	14.94	16.49	18.05	19.60
739.1	Vehicle Mechanic	16.25	17.89	19.53	21.16	22.80
739.2	Diesel/Forklift Mechanic	17.29	18.80	20.32	21.83	23.34
739.3	Lead Vehicle Mechanic	18.59	20.21	21.83	23.45	25.07
745.1	Truck Driver, Light	13.38	14.94	16.49	18.05	19.60
745.2	Truck Driver	16.25	17.89	19.53	21.16	22.80
783.1	Printer 1	9.25	10.30	11.35	12.40	13.45
783.2	Printer 2	10.85	12.14	13.42	14.71	15.99
783.3	Printer 3	12.17	13.49	14.81	16.13	17.45
783.4	Printer 4	13.38	14.94	16.49	18.05	19.60
784.1	Print Room Operator	8.07	8.82	9.57	10.32	11.07
784.2	Print Room Operator, Senior	9.25	10.30	11.35	12.40	13.45
784.3	Print Room Operator, Principal	10.85	12.14	13.42	14.71	15.99
784.4	Print Room Camera Operator	12.17	13.49	14.81	16.13	17.45
791.1	Plant Assistant 1	10.85	12.14	13.42	14.71	15.99
791.2	Plant Assistant 2	13.38	14.94	16.49	18.05	19.60
799.3	General Helper	6.50	7.10	7.69	8.29	8.88

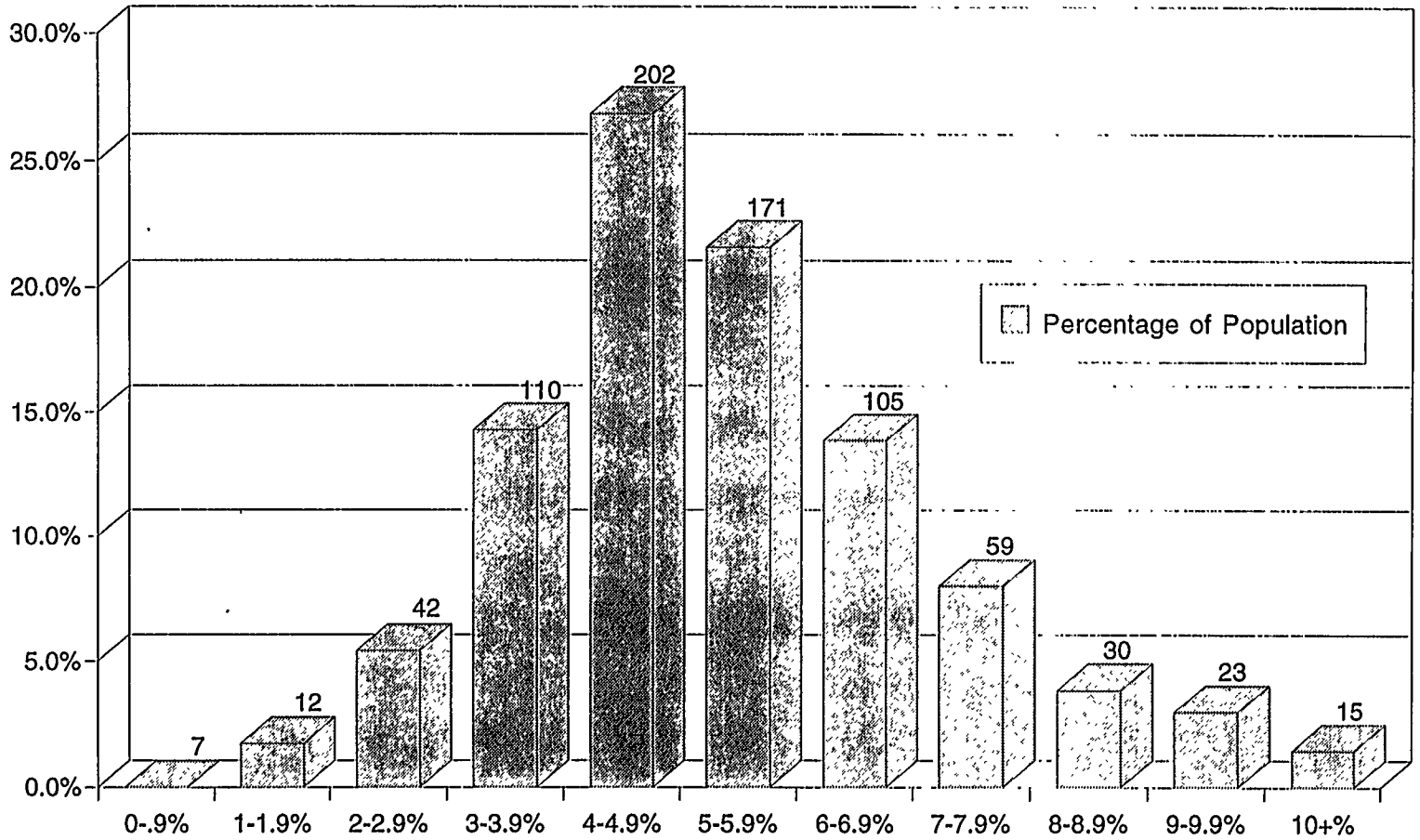
1.3.b Effectiveness of Implementation of Market Based Pay Policy

			LBL Pop	Midpoint	LBNL Avg	% WITHIN Midpoint	+ or - 5% of Control
1	310.2	Scientific Engineering Associate, Senior	17	$4,977	$5,380	8%	NO
2	306.1	Mechanical Engineering Associate	28	$4,396	$4,749	8%	NO
3	720.0	Lead Technologist	17	$23.03	$24.79	8%	NO
4	330.2	Technical Superintendent	13	$5,320	$5,677	7%	NO
5	230.2	Environmental Health & Safety Professional 2	31	$4,790	$5,080	6%	NO
6	330.1	Technical Supervisor	32	$4,511	$4,761	6%	NO
7	199.2	Management II	17	$8,139	$7,658	-6%	NO
8	381.3	Research Associate, Principal	43	$4,396	$3,990	-9%	NO
9	381.2	Research Associate, Senior	82	$3,551	$3,222	-9%	NO
10	381.1	Research Associate	83	$2,820	$2,534	-10%	NO
11	302.1	Electronics Engineering Associate	20	$4,396	$4,620	5%	YES
12	191.3	Technical Editor & Writer III	11	$3,908	$4,101	5%	YES
13	230.3	Environmental Health & Safety Professional 3	17	$5,920	$6,211	5%	YES
14	260.3	Computer Systems Engineer III	25	$5,920	$6,170	4%	YES
15	302.2	Electronics Engineering Associate, Senior	12	$4,977	$5,161	4%	YES
16	306.2	Mechanical Engineering Associate, Senior	13	$4,977	$5,160	4%	YES
17	168.5	Administrative Specialist 5	27	$5,433	$5,393	-1%	YES
18	199.1	Management 1	14	$6,305	$6,226	-1%	YES
19	167.2	Administrator 2	14	$3,320	$3,269	-2%	YES
20	260.2	Computer Systems Engineer II	45	$4,790	$4,697	-2%	YES
21	168.4	Administrative Specialist 4	49	$4,600	$4,503	-2%	YES
22	167.3	Administrator 3	27	$3,908	$3,824	-2%	YES
23	168.3	Administrative Specialist 3	44	$3,908	$3,786	-3%	YES
24	168.2	Administrative Specialist 2	24	$3,320	$3,168	-5%	YES
25	310.1	Scientific Engineering Associate	22	$4,396	$4,186	-5%	YES
26	260.1	Computer Systems Engineer I	23	$3,950	$3,743	-5%	YES

RESULTS: 61.5% OF LBNL CLASSIFICATION AVERAGES FALL WITHIN +- 5% OF MIDPOINT CONTROL

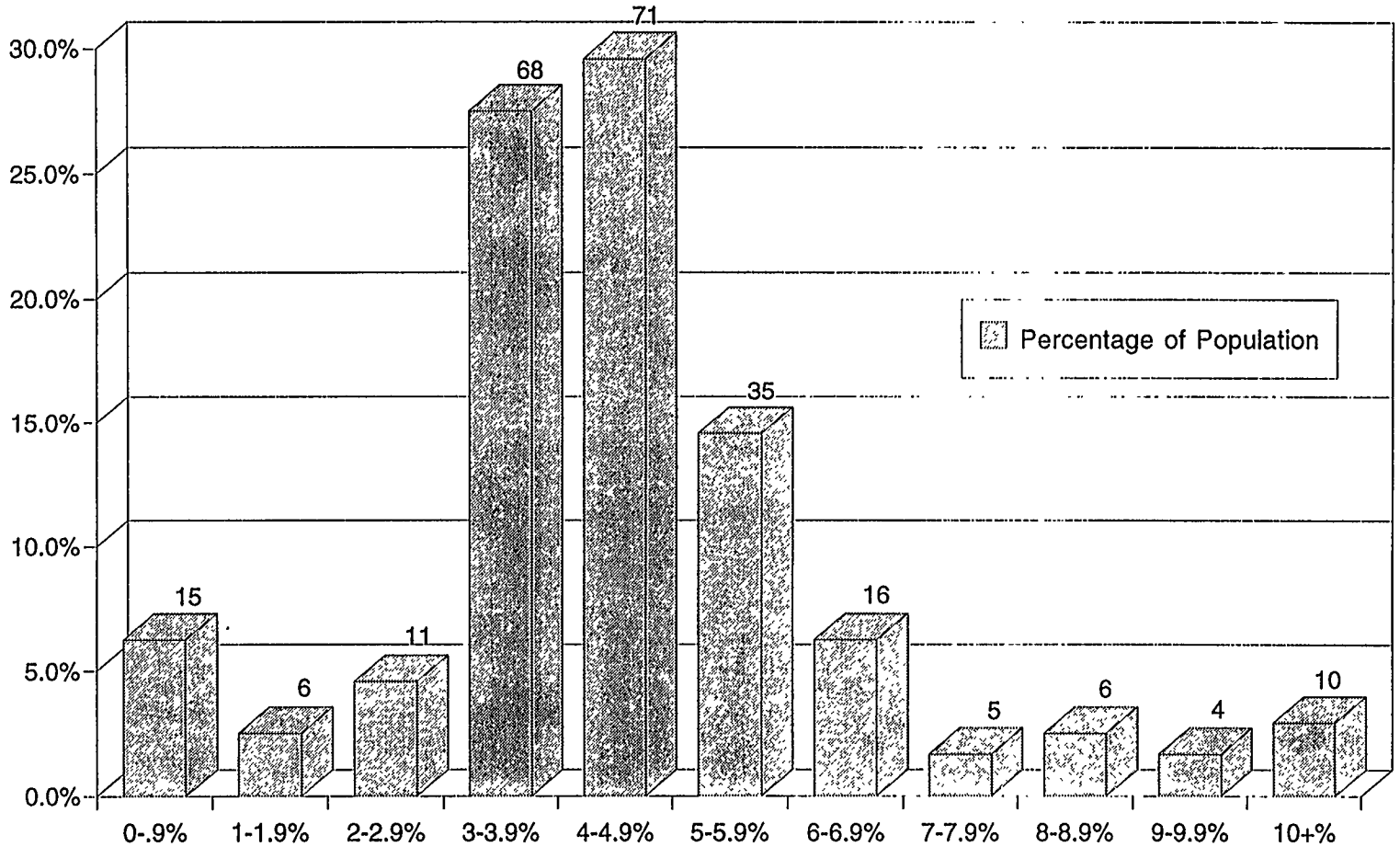
8/16/95

FY1995 S&E Increase Distribution



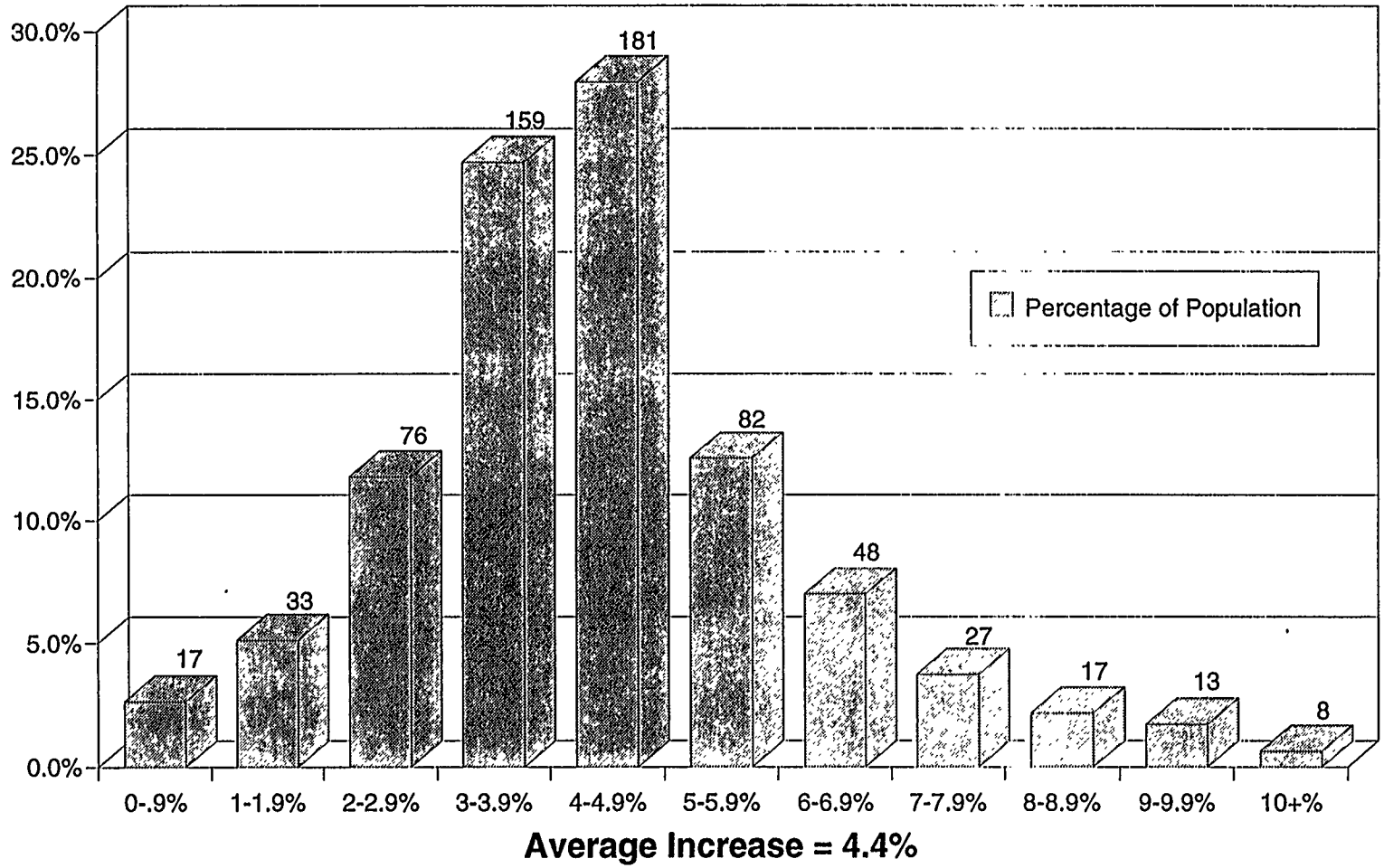
Average Increase = 5.3%

FY1995 Administrative Increase Distribution



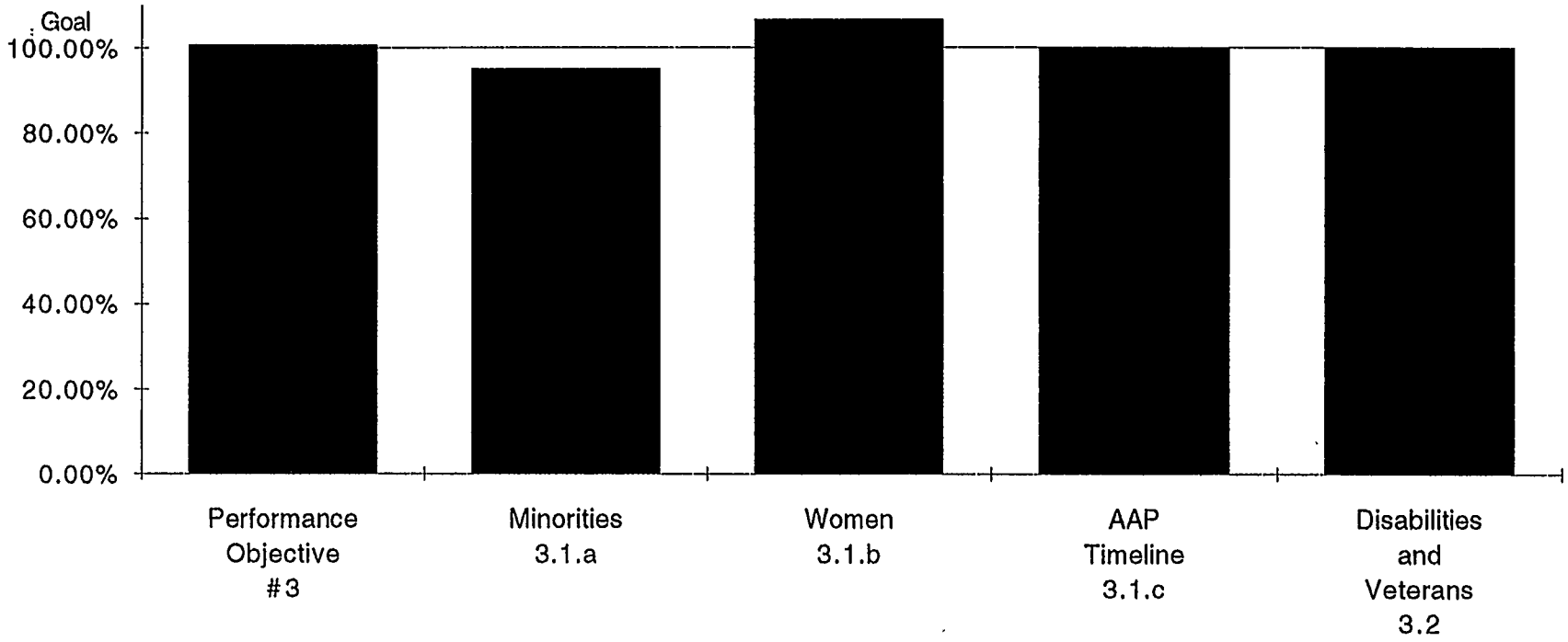
Average Increase = 4.5%

FY1995 Technical Increase Distribution



Average Increase = 4.4%

Performance Objective #3



Performance Objective #3

Score: 100%

The score for this measure is derived from the aggregate performance results of the following sub-measures. Refer to **Attachment I** for the graphic presentation.

3.1, Employment of Women and Minorities, (18 of 20%)

- 3.1.a, Employment of Minorities, (8 of 20%)
- 3.1.b, Employment of Women, (8 of 20%)
- 3.1.c, Affirmative Action Plan (2 of 20%)

3.2, Employment of Individuals with Disabilities and of Veterans, (2 of 20%)

ATTACHMENT F

Lawrence Berkeley Laboratory
University of California Berkeley, California 94720
(510) 486-4000

March 30, 1995

VIA COURIER

Susan Thomas, Esq.
University Counsel
Office of President
University of California, 7th Floor
300 Lakeside Drive
Oakland, CA 94612

Dear Susan:

Please find attached a copy of the 1995 Affirmative Action Program for the Lawrence Berkeley Laboratory. If you have any questions or concerns about the Program, please contact Gail Kato at (510) 486-6588 or me at (510) 486-4130.

Sincerely,

Harry Reed
Head
Work Force Diversity Office

Attachments

c: Executive Director Carmen Estrada (w/o Attachments)
Deputy Director Pier Oddone (w/o Attachments)

ATTACHMENT F

OFFICE OF THE GENERAL COUNSEL
300 LAKESIDE DRIVE, 7TH FLOOR
OAKLAND, CALIFORNIA 94612-3565
(510) 987-9800 FAX (510) 987-9757

May 17, 1995

WORK FORCE DIVERSITY OFFICE
RECEIVED
MAY 23 1995
LBL

IN STRICT CONFIDENCE/
ATTORNEY-CLIENT PRIVILEGE

PERSONNEL DIRECTOR HARRY REED
Work Force Diversity Office
LBL

Re: Lawrence Berkeley Laboratory
1995 Affirmative Action Program

I have completed my legal review of the Lawrence Berkeley Laboratory 1995 Affirmative Action Program. I discussed with Gail Kato by telephone on May 8, 1995 my comments regarding the Program, most of which were editorial rather than substantive, and none of which affect the legal adequacy of the plan. My few substantive comments are noted below.

Before turning to those comments, I would like to congratulate you and your staff for your excellent work on this plan. The Program contains all components required of an acceptable written affirmative action plan under applicable law and regulations. It is organized and presented in such a manner that it should enable hiring authorities to understand the Laboratory's overall affirmative action objectives, the Laboratory's current posture relative to those objectives, and encourage them to move forward in accomplishing those objectives. As is apparent in this Program, the plan is working as an effective tool in moving the Laboratory toward its long-term affirmative action goals.

My few substantive comments regarding the plan are as follows:

The fourth paragraph on page 7-6 indicates that records maintained by the Human Resources Department "will show whether a practice has had an adverse impact on any group protected by Title VII or other relevant Federal and State laws..." (Emphasis added.) As written, this implies that the Laboratory conducts adverse impact analyses for all groups protected by State or Federal law against discrimination. In fact, the Laboratory is required by law to conduct adverse impact analyses with respect to selection procedures only for women and minorities. To avoid being held accountable for doing more than is required, I would

suggest that clause "or other relevant Federal and State laws" be deleted.

The first paragraph on page 7-8 indicates that no applicant may "be selected for appointment in preference to a more qualified applicant on the basis of race, color, religion, sex, marital status, national origin, disability or handicap, mental condition, status as a Vietnam era veteran or disabled veteran or, within the limits imposed by law, DOE, or University regulations, because of age or citizenship." This statement may create confusion as to those protected groups entitled to affirmative action. In fact, affirmative action applies only to women, minorities, the disabled, and covered veterans. To avoid any such confusion, I would suggest that the statement be revised to read, "...be selected for appointment in preference to a more qualified applicant on the basis of race, color, religion, national origin, sex, disability, or status as a Vietnam-era or special disabled veteran."

The second paragraph on page 7-9 indicates that "No person over age 70 shall be appointed by the Laboratory/University of California except as provided by the standing orders of The Regents and regulations established by the President of the University of California." I have confirmed with University Counsel Susan Thomas that this stated policy is contrary to the law. Effective November 18, 1994, University of California Standing Order 103.6 was revised to eliminate mandatory retirement for faculty and other University of California employees, except for bona fide executives, consistent with state and federal law. Refusal to hire an otherwise best qualified applicant for employment specifically because he/she is over age 70 would be illegal. I would suggest that the section entitled "Age Limitations" be omitted from the plan.

Finally, the information conveyed in the three paragraphs on page 14-2 indicates that the Laboratory made some real progress in 1994 in addressing underutilization. The Laboratory is to be commended -- that progress suggests that the Affirmative Action Program is an effective tool and reflects well on the Laboratory's good faith effort toward achieving its long term affirmative action goals. It is particularly noteworthy in light of my concern with respect to the 1994 AAP that the Laboratory appeared to be making little progress toward meeting its goals for people of color.

This concludes my substantive comments with respect to this Affirmative Action Program. Again, I would like to compliment

the LBL staff who prepared the Program. If you have any questions or comments regarding the above, please do not hesitate to call me at (602) 526-4789.

Penelope Daugherty
Legal Analyst

I have reviewed and concur with Ms. Daugherty's comments. Based on her assessment that the plan contains all of the components required under applicable law and regulations, it is approved as to legal form. If you have any questions or comments regarding the above, please do not hesitate to call either Ms. Daugherty or me.

Susan M. Thomas
University Counsel

cc: C. Estrada
G. Kato

ATTACHMENT F

UNIVERSITY OF CALIFORNIA

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO — SANTA BARBARA • SANTA CRUZ

J W PELTASON
President

V WAYNE KENNEDY
Senior Vice President --
Business and Finance

LOS ALAMOS UNIVERSITY OFFICE
RECEIVED
MAY 25 1995
LBL

OFFICE OF THE PRESIDENT
Employee & Labor Relations
300 Lakeside Drive
Oakland, California 94612-3550

May 19, 1995

DIRECTOR REED

Approval of the Lawrence Berkeley Laboratory 1995 Affirmative Action Program

Enclosed are comments from the Office of the General Counsel regarding the Lawrence Berkeley Laboratory 1995 Affirmative Action Program, which the OGC has approved as to legal form. Therefore, I am pleased to inform you that the plan has been approved by my office..

Please send me a final copy of the program for our files at your earliest convenience.

Carmen A. Estrada
Executive Director--
Equal Opportunity & Affirmative Action

Enclosure

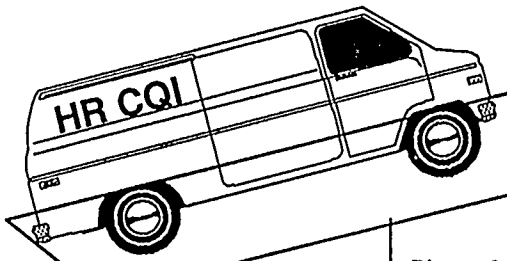
cc: Assistant Vice President Levin (w/o)
Director Mears (w/o)
Manager Toyoshima (w/o)
Coordinator Litrownik
Associate Laboratory Director Fleischman (w/o)
Department Head Inada (w/o)
EO Administrator Kato
University Counsel Thomas (w/o)
Legal Analyst Cohen (w/o)

4.2.a - HR Quality Roadmap

New Tools:
Implement New HRIS

Continuous Quality Improvement

Reduce costs
Reduce cycle times
Improve key processes, systems, and behaviors
Change relationships to consultative and partnering
Customer Focus
Teamwork



Quality Principles

Phase 1 — 5/1/95

Internal Evaluation

- Evaluate each HR function
- Conduct work analysis
- Identify primary transactions and current resources required
- Evaluate handoffs, volume, processes
- Evaluate all activities
  - LBL mandated
  - DOE mandated
  - UC mandated
  - Value added
- Identify activities that can be
  - Eliminated
  - Modified
  - Combined
  - Outsourced

Phase 2 — 6/1/95

Establishing Expectations

- Evaluate customer needs/expectations (HR strategic plan)
- Benchmark functions
- Identify inter-departmental/divisional linkages

Phase 3 — 7/15/95

Gap Analysis

- Determine most effective infrastructure
- Establish performance standards
- Evaluate staff skills and job requirements
- Determine required resources

Phase 4 — 8/15/95

Implementation

- Implement new infrastructure
- Communicate performance standards
- Implement opportunities for outsourcing
- Establish cross-training program
- Develop customer feedback mechanisms
- Quantify cost reduction

Self-Assessment Report for Fiscal Year 1995

Information Management

Lawrence Berkeley National Laboratory

Performance Characterization

LBNL performance in the areas of information management addressed by Appendix F is acceptable. LBNL has existing processes for planning and self-assessment (the Institutional Plan and the Self-Assessment Implementation Plan, respectively) that incorporate information management.

Performance Objective #1	**Information Management Program:** *The Laboratory manages information as a corporate resource to improve the quality of its products, to add value to scientific programs and customer services, and as a tool to re-engineer its work processes. Information will be made available rapidly and cost effectively and will be widely shared with the public, industrial partners and stakeholders, as appropriate.* **(Weight = 100%)**
Summary	The Laboratory meets the objective as measured by the criteria and measures specified below.
Barriers to Improvement	No shortfalls were noted.

Objective #1 Criterion 1.1	**Strategic and Tactical Planning:** *Information Management practices will be guided by programmatically coordinated strategic and tactical planning using cost management and continuous quality improvement principles.* **(Weight = 40%)**
Objective #1 Criterion 1.1 Performance Measure 1.1.a	**Planning Process Implementation:** *Implement an ongoing process of strategic planning and improvement with goals, milestones, and objectives that are consistent with the Laboratory's strategic plan.* **Agreements:** *Measurement Deliverable:* Narrative description of the Laboratory's process/system(s) for implementing strategic and tactical plans in support of the mission objectives in the Laboratory's Institutional and/or Strategic Plans. The narrative should address both programmatic and operational/administrative support. The narrative should include the Laboratory's approach to cost management and continuous quality improvement principles in relationship to information management.
Performance Measure Result	**Meets Expectations:** LBNL includes information management in the Institutional Plan process and in the DOE IM planning process. Information management is considered to be an integral part of both programs and infrastructure, and is an element of all Laboratory cost-management activities. The requested narrative description is contained in Attachment 1.

Objective #1 Criterion 1.2	**Self-Assessment Program:** *Implement an internal self-assessment program to evaluate the effectiveness of management and operational practices.* **(Weight = 20%)**
Objective #1 Criterion 1.2 Performance Measure 1.2.a	**Self-Assessment Program Development:** *Develop an IM Self-Assessment Program with schedules for assessment activities and appropriate corrective actions which can be used to compare with subsequent external reviews to measure correlation of significant findings.* **Agreements:** *Measurement Deliverable:* Narrative description of the Information Management Self-Assessment Program. The description will include the schedule of activities developed by the Laboratory, any corrective actions which resulted from self-assessments, and tables showing milestones completed vs. planned. All seven elements found in Performance Measure 1.3.b must be included. The measurement and evaluation of this area for FY95 will be based on the determination that a systematic approach is in place and deployed.
Performance Measure Result	**Meets Expectations:** The IM self-assessment program is incorporated within the overall Laboratory self-assessment program. The requested narrative description is contained in Attachment 5.

Objective #1 **Criterion 1.3**	**Compliance:** *An effective Information Management Program will comply with applicable laws, regulations, and all DOE Orders that are applicable to the information resources management programmatic requirements, and which have been accepted by the University and the Laboratory under the terms of the contract.* **(Weight = 40%)**
Objective #1 **Criterion 1.3** **Performance Measure 1.3.a**	**Appraisal and Audit Findings:** *The number of significant appraisal and audit findings of non-compliance with applicable IM requirements will be tracked and trended. (Goal is to trend toward zero.)* **Agreements:** *Measurement Deliverable:* The Laboratory demonstrates a system for tracking and trending significant appraisal and audit findings of non-compliance. All seven elements found in Performance Measure 1.3.b must be included.
Performance Measure Result	**Meets Expectations:** OAA tracks appraisal and audit findings. The one outstanding finding in the IM area is not significant. ("Significant" is taken to mean "not acceptable"; the finding is classed as "marginal.")

Objective #1 Criterion 1.3 Performance Measure 1.3.b	**Findings Milestones:** *Percent of findings within the topical areas defined below for which agreed upon scheduled milestones in corrective action plans are being met. (Target 90%)* **Agreements:** *Measurement Deliverable:* Numeric calculation of rating based on weighted average of the rating for each of the seven elements listed.
Performance Measure Result	N.A. This is not a meaningful measurement for LBNL. There are no outstanding significant findings. The one outstanding finding has a corrective action plan but is not classed as "not acceptable."
Successes/ Shortfalls	This a startup year. LBNL already had the desired processes in place.
Supporting Data	The LBNL Institutional Plan and ICSD Self-Assessment Implementation Plan.

Improvement Actions for Information Management				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates

(None.)

Planning processes for IM at LBNL

General

The Laboratory employs several complementary planning processes to accommodate its information management needs. These include several institutional processes and the use of several standing and *ad hoc* committees and working groups within the Information and Computing Sciences Division. The institutional processes are:

- the LBNL Institutional Plan
- the LBNL Integrated Facilities / Site Development Plan
- the FTP/A process
- the overhead/recharge budget processes
- the GPE/GPP processes

The Institutional Plan and Integrated Facilities Plan are medium-to-long-term strategic planning vehicles; the rest of the processes are concerned with short-to-medium-term operational planning. Each of these processes is described briefly below.

Institutional Plan

This is a formal process required of all ER Laboratories. It is administered by the Office of Planning and Communications (OPC), and is oriented towards long-term goals and major initiatives. Planning for computing resources has been included in the Institutional Plan for many years; in recent years that has been expanded to include more general information management planning.

The IM material in the Institutional Plan is a summary derived from all the other planning activities, primarily the programmatic initiatives and the updating of the Site Strategy for Scientific Computing, developed by an *ad hoc* planning group in 1989 and revised annually by ICSD as the site (IM) strategy submission to the Oakland Operations Office.

During each planning cycle a call is issued to the responsible managers to update plans that are still active, delete those that have been completed or otherwise overtaken by events, and to add any significant new initiatives. The information management portion is approved by the Information and Computing Sciences Division Director before submission to OPC. In addition, significant infrastructure initiatives are discussed with CSAC, TSAC, or CCSC (see the section on ICSD committees, below), as appropriate, before inclusion in institutional planning documents.

The principal information management material may be found on *pp* 5-25 through 5-30 of the LBNL Institutional Plan for FY95-00 (see Attachment 2). A copy of this plan has been placed on the World Wide Web, at URL http://www.lbl.gov/Publications/Institutional-Plan.

Integrated Facilities / Site Development Plan

This is developed by the Facilities Department as part of DOE's CAMP program (CAMP is the Capital Asset Management Process; the relevant excerpt is contained in Attachment 3). It intersects planning for IM primarily in the communications area (although should a need for

increased computer-room space be forseen, that would be introduced into the Integrated Facilities Plan). These plans are based primarily on projections of program and mission changes, staffing levels, and the obsolescence of buildings, equipment, and technology. The past few years have seen continuing development activity in LBLnet in our efforts to bring adequate networking capacity and capability to every LBNL desktop. During the coming year, a new major thrust will be instituted as planning begins for the eventual retirement, replacement, or enhancement of the on-site telephone system.

FTP/As

This is the formal process through which LBNL programs request and receive DOE funding. These planning documents are prepared by the principal investigator involved after consultation with the appropriate DOE program officials, and include IM requirements. In the computing area, the primary mechanism for translating these requirements into operational plans is through the annual *commitment* process, whereby each Laboratory division makes its central computing needs known to ICSD. Requirements that cannot be met through normal channels become the subject of negotiation and *ad hoc* planning between the individual scientist or division involved and ICSD.

The overhead/recharge budget processes

Each year the support divisions—including ICSD—present their requests for overhead funds to the Deputy Director for Operations. The target for each division is based on projections of Laboratory income, the "base" overhead budget for the previous year, a current needs analysis, and management constraints. (For the past several years, the major management constraint has been to sharply reduce the overhead budget: this has resulted in a reduction in the IM overhead budgets of approximately $2.3M from FY92 to FY96.) The Division develops operational budgets incorporating both overhead and recharge income. These budgets, and the rationale for material changes in spending patterns, services offered, and recharge rates, are submitted through the Deputy Director for Operations to the Director's Action Committee for approval. The approved budgets, plus the plant and equipment plans (see below), serve as the operational plan for information management at LBNL.

The GPE/GPP processes

These are parallel Lab-wide processes to determine the allocation of General Purpose Equipment and General Purpose Plant funds, respectively. (The funds are provided by LBNL's landlord program to support the non-program-specific infrastructure needs of the Laboratory.) Each year the support divisions are requested to submit a list of their needs for capital equipment and general plant improvements. Successful requests are approved by the Deputy Director for Operations after evaluation by committees representing all the support divisions; approved requests are incorporated into the operating plans of the requesting division.

ICSD committees and *ad hoc* activity

ICSD sponsors four standing committees to advise the Division Director on requirements and to assist in the development of plans and strategies, plus a working group (the Network Advisory

Group (NAG)) to advise the Head of the Communications and Networking Resources Department on questions of network capacity and capability. ICSD also convenes special-purpose committees and working groups as the situation dictates.

The standing committees are the Computing Services Advisory Committee (CSAC), the Telephone Services Advisory Committee (TSAC), the Computing and Communications Security Committee (CCSC), and the Conduct of Operations & Quality Assurance Committee (COQA). Except for COQA, which is internal to ICSD, these committees include representatives from every division of the Laboratory. Their job is explicitly to represent their Divisional concerns to ICSD and to provide a two-way communication channel between ICSD and their home divisions. Their advice is sought on the nature and quantity of ICSD services, on the philosophy of recharge and the specific recharge rates, and on the direction—and speed—of developmental activities. CSAC is the dean of these committees; it and its precedessor committees have been contributing to the IM planning process for more than 20 years. TSAC came into being with the implementation of the on-site telephone system five years ago. CCSC was created about a year ago following the recommendation of an *ad hoc* committee on computer security. CSAC and NAG meet monthly, TSAC quarterly, and CCSC approximately every other month. (The charters for these three committees may be found in attachment 4.) COQA includes representatives of all departments in ICSD. It considers questions of customer satisfaction, self-assessment, and performance measurement, and meets twice a month.

Special-purpose activities in the past few years include committees or working groups on computer security, a site strategy for scientific computing, and e-mail and calendaring. In addition, each year an *ad hoc* committee is created to provide input for LBNL's response to the DOE request for IM planning information. Each year, ICSD sends a request to each Division Director to designate a divisional liaison for the planning process, and that person is responsible for providing the division's response. Through 1992 this process resulted in a "long-range site plan"; for the last two years, the planning vehicle has been the development of a collection of information management application profiles (IMAPs). LBNL staff also have a very active and long-standing tradition of working with DOE Headquarters and Operations Office staff to improve the DOE IM planning process and streamline DOE policy in the IM area.

One other major internal *ad hoc* planning activity is in progress now: the Division Director, accompanied by the Heads of Information Systems and Services and the Technical and Electronic Information Department, is conducting a series of personal visits with interested staff in all the other Divisions. The results of these meetings will be the driving force for the next round of planning for Information Management at LBNL.

Summary

IM planning at LBNL consists of a combination of strategic and operational planing exercises, many of which were created for whole-Laboratory purposes, rather than for specifically IM purposes. IM planning is integrated into Laboratory planning; the primary impetus for IM cost control is supplied by the recharged nature of many of the services plus the general Laboratory impetus for cost reduction as defined and supported by the Deputy Director for Operations.

Appropriate goals and schedules are included in the FTP/A process for programmatic work. In view of the uncertainty of funding for infrastructure, whereas we establish high-level strategic goals (e.g., that the entire Laboratory will be interconnected via LBLnet), we do not usually define detailed schedules for most infrastructure information management activities. The work is conducted as funding allows and in response to Laboratory priorities as communicated through the budget processes and the standing committees. Formal plans are prepared and milestones are developed and tracked for major initiatives, such as the installation of the on-site telephone system, but LBNL has had no major information management infrastructure initiatives for several years.

In general, the nature of the interaction with DOE and UC on planning issues is commensurate with the magnitude of the impact of the activity and the resources required, and ranges from none (i.e., the process is wholly internal) through notification, consultation, and approval at various organizational levels. As implied above, the vast majority of activity falls into the first two categories. We believe that the nature of our relationship with OAK indicates that this has been a successful arrangement.

the Laboratory, including: Financial Management; Procurement Management; Human Resources Management; Construction and Facilities Management; Information Management; Environmental Health and Safety; Data Processing Systems; Property Management; Planning and Budget Management; and Support Services.

LBL is a participant in the DOE Cooperative Audit Strategy, emphasizing improved communication and coordination among the DOE Offices of Inspector General, DOE Field Offices, and internal audit staffs. This quality initiative should result in greater reliance on the work of internal audit staffs, and in reduced DOE audit effort and oversight. During the past year, LBL Internal Audit Services led the development of an Internal Audit Peer Review Program for DOE management and operating contractors. This program provides assurance that professional auditing standards are complied with and acts as a forum for the exchange of Best Practices to assist in meeting the challenges imposed by changes in strategic direction, increased public scrutiny, and limited DOE resources.

Information Resources Management Program

The LBL Information Resources Management (IRM) program includes both research and operational activities. Research is discussed in the Applied Mathematics and Computer Science program description (pp. 4-24 and 4-25). Operational activities involve the integration of these new technologies into a seamless information technology infrastructure that supports the research and administrative requirements of the Laboratory.

All scientific programs at LBL make essential use of LBL information resources for the collection and analysis of data and the modeling and visualization of physical process; for numerous administrative support functions; and for communication with colleagues—both on an individual basis through e-mail, fax, and telephone services and through hardcopy and electronic (e.g., World Wide Web) publications, conferences, and video conferences.

This section identifies the major objectives of LBL's IRM efforts and the principal strategies for achieving those objectives.

Major Objectives

The Laboratory has developed IRM objectives that will support the National Information Infrastructure (NII), encourage the development of usable tools for all LBL employees, foster a corporate approach to information management, encourage the transition from a paper-based information society to one based on electronic media, and promote the development and maintenance of a comprehensive records management program. In somewhat more detail, these goals are:

- For corporate data: Define and implement a corporate information management architecture that includes interoperable electronic mail, makes corporate databases fully accessible, implements file portability, and strengthens institutional standards for database systems and utilities. (Infrastructure)
- For Industrial Partnership (AMTEX): Develop a set of operating principles and enterprise interactions in the Integrated Textile Industry that will enable the system to achieve a sustainable market share. (Programmatic)

- For the management of scientific and technical information: Expand and extend our current lifecycle information management program to accommodate the increasing shift from a paper-based environment to a network-based environment. (Infrastructure)
- For the NII: Conduct an advanced research and development program in support of the nation's High Performance Computing and Communications Initiative and the most effective development and utilization of national information highways. (Programmatic)
- For on-line information: Encourage the development of on-line access to information located both locally and at other sites; assist in the development of DOE policy governing electronic information; create a library "without walls"; promote the introduction of digital technology into the preparation and presentation of technical material; and contribute to the development of the World Wide Web. (Infrastructure)
- For records management: Maintain a secure records management program that identifies and protects the essential scientific and administrative records of the Laboratory and administers appropriate retention schedules for all LBL records. (Infrastructure)
- For the staff: Provide state-of-the-art and transparent computing and communications resources for DOE programs and service to every scientific, engineering, or administrative employee. These services include advanced network communications technology that keeps pace with demand; workstation support services and technical suppc for telecommuting and telework; transparent access to computing resources; upgraded central computing facilities; and proper control of access to sensitive files. (Infrastructure)

These goals underpin LBL's mission for research and development, design and operation of user facilities, education and training, and technology transfer. Together with the human and facilities resources of the Laboratory, the information resources enable a flexible and responsive operating environment for the implementation of DOE programs. Effective information management is vital to the success of this mission, and will require the allocation of adequate DOE resources for effective implementation.

Information Resource Management Resource Requirements (FY BA, $M)[a]

Category	1995	1996	1997	1998	1999	2000
Recharge	18.10	19.01	19.96	20.96	22.00	23.10
Overhead	3.10	3.30	3.40	3.60	3.80	3.96

[a]For those activities identified above as "Infrastructure."

Strategies

LBL's strategy for IRM includes focused support for improving the nation's computing and communications infrastructure, assistance to DOE in the development of IRM policies and plans, and development of LBL's computing and communications infrastructure to support the LBL DOE multiprogram energy research Laboratory mission. LBL's strategies directly support IRM goals and objectives described above to provide state-of-the-art, transparent computing and communications resources; accessible corporate information management systems; effective scientific and technical information services; and a secure records management program.

Improve National Computing Infrastructure. LBL has provided continuing support to the Office of IRM Policy to develop DOE's Information Resources Management strategies. This includes review of existing strategies and policies and the development of new policies to cope with the changing IRM environment. LBL was active on the IRM Planning Process Improvement Team through direct participation in the Team itself, and continues to participate in the pilot program instituted by OER to test various methods for increasing participation by program managers in the planning process. LBL strongly supports DOE's efforts to develop a planning process that is driven by programmatic need rather than by reporting requirements.

LBL is active in several branches of the standards-development process that are of particular interest to DOE. These include participation in technical committees dealing with network issues, the planning and development of the Energy Sciences Network (ESnet), and the Internet Engineering Task Force.

LBL also supports the development of the national communications infrastructure by providing the chairperson of the ESnet Steering Committee, which assists in the prioritization of DOE developments in high-speed data transfer, video conferencing, and other network-based communications media.

Enhance International Collaborations and Information Environment. In support of DOE and Laboratory goals to increase the benefits of international cooperation in basic science, LBL engages in many activities that involve foreign collaborations. Among those that are IRM-intensive are activities involving LBL's expertise in the numerical modeling of geophysical and geochemical processes. For example, there are joint projects on nuclear or chemical waste with Russia, Sweden, Switzerland, and Canada, and formal agreements with both Mexico and Italy on geothermal development. LBL is the site of the International Geothermal Association. LBL is also a contributor to the extensive international electronic information exchange known as the World Wide Web.

Enhance the LBL Work Environment and Corporate Information. A new institutional strategic change to achieve the LBL Vision 2000 has been an increase in activity directed toward the definition and management of corporate and institutional data. LBL's site strategy encourages

the integration of appropriate information technology into the individu work environments. The process of creating an integrated Laboratory approach to information management has begun. This effort will extend over several years. Activities in FY 1994 have included Oracle DBMS applications in electronic time reporting, chemical inventory, and waste tracking. Oracle-based commercial databases for Procurement and Human Resources were also acquired. Client-server technology was used for a sample analysis application in the Environment, Health and Safety Division. The ability to join tables from independent databases was demonstrated.

Many of LBL's computing and communications facilities and planning requirements are institutional, and we believe that DOE should provide more vigorous support for institutional technology resources at the multiprogram energy laboratories. This strategy strongly supports the goals of DOE's Strategic Plan 2000 because it reinforces the notion of institutionalization of IRM Planning, which is obscured by a reporting process that requires the partitioning of institutional requirements into a welter of small, fictitious, "programmatic" tabulations.

Convert to a Primarily Electronic Information Environment. LBL has made a number of preliminary steps towards creating an information environment that is primarily on-line rather than paper-based. Over the next several years we shall bring these efforts together so that all LBL staff have convenient on-line access to essentially all the information they need, whether it is located at LBL or at other institutions. This effort will include administrative applications (such as electronic time reporting), digital photography, the exchange of scientific and general-interest information through the World Wide Web, access to remotely located computational resources through ESnet, the expansion of on-line library services, and video conferencing, both desktop and studio-based. It is expected that this new on-line environment will materially change the way in which intellectual and administrative work is accomplished in the years ahead.

Provide Quality and Timely Information and Records. In support of LBL Vision 2000 and DOE's renewed emphasis on quality, LBL is placing increased emphasis on a quality of operations consistent with DOE Orders 5480.19 (Conduct of Operations) and 5700.6B (Quality Assurance). These orders require the Laboratory to ensure that suppliers to LBL meet acceptable quality standards. LBL is seeking to implement this for all information resources and related services, including telecommunications and printing services. LBL encounters problems with GPO-approved nationally solicited printers who fail to meet quality standards in the initial press run. This leads to publication delays, often compounded by time-consuming travel to conduct press inspections. LBL will continue to work with DOE to resolve the problem and enable the timely preparation of quality technical documents.

Resources and Initiatives

LBL IRM initiatives encompass a range of significant new programs that will expand DOE computing and communications resources. The National Information Infrastructure's Networking Initiative is described in Section IV. The following initiatives are directed at improving DOE and Laboratory infrastructure and management and are directed towards meeting the resource and management needs of the DOE and its Office of Energy Research.

Advanced High-Speed Networking

To meet projected traffic and demand, LBL anticipates that expanded communications and networking infrastructure will be required during the middle of this decade. The Laboratory's High Speed Networking Initiative seeks to extend high-speed (100 Mbs and beyond) network access to the majority of LBL workstations. In addition, network backbones and server systems will need to be upgraded or replaced.

Advanced High-Speed Networking Resource Requirements ($M)[a]

Category	1995	1996	1997	1998	1999	2000	Total
Operating	0.8	0.7	0.3	0.2	0.2	0.2	2.4[b]
Construction	0.0	0.0	0.0	0.0	0.0	0.0	0.0

[a]Preliminary estimate of LBL actual year budget authority (B&R code KC07, tentative).
[b]Includes $1.3 M in equipment costs.

Visualization, Video Conferencing, and Technical Information

LBL is playing a lead role in organizing a testbed that will bring together most of the major workstation vendors, several universities and laboratories, and the telecommunications industry to develop and test the hardware and software technology needed to support workstation-based video teleconferencing in a metropolitan area network. The project will also develop prototype technologies for teleseminars.

LBL is also playing a lead role in the development of packet-based computing and communication environments to support collaborative work. This includes a multimedia environment incorporating audio, video, and a distributed electronic whiteboard operating over the Internet/ESnet, as well as a packet-based video-conferencing multicast environment that will greatly enhance ER-wide video conferencing.

LBL is continuing to introduce new technology into the operations of the Library and the Technical and Electronic Information Department. The Digital Darkroom, which began full operation at the end of FY 1994, has replaced on-site wet-chemistry photography.

LBL regularly participates in video conferences with collaborators, the UCOP, and DOE Headquarters. We have introduced Mosaic and the World Wide Web into the review of DOE directives, and expect to participate in the initial trials of the World Wide Web as a vehicle for distribution of IRM planning information. LBL also expects to provide production access to desktop video conferencing tools, beginning with limited availability in FY 1995, and becoming generally available by FY 1998.

Technical Information Resource Requirements ($M)[a,b]

Category	1995	1996	1997	1998	1999	2000	Total
Operating	0.5	0.3	0.2	0.2	0.2	0.3	1.7
Construction	0.0	0.0	0.0	0.0	0.0	0.0	0.0

[a]Preliminary estimate of LBL actual year budget authority (B&R code KC07).
[b]Does not include infrastructure activities.

Other Initiatives and Infrastructure Investments

In FY 1993 LBL began a program to assess the implications of telecommuting for scientific environments such as exist at DOE laboratories. As a separate initiative, and in common with other federal facilities, LBL has begun an examination of options to satisfy the impending narrowed bandwidth requirements for radio systems. Conversion to narrow bandwidth telecommunications using a trunk-based system will require expenditures over the next several years, beginning in FY 1996. This program is to be coordinated among the DOE laboratories in response to the DOE requirements.

In FY 1995, LBL is beginning a formal program of support for development of the information infrastructure. Some of the initial activities are described above. Other possibilities include the development of a cadre of experts skilled in preparation of multimedia presentations and documents, the introduction of virtual reality concepts into the analysis of complex data, and a sophisticated mechanism for the indexing, storage, and retrieval of visual information using visual and textual search techniques.

Other Initiatives and Infrastructure Investments Resource Requirements ($M)[a, b]

Category	1995	1996	1997	1998	1999	2000	Total
Operating	0.3	0.5	1.0	1.5	1.5	1.5	6.3
Construction	0.0	0.4	0.0	0.0	0.0	0.0	0.4

[a]Preliminary estimate of LBL actual year budget authority (B&R code KC07).
[b]Does not include infrastructure activities.

Site and Facilities

Lawrence Berkeley Laboratory is located in the hills above the UC Berkeley campus, on a 54-hectare (134-acre) site overlooking the San Francisco Bay. Founded in 1931 by Ernest O. Lawrence, the Laboratory was moved to its present site in 1940. It is the oldest of the DOE national laboratories, and the only one located adjacent to a major university.

Over the past decades, LBL has continued on a course of diversification that has brought it wide recognition in high-energy and nuclear physics, materials sciences, chemistry, life sciences, and energy conservation research. For LBL to continue its mission as a multidisciplinary national laboratory, it must address some critical issues and opportunities concerning site and facility improvement. The Laboratory strongly supports strategic planning activities that are now taking place as part of a national effort to restore and maintain the nation's scientific infrastructure, and has made these activities an integral part of its own site development process. In addition, LBL is continually vigilant about creating conditions that protect the LBL staff, the public, and the environment.

Site Description and Status

The first building on the LBL site was constructed in 1940. In FY 1993 the main site included 77 permanent buildings and 121 trailers and temporary structures. Over 61% of the permanent buildings are over 25 year [illegible]. The existing facilities and the currently funded construction at LBL constitute 182,000 gsm (1.95 Mgsf) located on the main site, the UC campus, and leased off-site locations. The space distribution upon completion of current projects in FY 1994 is shown below.LBL space in campus buildings is

COMMUNICATIONS

Telephone System

The Laboratory owns and operates an Integrated Communications System (ICS) that provides both telephone and switched data services. The ICS includes an extensive system of underground ducts (Figure 2-12), manholes, copper and fiber-optic cables, building entries, distribution closets, and wiring. The underground duct system was significantly expanded as part of the ICS installation project, which also included installation of an entirely new cable and wire plant. Although it is generally adequate, certain portions of the conduit system are inadequately sized to accommodate anticipated growth. Upgrade projects for these are proposed. LBL underground ducts also contain the now unused Pacific Bell cables, which can be removed, as necessary, to free space in the ducts. The ICS is based on an InteCom IBX S/80 digital switch that provides switched voice and data services and trunks to external networks, including Pacific Bell (the local telephone company), AT&T, and the Federal Telecommunications System (FTS 2000). The ICS supports a voice system that currently serves 4,500 stations, with a capacity of 7,500 voice lines.

Computer Network

LBLnet is a Laboratory-wide computer network comprising underground fiber-optic cables, coaxial and wire systems in buildings, and active components in buildings. LBLnet is connected through gateways to external networks, including HEPnet, NSFnet, BARRNet, ESnet, and the UCB Campus network. LBLnet currently supports more than 3,000 attached computers, workstations, and printers using various networking protocol suites, including the Internet, DECnet, and Xerox Network Services and IPX protocols.

Videoconferencing

LBL participates in the successful Energy Resources Videoconferencing Network (ERVN) project, which originally linked LBL, FNAL, SSCL and several universities using ESnet communications bandwidth. Now ERVN has a central dialup hub at LLNL that supports 17 DOE and university sites. LBL is adding communications facilities that will allow any LBL videoconference room to place direct-dial video calls anywhere within reach of the FTS 2000 network. Initial service will include the videoconference rooms in Building 50F and in Building 50B room 4205. Additional videoconference rooms can be added at any LBL location.

Radio, Television, and Wide-Band Communications

The Laboratory has radio and wide-band communications systems operating on eight VHF channels and on two microwave channels. There are over 500 fixed and portable radio units operating to serve off-site and on-site transportation, a repeater link to LLNL, the University Police Department, the Fire Department, Crafts and Maintenance forces, individual radio paging, and the Director's Office and Building Managers Emergency Command Center. The obsolete microwave data link to SLAC was shut down recently. The remaining 7 GHz link provides full motion video from the SLAC conference room to LBL conference rooms at Building 70 room 263 and Building 50B room 6208. A 23-GHz microwave link was installed to provide telephone and LBLnet service to the Promenade Building 938. A 2.73 mile 23 GHz link is being installed to the Dymo Building 934. A television surveillance system is also used in computer rooms and high-radiation areas and for other security needs.

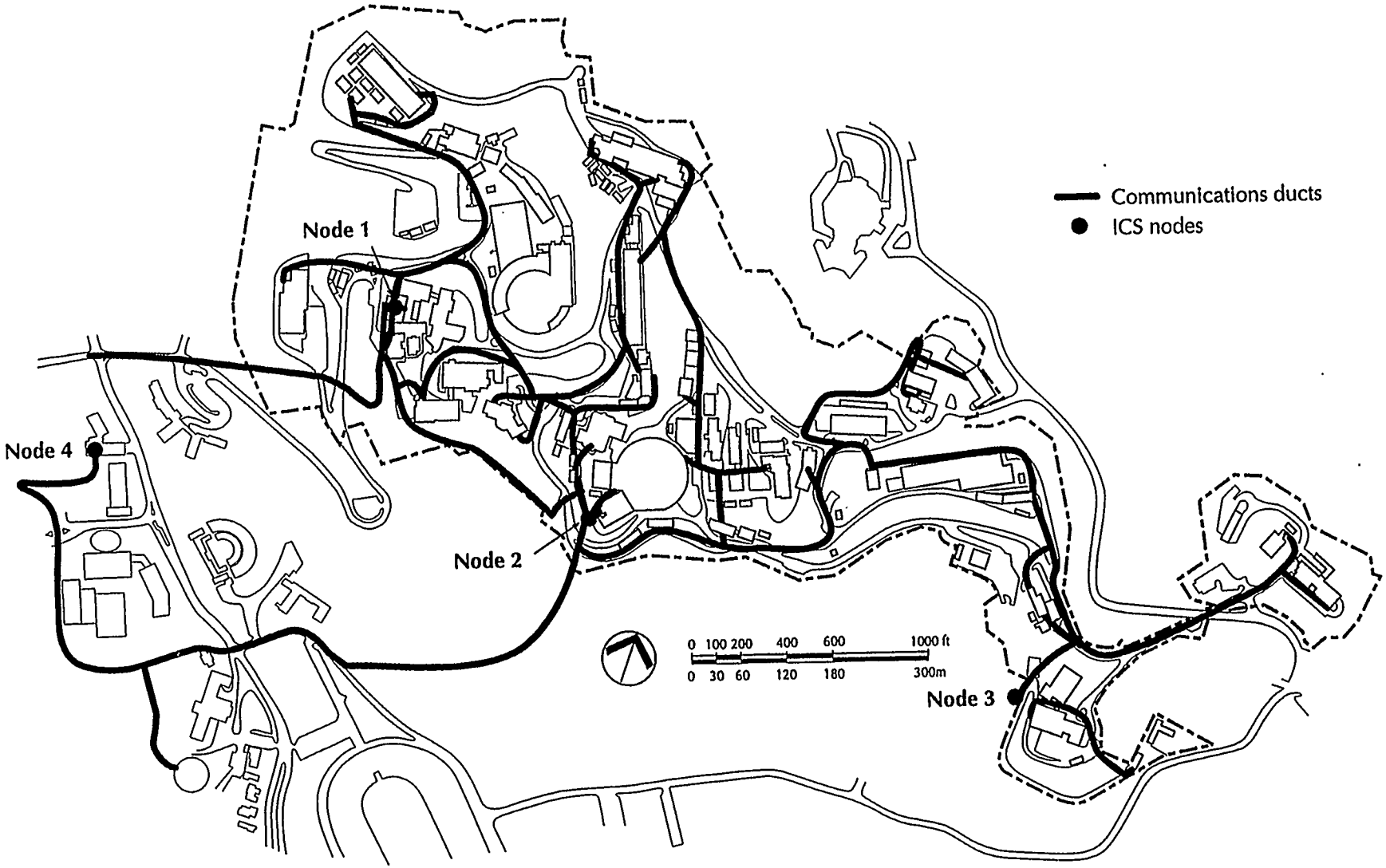


Fig. 2-12. Integrated Communications System.

LIFP 993-21

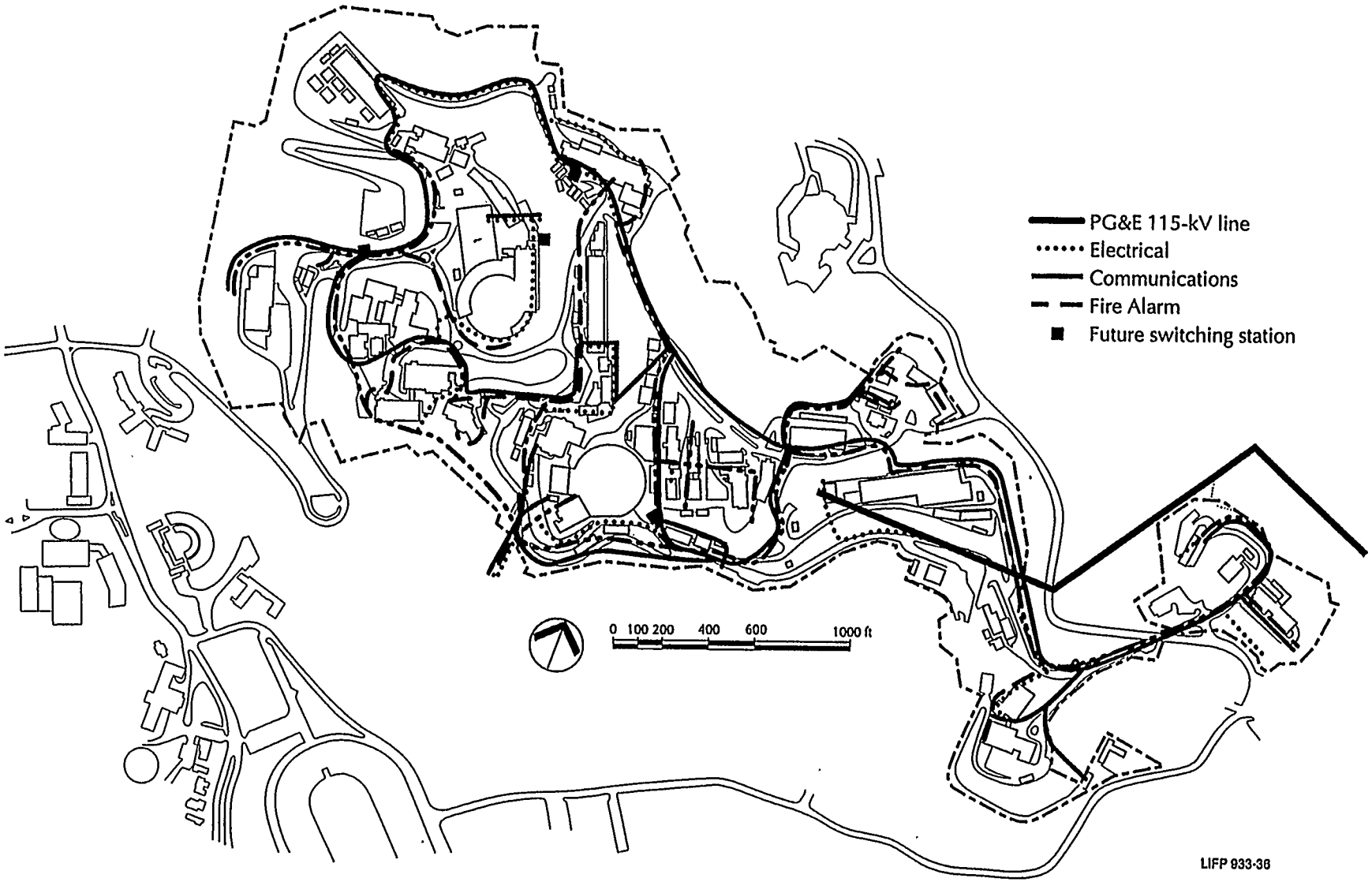


Fig. 3-9. Electrical, communications, and fire-alarm improvements.

COMPUTING SERVICES ADVISORY COMMITTEE

This Committee advises the Division Director of Information and Computing Sciences Division on all aspects of computing services. It includes one representative from each division of the Laboratory appointed by the Division Director of Information and Computing Sciences Division from candidates proposed by the Directors of each division. It is the responsibility of each member of the Committee to be informed of the computing needs of their respective divisions. They must provide two-way communication between Computing Services and members of their division.

CHARGE TO THE

TELEPHONE SERVICES ADVISORY COMMITTEE

TSAC

To provide communication between the Division Head of Information and Computing Sciences and members of the various Divisions of the Laboratory regarding the Integrated Communications System. While the Committee's advice on all aspects of the system is welcome, it is expected that their particular expertise is in the area of voice telephone services.

Members have the responsibility to inform their Divisions of the various options and technical issues and to assist ICSD staff to develop an understanding of the needs and concerns of the Division. It is expected that the members will address cost and recharge issues.

b. The Home Page and its immediate links are to be considered as *corporate data,* and they may be changed or deleted only by authorized personnel.

7. Server Policy

a. The administrator of each LBL server is responsible for ensuring that each file on or first-level page accessible through that server has an LBL sponsor. The LBL sponsor is responsible for ensuring that all applicable page policies are observed. A first-level page is one that is directly accessible without passing through another server or intermediate page.

b. The administrator of each LBL server will maintain records of the owners and LBL sponsors of all current first-level pages, and will provide this information to the ICSD Network Information Services group in a timely fashion.

c. The administrator of each LBL server is responsible for ensuring an appropriate level of data and access protection for the server, and for informing file- and page-owners and LBL sponsors of all first-level pages of the protection level maintained.

D. COMPUTER AND NETWORK SECURITY

NOTE 1: These guidelines are concerned with minimum acceptable computer and network security practices for general operations. Divisions or groups may apply more stringent policies if warranted by the sensitivity of the data or applications involved.

NOTE 2: These guidelines, together with RPM Chapter 9, embody LBL's implementation of DOE Order 1360.2B.

1. Basic Principles

a. Distribution of function and capability entails equal distribution of responsibility. The owners of individual and workgroup systems must assume responsibility for the proper administration and operation of the systems they control. This responsibility extends to individual staff members working at home or on travel.

b. LBL is a Federally funded scientific institution. As such, it has a responsibility to enhance the ability of its staff to communicate with colleagues around the world and to practice appropriate economy in operation. Thus, the level of protection and cost of protective measures should be commensurate with the magnitude of the threat to the institution inherent in the system, breadth of access, and sensitivity of the data and application involved. (Threat is a combination of likelihood of compromise and magnitude of potential damage.)

c. Breadth of access should be encouraged within the constraints imposed by provision of adequate protection. System managers are charged with the responsibility of determining and enforcing the level of protection necessary.

2. Organization for Computer Security

a. The primary elements of the LBL organization for computer and network security are the Computer Protection Program Manager (CPPM) and the Computer and Communications Security Committee (CCSC), which is chaired by the CPPM and includes Computer Security Liaisons (CSLs) from each Division, Office, and Center (including the Reception Center), plus assistant CPPMs for the Scientific Computing Facility, the Administrative Computing Facility, distributed workstations, telephone systems, and networks.

b. The generic distribution of responsibility between the Laboratory CPPM and the Divisions, Centers, and Offices is given below. Specific responsibilities are addressed in the next section.

Definition of Labwide Policy	CPPM
Protection of Sensitive Applications and Information	D, O, & C
Inventory of Sensitive Applications	D, O, & C
Random File Checks	D, O, & C
Implementation of Access Policies	D, O, & C
Computer and Communications Security Training	CPPM; CSLs
Computer Security Awareness: Program Definition	CPPM
Computer Security Awareness: Program Implementation	Reception Center; D, O, & C
Incident Detection	D, O, & C; CPPM
Incident Reporting: Internal	D, O, & C
Incident Reporting: External	CPPM

3. **Responsibilities**

a. The Deputy Director for Operations appoints the Laboratory Computer Protection Program Manager and the Assistant CPPMs. The Laboratory CPPM is listed in the *LBL Telephone Directory* and is registered in the LBL electronic post office as CPPM@LBL.gov.

b. Division and Center directors and heads of offices appoint a representative to the CCSC for their Division, Center, or Office and ensure that LBL computer security policies and procedures are observed within their Division, Center, or Office.

c. Computer security liaisons (CSLs) serve as a two-way communication channel between the LBL computer and communications security program and their Division, Office, or Center. The CSLs participate in the meetings of the CCSC, learn and understand LBL computer and communications security policy, and assist as necessary in the implementation of LBL computer and communications security policy.

d. The Reception Center ensures that all new employees, visitors, and participating guests receive an appropriate introduction to computer security policy and practice at LBL.

e. Division administrators ensure that all user IDs and passwords used by terminating employees and guests are de-activated or continued through an LBL sponsor.

f. The Laboratory Computer Protection Program Manager (CPPM) defines and (with the assistance of the CCSC) implements and administers the Laboratory's computer security program in accordance with LBL policy and applicable DOE directives.

g. The assistant CPPMs assist the Laboratory CPPM as necessary in activities pertaining to their areas of expertise.

h. Supervisors and managers ensure that employees under their supervision maintain a continuing awareness of proper computer security practices. A standard computer security awareness statement (Form CPP 13) is available from the Laboratory CPPM; it may be used to document a computer user's continuing awareness.

i. System managers maintain an appropriate level of security for their systems. They know which information and applications on their systems are sensitive and respond appropriately to the detection of a security incident. System managers are responsible for all security threats or other improper usage originating from or passing through the systems under their control. They have the authority to deny access to their systems to any person observed not using proper computer security practice.

j. Network managers maintain network integrity, maintain a level of security awareness appropriate to their networks, know how to isolate their networks from all non-LBL connections, and respond appropriately to the detection of a security incident. Network managers have the authority to deny network access to any system or external connection for security reasons.

k. Individual users know and follow LBL computer and network security policies; bring any security violations to the attention of their System Manager, the Laboratory CPPM, or other proper authority; and know which information and applications are sensitive. Individual users are responsible for all actions originating from user IDs under their name or control, whether or not they authorized such use.

l. The UC Police Department maintains a 24-hour telephone service on Extension 5472 to assist users in locating appropriate management or administrative authority to deal with a suspected data security incident.

m. The Computer and Communications Security Committee meets periodically to review computer and communications security awareness and training, provide regular (at least every other year) reviews of the Laboratory's computer and communications incident history and current security technology, and revise the Laboratory's computer security policies as necessary. The committee reviews and revises electronic access and computer security guidelines as appropriate.

4. Procedure for Handling Computer and Network Security Incidents

The computer and network security incident handling procedure is given here in summary form. A more detailed version can be obtained from the Laboratory CPPM.

An employee who encounters a suspected computer or network security incident (repeated attempts at unauthorized access, or the occurrence of a rogue program—a rogue program is one that intends to disrupt or subvert the system in some way; *viruses* and *worms* are rogue programs) should first try to inform the appropriate people (by telephone, not e-mail) and then, if necessary, respond to the incident.

To inform the appropriate people, call one of the following and report the system affected and the nature of the problem:

- If using a multiuser system, the System Manager; if using a single-user workstation, the appropriate technical support group.
- The Laboratory Computer Protection Program Manager (CPPM).
- The Division Director of ICSD.
- The UC Police Department (x5472; this is a 24-hour number). (UCPD has a telephone tree to locate the appropriate technical and/or administrative authorities.) Be sure to specify that the call is to report a data security incident in progress.

Self-assessment for IM at LBNL

This section is brief because in FY95 LBNL already had in place a successful, ongoing formal self-assessment program that provides much of the machinery needed for self-assessment of the IM program. Information management was incorporated into the ICSD implementation of the Laboratory's existing program by the addition of performance criteria D4 through D8 in the Quality Assurance / Conduct of Operations area. (See *pp* 10-12 of the FY95 ICSD Self-Assessment Implementation Plan (SAIP) (included in Attachment 6).) These are based on a set of success indicators developed in dialogue with OAK. Because this is the first year of inclusion of information management in the program, we have chosen high-level criteria that apply to all seven of the currently defined areas of IM (telecommunications, software management, ADP management and acquisitions, unclassified computer security, records management, scientific and technical information, and printing and reproduction). This provides the foundation for a management-by-exception approach to IM self-assessment.

More detailed criteria, directed at specific areas and with specific schedules, will be developed as necessary in future years, based on the results of these early assessments. For example, if the Division Director visits to other divisions (included in the ICSD implementation of criterion D6) lead to the identification of a serious shortcoming, correction of the problem will be included in next year's SAIP.

Note: Unless otherwise stated, the appraisals and evaluations noted in the SAIP are conducted annually, as part of the formal Self-Assessment self-assessment (SASA). As can be seen from the FY95 SAIP, the results of the SASA are fed into the SAIP for the next year. The (The Self-Assessment self-assessment for FY95 is currently underway, with a due date for completion of October 31, 1995.) Major findings are entered into the LBNL Self-Assessment Database and tracked through the formal Laboratory process. (See Attachment 7.)

In addition to the formal self-assessment process, ICSD maintains a QPC (Quality, Performance, and Customer Service) bulletin board outside the Division Office. This board contains several displays, including graphs of the the five continuing performance measures currently tracked by ICSD.

The standing committees mentioned in the discussion of planning (CSAC, TSAC, CCSC) also serve as forums for assessment and evaluation of their areas of interest.

Finally, the Internal Audit group conducts audits of various aspects of Laboratory operations, including information management activities. For example, they are secheduled to perform an audit of certain of the Records Management functions in FY96. As they are received, the findings —if any—of these audits are fed into the self-assessment program. (The process by which areas are selected for audit is described in Attachment 8.)

Attachment 6

Information and Computing Sciences Division

FY95 Self Assessment

Implementation Plan

January 1995

(Excerpts)

Reviewed by:	Head, Office of Assessment and Assurance
Approved by:	Division Director

management reviews, ongoing inspections, and formal inspections. This document details the specific actions that ICSD will undertake in FY 1994 to address Laboratory objectives, and outlines the methods that will be used to assess our success in completing those actions in a satisfactory manner.

Responsibilities

The Division Director has overall responsibility for ensuring that the Division's Quality Assurance, Conduct of Operations, and Self-Assessment Programs are implemented in accordance with Laboratory policy.

The Division's Quality, Performance, and Customer Service Advocate will serve as the quality assurance/conduct of operations lead person, responsible for improving the quality of Divison operations. He will also chair the Conduct of Operations // Quality Assurance Committee (COQA).

The Division ES&H Coordinator is responsible for coordinating the Division self-assessment activities, including management evaluations, formal inspections, maintenance of the corrective action database, and preparation of reports required as part of the Laboratory program.

Group ES&H Coordinators are responsible for coordinating self-assessment activities with their assigned groups, and for assisting the Division ES&H Coordinator as may be necessary.

Department Heads and Group Leaders are responsible for ensuring that appropriate job expectations are defined and communicated to the members of their groups, for ensuring that appropriate training is scheduled and accomplished, for the operational quality of their groups, and for the participation of their groups in the Division self-assessment activities.

Employees, participating guests, and contract personnel are responsible for knowing and observing LBL and Divisional policies on Quality Assurance, Conduct of Operations, and ES&H matters. They are also responsible for the safety of other guests or visitors on-site at their invitation.

In addition, ICSD maintains and ES&H Committee, consisting of a Chair, appointed by the Division Director, the Division ES&H Coordinator, the Group ES&H Coordinators, and the Self-Appraisal Inspection Team leaders. This committee meets as necessary, but at least quarterly, to serve as a conduit for the transmission of information and policy in the health and safety area.

ES&H Coordinators and Self-Appraisal Inspection Team Members

Much of the day-to-day work of the self-assessment process will be accomplished by the Division and Group ES&H Coordinators and three self-appraisal teams. Assignments to these activities are temporary and may be modified to reflect changes in Division activities, personnel, or availability of personnel. If additional coordinators or teams become necessary to address quality assurance and conduct of operations issues, they will be designated after the Laboratory QA/CO program has been established.

Division ES&H Coordinator: *Ottens*

Group ES&H Coordinators
- Division Office (including Information Systems Projects): *Coolahan*
- CSRD: *Eades*
- ICS: *Schoen*
- LBLnet: *Sopher*
- Computing Resources: *Cochran*
- ISS: *Salon*
- Photo Lab: *Fike*
- Other TEID: *Lawler*
- Imaging Technology: *Robertson*

Team 1: Conduct of Operations and Quality Assurance: *Coolahan; Durst, Holmes, Merola, Montello; Rogers, Stevens (Chair)*

Team 2: Electrical: Electrical Safety, Lockout/Tagout Procedures: *Crowley, Gregory, Montello, Schoen, Viola (Chair)*

Team 3: Fire Protection and General Work Environment: Also includes Asbestos, Lead, Heat/Cold Stress, Ergonomics, Occupational Noise, Identification of Piping Systems, Elevated Surfaces, Stairs and Stairways, Walkways, Wall and Floor Openings): *Backhus, Cocosa, Ottens, Kapus, Rogers (Chair)*

The Self-Assessment Program

The Laboratory has established institutional Self-Assessment Program performance objectives in 12 areas and has identified institutional self-assessment performance criteria for each performance objective. The criteria describe situations that contribute to the attainment of the associated objective. In addition, ICSD has specified Divisional criteria that have been defined to provide a more meaningful self-assessment for this Division.

Each performance criterion is listed, together with the activities to be undertaken in the coming fiscal year to satisfy the criterion and the appraisal methods by which the Division will evaluate, during the fiscal year, the effectiveness of these activities in helping the

Division satisfy self-assessment performance criteria. The listing of performance objectives, criteria, FY95 implementations, and appraisal methods is preceded by a listing of a number of specific tasks that must be accomplished during the course of the self-assessment.

The Division will report its self-appraisal findings, including evaluations against the performance criteria, in an Annual Division Self-Assessment Report to the Office of Assessment and Assurance, in October 1995.

Note: The following criteria, implementation, and appraisal methods are ICSD additions to the LBL criteria. D4–D8 implement ICSD's responsibilities for the Appendix F self-assessment in the Information Management area.

Performance Criterion	FY95 ICSD Implementation	Appraisal Method(s)
D1. Suitable performance metrics are defined and performance relative to those metrics is tracked.	• The Quality Advocate will establish and maintain a set of performance displays near the Division Office. COQA will review the metrics at least annually.	• COQA will check the displays at least monthly.

1994 Appraisal: Fully Meets Criterion
Discussion: The Quality Advocate posts, monthly, the Division's performance metrics on the Quality bulletin board. COQA will continue to monitor performance; evaluate metrics for usefulness in producing quality service, and replace metrics as appropriate.
Corrective Actions for FY95: Not applicable.

See Task 9

Performance Criterion	FY95 ICSD Implementation	Appraisal Method(s)
D2. The quality of ICSD products and services is of an appropriate level.	• Project managers are responsible for ensuring customer satisfaction with their products and services. COQA will investigate methods other than surveys.	• ICSD service providers will survey their customers to assess their level of satisfaction. Other methods may also be adopted.

1994 Appraisal: Significant Implementation Gaps
Discussion: Customers in some (Telephone Services, TEID), but not all, areas of the Division, are being surveyed.
Corrective Actions for FY95: Investigate other methods to estimate service quality.

See Task 10

Performance Criterion	FY95 ICSD Implementation	Appraisal Method(s)
D3. The overall conduct of operations within ICSD with respect to fiscal responsibility, effective organization and management, and efficient performance will be periodically assessed.	• Fiscal responsibility is determined by Division management review of annual recharge/overhead budgets of Division operations. • DO will coordinate benchmarking activities or outside peer review to obtain assessment of effectiveness of organization and management.	• Division Office: Annual budget process, including quarterly status checks. • Check the reports.

1994 Appraisal: Significant Implementation Gaps
Discussion: Division management has reviewed annual recharge/overhead budgets for FY95 and will be apprised of variances from FY95 projections; no peer review was conducted in FY94.
Corrective Actions for FY95: Conduct a benchmark survey or peer review in FY95.

See Task 11

Performance Criterion	FY95 ICSD Implementation	Appraisal Method(s)
D4. Planning for information management is integrated into the Laboratory's strategic and operational planning processes.	• IM plans are included in institutional planning documents. IM requirements are included as appropriate in programmatic plans. IM infrastructure planning is coordinated with institutional objectives.	• Assistant Division Director: Check the Institutional Plan and review overhead budget. • Division Director visits to other Divisions.

1994 Appraisal: NA
Discussion: New for FY95
Corrective Actions for FY95: NA

See Task 28

See Task 29

Performance Criterion	FY95 ICSD Implementation	Appraisal Method(s)
D5. Planning for information management is effective.	• Begin development of a site strategy for information management (to be completed in FY96). • Major items of equipment are planned for and acquired in a timely fashion.	• Division Director review progress of the IMSSWG. • NA (no MIEs are anticipated)

1994 Appraisal: NA
Discussion: New for FY95
Corrective Actions for FY95: NA

See Task 30

Performance Criterion	FY95 ICSD Implementation	Appraisal Method(s)
D6. LBL conducts site and programmatic reviews and appraisals that include appropriate information management topics.	• Establish a benchmark or site-review program. • DD to visit other Divisions.	• COQA to receive and review benchmark, review, and visitation reports.

1994 Appraisal: NA
Discussion: New for FY95
Corrective Actions for FY95: NA

See Task 29

See Task 31

See Task 32

Performance Criterion	FY95 ICSD Implementation	Appraisal Method(s)
D7. LBL contributes appropriately to the DOE, national, and international information management community.	• Division Office to establish a database of contributions.	• Division Director review of contributions.

1994 Appraisal: NA
Discussion: New for FY95
Corrective Actions for FY95: NA

See Task 33

See Task 34

Performance Criterion	FY95 ICSD Implementation	Appraisal Method(s)
D8. LBL complies with applicable laws, regulations, and DOE directives accepted by the University and Laboratory under the contract.	• Mechanism for review and status checking has been established by OCM.	NA (separate appraisal unnecessary)

1994 Appraisal: NA
Discussion: New for FY95
Corrective Actions for FY95: NA

Task 8	Increase ICSD awareness through memos and Division Meetings. Note: There will be a Division Meeting on 12/20/94.
Responsibility assigned to	Stu Loken/COQA to discuss
Completion date (if applicable)	2nd quarter FY 1995
QA7	p 8
RR2	p 15
P&P1	p 17
P&P2	p 17
P&P4	p 18
P&P5	p 19
P&P6	p 19
WHS6	p 25
WMin1	p ~~32~~ 34
SA3	p ~~34~~ 36

Task 9	Annual review of ICSD metrics
Responsibility assigned to	COQA
Completion date (if applicable)	2nd Quarter FY 1995
QA- D1	p 9

Task 10	Lead a discussion of service quality measures at COQA
Responsibility assigned to	Dave Stevens
Completion date (if applicable)	1/31/95
QA - D2	p 9

Task 11	Determine whom to benchmark against.
Responsibility assigned to	Dave Stevens
Completion date (if applicable)	1/31/95
QA - D3	p 10

Task 12	Draft method to appraise ergonomics
Responsibility assigned to	Sam Gibson
Completion date (if applicable)	12/23/94
LTP2	p 13

Task 13	Assign chairperson for ESH Committee
Responsibility assigned to	Dave Stevens
Completion date (if applicable)	1/31/95
LTP3	p 14

Task 14	New NEPA/CEQA coordinator
Responsibility assigned to	Dave Stevens
Completion date (if applicable)	1/31/95
LTP4	p 14
EProt5	p 29

WHS8	p 25

Task 23	Determine if ICSD treats wastewater.
Responsibility assigned to	Nora Ostrofe
Completion date (if applicable)	12/23/94
EProt2	p 28

Task 24 (if necessary)	Send instructions to Group Coordinators
Responsibility assigned to	Dave Stevens
Completion date (if applicable)	03/31/95
EProt2	p 28
WMan3	p 30

Task 25	Get official SAA and WAA definitions from EH&S
Responsibility assigned to	Nora Ostrofe
Completion date (if applicable)	12/23/94
WMan4	p 31
WMan5	p 31

Task 26	Assign Group Leaders as necessary to be responsible SAAs and WAAs.
Responsibility assigned to	Dave Stevens
Completion date (if applicable)	2/28/95
WMan4	p 31
WMan5	p 31

Task 27	Provide a task list to all staff who have been assigned responsibilities within this Plan.
Responsibility assigned to	Nora Ostrofe
Completion date (if applicable)	1/31/95
SA4	p 35

Task 28	Make sure IM requirements and plans are included in institutional planning documents, and that IM infrastructure is supported.
Responsibility assigned to	Dave Stevens
Completion date (if applicable)	As appropriate under IP, overhead budget, and GPE schedules
QA-D4	p 10

Task 29	Visit other Divisions
Responsibility assigned to	Stu Loken
Completion date (if applicable)	6/30/95
QA-D4	p 10
QA-D6	p 11

Task 30	Create and charge a working group to develop an IM site strategy.
Responsibility assigned to	Stu Loken

Completion date (if applicable)	3/31/95
QA-D5	p 11

Task 31	Conduct an initial benchmark with another DOE Laboratory.
Responsibility assigned to	Sandy Merola
Completion date (if applicable)	5/31/95
QA-D6	p 11

Task 32	Review visit/benchmark reports and provide recommendations to Division Director.
Responsibility assigned to	COQA
Completion date (if applicable)	9/30/95
QA-D6	p 11

Task 33	Define "contribution" and develop a contributions database and a process for maintaining its currency.
Responsibility assigned to	Dave Stevens / Nora Ostrofe
Completion date (if applicable)	4/30/95
QA-D7	p 11

Task 34	Prepare a summary of FY95 contributions for Division Director.
Responsibility assigned to	Sandy Merola / Head of TEID
Completion date (if applicable)	10/31/95
QA-D7	p 11

Evidence of Implementation and Results

Major commitments resulting from internal and external oversight activities (e.g., Laboratory self-assessments, internal audits, implementation plans for Directives/Rules/changes to contract clauses and EPA, IG, GAO audit findings or DOE assessments, etc.) were managed through the LBNL Corrective Action Tracking System (LCATS) and the LBNL Self-Assessment Database (LSAD). Each information system identified the oversight findings, the commitments to correct the findings, the persons responsible, and the completion dates. Quarterly updates were provided to determine the progress of the commitments or to identify changes to the commitments. The changes to the commitments required management approval, usually from Division Directors or the Deputy Director for Operations. During the assessment period, 68 commitments resulting from assessments and implementation plans were tracked using LCATS. Fifty-five of the commitments were completed during this period. LSAD primarily tracked division self-assessment activities. During the assessment period, 491 significant commitments were tracked by LSAD, and 310 of these commitments were completed.

Additionally, findings from external and internal financial audits were tracked by a specialist within the Office of the Chief Financial Officer to ensure satisfactory progress. The results from this reporting system provided supporting documentation for the Fiscal Year 1995 Performance Measures 4.4.a and 4.4.b. The Internal Audit Services Department also performed follow-up audits to ensure proper progress.

When commitments were completed, validation of completion was approved by the functional manager and the concerned Division Director. The Deputy Director for Operations and the DOE Site Office, as appropriate, may also validate completion.

Successes/Shortfalls

The Laboratory's management systems, as evidenced by LCATS and LSAD, have resulted in major commitments being effectively managed in a timely manner and have allowed for informed and effective management actions. All commitments resulting from the 1991 Tiger Team Assessment have been completed earlier than originally scheduled.

During the 1995 fiscal year, the LBNL Internal Audit Services Department worked jointly with the Office of the President at the University of California to develop a uniform risk-ranking model. The risk model ranks a universe of approximately 70 risk topics that are appropriate for Laboratories, Campuses, and Medical Centers throughout the University of California system. Five predictive risk factors with assigned weights including, management control and accountability structure, public and political sensitivity, regulatory compliance, dollar amount and liquidity of operational resources, and organizational change and growth trends were incorporated in the model to evaluate the potential and relative risk for each topic. The predictive factors were assigned judgmental scores from one (low risk) to five (high risk) by Internal Audit Services and Laboratory management to arrive at an overall score.

The uniform risk ranking model was conducted at Lawrence Berkeley National Laboratory for the first time in fiscal year 1995 and the resulting risk ranking scores allowed the Internal Audit Services Department to develop an objective risk based annual audit plan for all areas of the Laboratory including ICSD. The model effectively ranked functional areas in ICSD such as records management, telecommunications, computer security, computer operations and administration, client server technology, local area networks and applications systems.

Procurement

Performance Characterization

CHARACTERIZATION OF OVERALL PERFORMANCE

General

In accordance with the U.S. Department of Energy (DOE) Prime Contract DE-AC03-76SF00098, Appendix F, Lawrence Berkeley National Laboratory (LBNL)/Procurement is documenting the results of the Purchasing System Self-Assessment through the performance-based method of contract Performance Objectives. Procurement's Self-Assessment is composed of eight Performance Objectives, thirteen criteria, and nineteen Performance Measures.

As a result of this Fiscal Year 1995 Assessment, it was determined that LBNL effects purchases in a manner that is advantageous to meeting the overall Laboratory research and scientific mission with price, quality, efficient performance, equitable opportunity, and compliance to the Prime Contract given due consideration.

Additionally, the Laboratory expects to meet or exceed all of the Procurement Prime Contract 98 Appendix F Performance Objective goals.

Since significant shortfalls were not identified, no specific planned improvement actions regarding the eight Procurement Performance Objectives were deemed warranted.

Nevertheless, Procurement will continue its quality management program that promotes a more effective and efficient purchasing system for mission accomplishment and customer satisfaction.

Accomplishments

Achievements in the following areas are noteworthy:

Performance Objective #1, *Identification of Contracts with Government-Owned Property* (5% Weight). The Laboratory has a successful system for acquisition and accountability of government property through LBNL/Procurement and has achieved the "Far Exceeds" goal for this Objective.

Performance Objective #2, *Acquisition Planning* (15% Weight). Procurement developed a revised Advanced Acquisition Planning System for purchases of $100,000 or more. Some of the concepts being promoted by this Lab-wide system are consolidation of like requirements on an institutional basis for cost savings, better identification of opportunities for competition and socioeconomic subcontracting, and greater assurance that mission or program needs will be fulfilled in a timely and effective manner. The Laboratory has attained the "Far Exceeds" goal.

Performance Objective #3, *Socioeconomic Subcontracting* (15% Weight). On March 31, 1995, the Lawrence Berkeley National Laboratory received the U.S. Department of Energy M&O Contractor of the Year Award for Fiscal Year 1994 in recognition of outstanding achievement in providing contracting opportunities to small businesses. To date, LBNL has exceeded all but one socioeconomic goal required by the Performance Objective and compares favorably with that one goal, Small Woman-Owned Business, that was not achieved. (Data will be updated at fiscal year end).

Performance Characterization (Continued)

Performance Objective #4, *Increasing Competition* (10% Weight). The Laboratory has made excellent efforts toward supporting and promoting competitive subcontracting, consistent with LBNL's efficient performance of the mission programs, and has exceeded the Prime Contract Appendix F competitive goals for the last two consecutive fiscal years.

Performance Objective #5, *Training* (10% Weight). Lawrence Berkeley National Laboratory's new comprehensive procurement-related Training Program has been functioning since October 1, 1994. The Lab Training Plan Objective goal is to provide 16 training classes for Fiscal Year 1995. LBNL held 17 classes this fiscal year, as scheduled, slightly exceeding the FY95 16-class goal.

Performance Objective #6, *Close-Out of Subcontracts* (10% Weight). The Laboratory's Performance Objective Close-Out Plan submitted to DOE comprised quarterly reduction goals and a cumulative fiscal year reduction goal of 15 for the overage, physically complete, subcontracts. LBNL has exceeded the three quarterly reduction goals and has attained a total fiscal year overage close-out reduction number of 13. The Laboratory will reduce the agreed-upon number of overage subcontracts by fiscal year end.

Performance Objective #7, *Internal and External Audits* (20% Weight). This Performance Objective is divided into two segments, one for *external audits* and one for *internal audits.* Observations and findings from all external and internal audits, assessments, or reviews, regarding Procurement are being monitored and resolved in a timely and positive manner.

When both Internal (LBNL Self-Assessment) and External (DOE CPSR) Corrective Action completions were measured against their respective Action Plan Schedules, 100% of the Self-Assessment Corrective Actions and 100% of the DOE CPSR Corrections have been completed, resulting in LBNL's achieving the ratings of "Far Exceeds" for both internal and external reviews. All Corrections were completed within their allotted timetables (including revised time frames) or ahead of schedule.

Performance Objective #8, *Quality Management* (15% Weight). The Laboratory selected two procurement areas as a focus for continuous improvement: *Implementation of a Laboratory-wide Procurement Credit Card Program* and *Consolidation of repetitive procurement requirements* (through "Just-In-Time" or "Systems" subcontracts).

Credit Card. A process improvement team was established for this specific area. The Procurement Card Process Improvement Team developed an Implementation Plan and began tracking milestone progress toward full Laboratory implementation. Credit cards have been issued and training provided to the Program/Technical Division credit card users. The Laboratory is now in the "Procard Card" Alpha Phase and purchases are being processed using "Procard."

Consolidation of Repetitive Requirements. Lawrence Berkeley National Laboratory selected "System" or "Just-In-Time" subcontracting as the method for consolidating repetitive orders. The Laboratory established a process improvement team, the Just-In-Time (JIT) Quality Improvement Team. This Team recently developed a streamlined JIT process and a schedule for implementation, including milestones. Part of the program involves engaging in a three-month pilot with a specific JIT vendor to test the proposed streamlined methods. The Laboratory is on schedule in accomplishing the milestones.

Customer Satisfaction. Additionally, this Performance Objective requires the development of a process to address customer satisfaction; the determination of

Performance Characterization (Continued)

appropriate performance measure(s); and the establishment of a baseline. The Laboratory established a Customer Satisfaction Improvement Team and selected the survey process to address customer satisfaction requirements. A two-page questionnaire was sent to a sample of Procurement's Laboratory customers on August 18, 1995. The survey results will be compiled and reported by fiscal year end and employed toward continuous improvement efforts in the subsequent fiscal year.

In final summary, Procurement is compliant with public laws, acquisition regulations, and the Prime Contract clauses; conforms to efficient and effective industrial practices and post-"federal norm" initiatives; and provides maximum protection of the government funds expended sufficiently to support Laboratory program mission requirements.

Performance Objective #1

Identification of Contracts with Government-Owned Property: *The Laboratory will have an effective system in Procurement for accurately notifying Property Management of Government-Furnished Property (GFP) and Subcontractor-Acquired Property (SAP).* **(Weight = 5%)**

Summary

Procurement, in its role adjunctive to LBNL Property Management, has a highly effective program for identifying government property in compliance with the property control and accountability standards established by the *University of California Laboratory Procurement Policy and Standard Practices Manual.*

Government property—including government-furnished property (GFP), government property transfers, special tooling, R&D or special test equipment, applicable fabrications, and subcontractor-acquired property (SAP)—obtained by Procurement is identified and entered under a subcontract or purchase order number for the life of that subcontract or purchase order. Procurement Buyers notify LBNL/Property Management of the accountable property through a memo, transmitting a copy of the basic subcontract or modification upon award.

During this fiscal year review period, Lawrence Berkeley National Laboratory (LBNL) had only one property notification error and accomplished its "Far Exceeds" goal for identification of contracts with government-owned property.

Barriers to Improvement

The main barrier to the success of the Property Notification Program would be Procurement Specialist/Buyer noncompliance with the notification process. However, this barrier appears to have been basically surmounted, as evidenced by the high record of notification from the quarterly samples discussed in the paragraphs below.

Objective #1 Criterion 1.1

Procurement Identification and Notification Responsibilities: *Procurement notifies Personal Property Management of all subcontracts on which GFP and/or SAP are known to pertain at time of subcontract placement or on which changes to GFP and/or SAP becomes known during the subcontract administration phase.* **(Weight = 5%)**

Objective #1 Criterion 1.1 Performance Measure 1.1.a

Accuracy of Procurement Information: *Percentage of subcontracts where Procurement should have notified Property Management and a subcontract modification resulted from the lack of notification as determined by a valid statistical sample. This measure will be baselined for the first year with a continuous improvement goal to reduce notification errors. Trend is towards zero failure to notify.*

Assumptions:

Statistically valid sample—Each Lab will identify population where Procurement is required to notify Property Management of SAP/GFP and establish sample size based on confidence level agreed to locally with DOE. The term "subcontracts" is meant to include subcontracts, purchase orders and modifications. Measurement is number of instances of proper notification vs. total sample (not limited to those that resulted in a subcontract modification). The Baseline will be established by agreement between the Laboratory and the local DOE office.

Basis for Rating (LBNL): For FY95, LBNL will have the following basis for rating as agreed by the DOE:

- Meet Expectations—4 notification errors annually.
- Exceeds—3 notification errors annually.
- Far Exceeds—2 or fewer notification errors annually.

Each Lab to submit the following to UC Functional Manager (with copy to DOE Functional Managers) by February 28, 1995:

a. Measurement sample.
b. Agreed-Upon Baseline.
c. Goal.

Performance Measure Result

Since the Laboratory has had only one Property Management Notification Error this Fiscal Year, the "Far Exceeds" goal has been accomplished.

Successes/ Shortfalls

FIRST QUARTER

For First Quarter Fiscal Year 1995, there were 4,379 procurements (including modifications) awarded. Of these, 40 transactions were randomly sampled and only two out of the 40 involved property. Of the two, one procurement involving government-furnished property did not include the appropriate Property notification. This gave Procurement a First Quarter baseline and notification rate of 50%.

Successes/ Shortfalls (Continued)

The Procurement Specialist/Buyer indicated that he had not notified Property Management of the Property because the Property had not yet been furnished to the subcontractor, although it is Procurement policy to notify Property Management upon subcontract award.

MEASUREMENT SAMPLE, BASELINE, AND GOAL

Based on this sample, on January 26, 1995, Procurement submitted the measurement sample (4,379 First Quarter transactions, including modifications), a First Quarter baseline (the 50% notification rate) and a continuous improvement notification rate goal of 75% to DOE.

However, the Laboratory held subsequent discussions with DOE and the University of California (UC) Procurement and Property Functional Manager concerning the fact that the random sampling technique and the *percentage* rate goal appeared to be inequitable to the Lawrence Berkeley National Laboratory because LBNL has a smaller procurement volume than the other two UC Laboratories.

Consequently, in accordance with the March 28, 1995, tripartite Letter Agreement with DOE, LBNL, and UC, the sampling and the goal(s) were revised. The statistical sampling for this Objective is now based upon quarterly judgment samples of at least 50 transactions from $0 to $100,000 and all procurements exceeding $100,000, and was effective the Second Quarter.

LBNL also decided that the minimum basis for the quarterly judgment sample will always be the three highest value subcontracts/purchase orders awarded that quarter from each Procurement Specialist or Buyer.

Further, pursuant to the March 28, 1995, Letter Agreement, LBNL would not have *percentage* goal(s), but *numerical* goal(s). Thus, the "Meets Expectations" goal of four notification errors annually; the "Exceeds Expectations" goal of three notification errors annually; and the "Far Exceeds" goal of two or fewer notification errors annually was established for this Laboratory.

SECOND QUARTER

During the Second Quarter of Fiscal Year 1995, 6,478 purchase orders/subcontracts or modifications were awarded . Of these, 66 transactions (with 16 procurements over $100,000) were sampled and included eight procurements that involved property. For all eight, the property was properly identified.

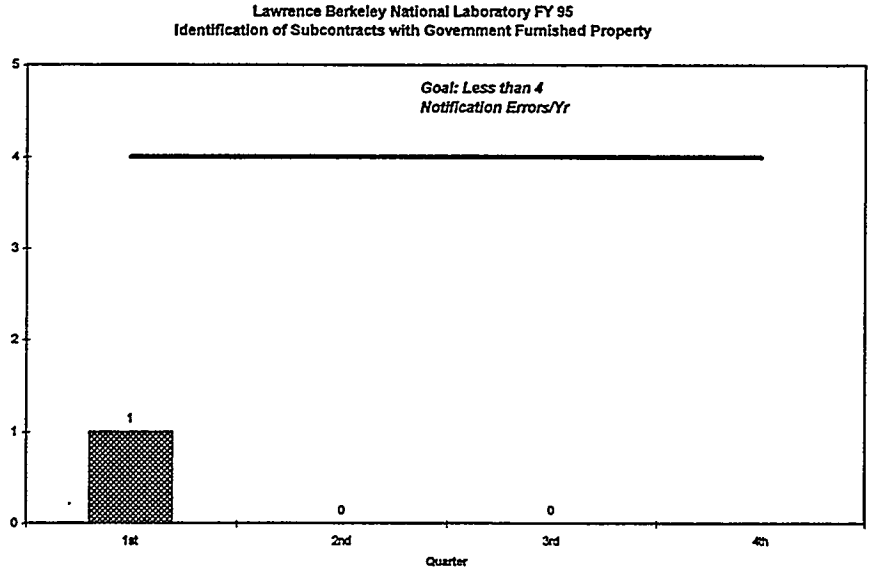
THIRD QUARTER

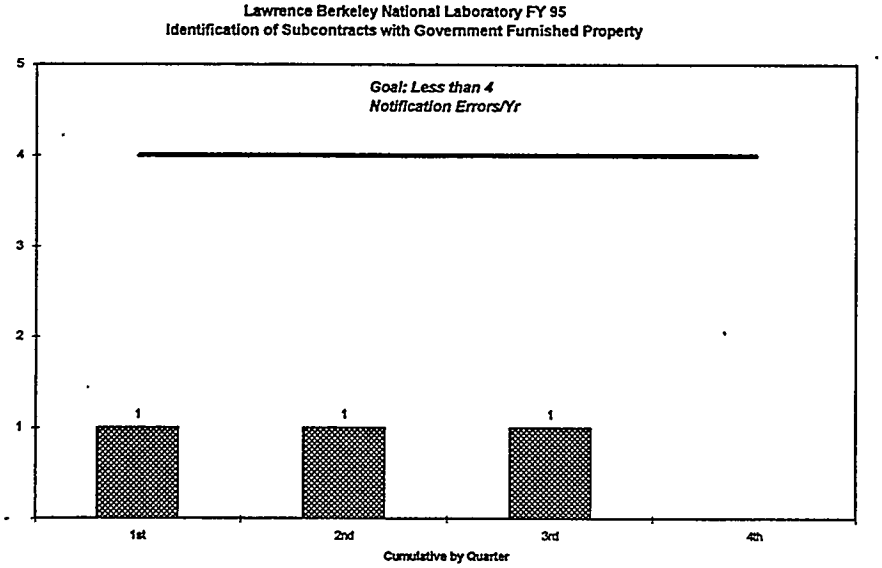
There were 5,959 procurement transactions (including modifications) awarded during the Third Quarter. Of these, 64 transactions (with 19 procurements over $100,000) were sampled and included four property-related procurements. Based upon this sample, Procurement achieved a notification rate of 100% for the Third Quarter, too. Consequently, with only one notification error, to date, the Laboratory has attained the "Far Exceeds" goal.

As a result of the Second Quarter and Third Quarter sample, there were no deficiencies noted in the Procurement Notification Process. This is considered a success for LBNL.

Supporting Data

Please refer to the section above for relevant narrative information, as well as to the graphs below:





Performance Measure 1.1.a

Areas for Improvement

No areas for Improvement have been identified for this Performance Objective since the Lawrence Berkeley National Laboratory had a 100% property notification rate for FY94, and the last two quarterly samples revealed 100% compliance.

The Laboratory believes that the effectiveness of the Property Notification Performance Objective has been maximized. However, LBNL will continue to assure that government property is properly identified under subcontracts.

Performance Objective #2

Acquisition Planning: *The Laboratory will perform effective advanced acquisition planning.* **(Weight = 15%)**

Summary

LBNL/Procurement's revised Advanced Acquisition Planning System for high-value purchases officially came online in Fiscal Year 1995. Some of the concepts being promoted by this Laboratory-wide system are consolidation of similar requirements on an institution-wide basis for cost savings, better identification of opportunities for competition and socioeconomic subcontracting, and greater assurance that mission or program needs will be fulfilled in a timely, effective manner.

The Laboratory Program/Technical Divisions (requesters) enter the acquisition information electronically into an AAP database that lists the purchasing requirements and schedule for acquisitions at various dollar levels. The AAP System requires requesters to input transactions of $100,000 or more to the AAP Database at least 30 days prior to the time that they issue the purchase requisition to Procurement. The Program/Technical Divisions, in conjunction with Procurement, must also prepare an Acquisition Plan with important milestones.

Recovering from a slowish start, the new Advanced Acquisition Planning System has been a major Laboratory-wide managerial and operational achievement, and its recent success has enabled LBNL Procurement to attain the "Far Exceeds" goal.

Barriers to Improvement

As with all new systems, there is a learning curve for LBNL personnel involved in the procurement process, including Program/Technical Division requesters. However, this was ultimately overcome, as more Divisions became familiar with the current advanced planning requirements.

Objective #2
Criterion 2.1

Laboratory Responsibility: *As an institutional responsibility, the Laboratory will forecast anticipated procurements.* **(Weight = 15%)**

Objective #2
Criterion 2.1
Performance Measure 2.1.a

Correlation of Forecasting versus Actual Subcontracting: *Institutional input on anticipated procurements will be maintained consistent with each laboratory's threshold for acquisition planning and tracked by Procurement. Procurement will measure correlation between institutional input and actual Procurement actions received. Procurement will report quarterly on the number of actions and the dollars committed against input from the acquisition planning process. A baseline goal will be established and trends (correlation) will be reported on a yearly basis.*

NOTE: *It is understood that the impact of issues of compelling urgency, acts of nature, and changes in funding profiles which could not have reasonably been input into the acquisition planning process will be highlighted and may not be included in the evaluation of Measure 2.1.a.*

Assumptions:

For FY95, Advanced Acquisition Plans are required for all procurements (including institutional procurements) over $500K at LANL and over $100K at LBNL and LLNL. Measure will be based on the total number of qualifying requisitions received each quarter compared to the number of requisitions that were forecasted to be received.

Rating will be determined by the *cumulative* FY95 percentage.

Rating Basis: Each Lab will establish percentage goals for Meets, Exceeds, and Far Exceeds by January 31, 1995. These goals require agreement by the UC and DOE Functional Managers.

Performance Measure Result

Procurement is measuring the correlation between institutional input (forecasted or advance-planned purchases entered into the LBNL Advanced Planning System) and actual purchasing requisitions (procurement actions) received and reporting this information quarterly. A baseline of 50% and percentage goals for "Meets," "Exceeds," and "Far Exceeds" were established with the January 27, 1995, tripartite Letter Agreement with UC, DOE, and LBNL.

In accordance with this Letter Agreement, the Laboratory's annual Acquisition Planning "Meets" goal is 60%; the "Exceeds" goal is 70%; and the "Far Exceeds" goal is 75%. The number of qualifying requisitions forecasted is compared to the number of qualifying requisitions received, and reported quarterly as provided by the Procurement Assumptions.

To date, the Lawrence Berkeley National Laboratory has achieved an 86% rate for forecasted requisitions, which is above the "Far Exceeds" goal for Advanced Acquisition Planning.

Successes/ Shortfalls

Eight requisitions with a value of $100,000 or more were received during the First Quarter. Of these eight, four requisitions were not forecasted, so the Laboratory attained only a rate of 50%.

Successes/ Shortfalls (Continued)

For the Second Quarter of Fiscal Year 1995, 17 requisitions for purchases of $100,000 or more were received. Of these 17, all were forecasted. Therefore, LBNL achieved a 100% rate for forecasted requisitions and the Laboratory's cumulative rate for the two Fiscal Year quarters rose to 84%.

During the Third Quarter, 12 requisitions with a value of $100,000 or more were received. Of these 12, one was not forecasted, resulting in a cumulative rate of 86% through the Third Quarter, which is still above the "Far Exceeds" goal.

Prior to the implementation of this AAP System, some major purchases were not being reviewed in the early stages by Procurement and this formerly led to poor planning, lack of coordination, short lead times, sole sources, and, sometimes, unexpected procurements.

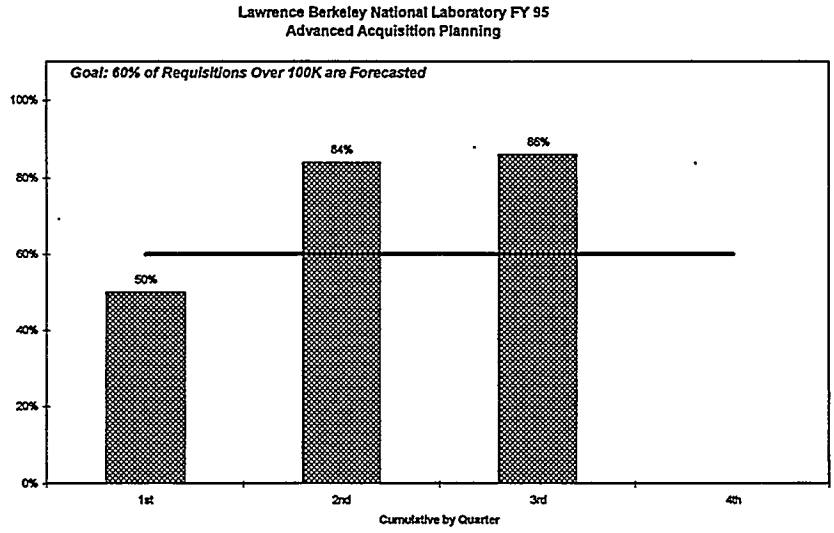
This new system emphasizes more effective management of the major acquisitions and establishes collaboration between the Program/Technical and Procurement personnel in the early planning and decision-making phases.

The original AAP System was designed to include an AAP advocate, external to Procurement, to promote Advanced Procurement Planning throughout the Laboratory until the process became institutionalized. But LBNL revised its AAP System so that this advocacy became a Procurement function. The LBNL employee responsible for promoting the concept of a Laboratory-wide strategy for managing major acquisitions, is the Senior Procurement Specialist/Engineer, who has a multidimensional knowledge of programs and procurements. With his success as a focal point and resource for the continuing education of the Lab community, Procurement will continue this role in the Operations Division.

As shown by the statistics in the graph below, and in the other related Performance Objectives, the AAP System goals of advanced planning and early identification of competitive and socioeconomic opportunities on an institution-wide basis have been realized.

Supporting Data

Please refer to the section above for relevant narrative information, as well as to the graph below:



Performance Measure 2.1.a

Areas for Improvement

The ease with which information can be input and accessed is one of the most important considerations in determining the usability of a system. There has been some system problems (input, system going offline, etc.) with the Focus/Toolkit program, but these problems have not been major barriers to improvement, as shown by the Performance Objective goal accomplishment.

Further, in the near future, the ORACLE Purchasing System will replace the current Focus program, for major acquisition forecasting, as LBNL continues the institutionalized management of high-value acquisitions.

Performance Objective #3

Socioeconomic Subcontracting: *The Laboratory shall support and promote socioeconomic subcontracting programs including establishing mutually acceptable annual goals.* **(Weight = 15%)**

Assumptions:

In FY95, zero weight will be applied to 3.1.a and 3.1.b and a weight of 15% will be applied to 3.2.a. The "constrained base" for this measure will be that contained in the Small Business Plan in the current UC/DOE contract. For FY95, credit card purchase transactions will be deleted from the base.

3.2.a : The intent is to report dollars obligated not the face value of the subcontract.

Rating Basis:

- Meets Expectations = Meeting your goals with consideration given to changes in funding profiles, changes in forecast, deletion of requirements, etc., should goals not be met.
- Exceeds/Far Exceeds = Meeting goals plus consideration of such factors as awards/recognition, best business practices, utilization of pilot programs, other support for DOE Diversity in Subcontracting efforts (see below) and consideration for surpassing goals which are already high by comparison to other DOE M&Os.

Activities demonstrating support for DOE Diversity in Subcontracting efforts include: Outreach activities, vendor assistance programs, technical assistance programs, inreach activities, collaborative activities with economic and business development organizations, etc.

NOTE: Obligations which qualify in more than one category may be counted in more than one category; e.g., Small Business and Small Business Set-Asides. However, Small Disadvantaged Business Set-Asides may not be counted as Small Business Set-Asides and vice versa.

Summary

On March 31, 1995, Lawrence Berkeley National Laboratory received the U.S. Department of Energy M&O Contractor of the Year Award for Fiscal Year 1994 in recognition of outstanding achievement in providing contracting opportunities to small businesses.

In Fiscal Year 1995, the Laboratory again demonstrated support for the Department of Energy Diversity in Subcontracting programs. These supporting efforts include:

- Participation, through DOE sponsorship, in the Small Business Administration 8(a) Pilot Program beginning March 6, 1995.
- Ongoing outreach efforts such as attending Bay Area small business and commercial trade fairs.
- Advertising in the 1995 edition of the "Minority Business Professional Directory."

Summary (Continued)

- Active memberships in local technology and trade associations such as the Northern California Supplier Development Council, the Industry Council for Small Business Development, and the University of California (UC) Business Affirmative Action Council (UCBAA) involving the nine UC campuses and three UC laboratories. LBNL's continued association with these organizations contributes significantly to the Laboratory Socioeconomic Program.

These efforts resulted in the LBNL's exceeding all but one of the socioeconomic goals required by the Performance Objective and comparing favorably with the one goal, Small Woman-Owned Business, that was not achieved, as shown by the chart below. Greater emphasis had been placed on the new Small Business 8(a) Pilot Program and outreach to Disadvantaged Businesses. The Laboratory is now concentrating more on Small Woman-Owned Businesses to assure that all socioeconomic goals are achieved.

FY95 LBNL Performance Against Performance Objective Goals (%)

Category	Goal	Actual*
Total Small Business	56.0	63.0
Set-Aside	12.0	15.0
Total Small Disadvantaged Business	12.0	13.0
Set-Aside	4.0	6.0
Small Woman-Owned Business	6.0	5.0

*Cumulative through June 30, 1995.

Barriers to Improvement

A potential barrier to improvement is the fact that LBNL plans to establish a number of "System" or "Just-In-Time" (JIT) subcontracts. Because these type of subcontracts often require the stocking of a large inventory of commercial items, large businesses tend to have an advantage over smaller firms.

Objective #3 Criterion 3.1

Laboratory Responsibility: *The Laboratory will propose, and provide supporting information (basis) for, socioeconomic goals to the University and DOE annually in supporting and promoting the socioeconomic subcontracting programs.* **(Weight = 0%)**

Objective #3 Criterion 3.1 Performance Measure 3.1.a

Establishing Goals: *Socioeconomic goals will be established prior to the beginning of each fiscal year and submitted, with supporting information, to DOE as requested by the Contracting Officer.*

Performance Measure Result

The Lawrence Berkeley National Laboratory socioeconomic goals and supporting information were submitted August 18, 1994, prior to the beginning of the fiscal year.

Successes/ Shortfalls

In accordance with the Objective criterion, LBNL submitted the socioeconomic goals and supporting information, prior to the beginning of the fiscal year. However, in accordance with the DOE Prime Contract DE-AC03-76SF00098, Appendix D, a six month review revised these goals. Based upon a meeting between DOE/Oakland and LBNL on February 1, 1995, the Fiscal Year 1995 Performance Objective goals are as follows:

Category	Current Goal (%)	Previous Goal (%)
Total Small Business	56.0	54.0
Set-Aside	12.0	10.0
Total Small Disadvantaged Business	12.0	11.0
Set-Aside	4.0	3.0
Small Woman-Owned Business	6.0	6.0

Supporting Data

Refer to the section above and Attachment A, the August 18, 1994, letter to DOE.

Areas for Improvement

Since LBNL submitted the socioeconomic goals in a timely manner, no areas are identified for improvement.

Objective #3 **Criterion 3.1** **Performance Measure 3.1.b**	**Reporting Efforts:** *The Laboratory will issue an annual report by October 31, 1994, outlining efforts made at promoting socioeconomic programs with specific emphasis on acquisition planning.*
Performance Measure Result	The Lawrence Berkeley National Laboratory Annual Report outlining socioeconomic promotion efforts and discussing acquisition planning was issued October 25, 1994.
Successes/ Shortfalls	In accordance with the Objective criterion and Performance Measure 3.1.b, the Annual Report, which included socioeconomic promotion efforts and acquisition planning, was submitted to DOE.
Supporting Data	Refer to the previous section and Attachment B, the LBNL annual report, issued October 25, 1994.
Areas for Improvement	Since the Laboratory submitted the Socioeconomic Annual Report in a timely manner, no areas for improvement are identified.

Objective #3
Criterion 3.2

Customer Requirements: *The obligated subcontracted dollars awarded will meet yearly DOE/UC/Laboratory-negotiated goals in the following areas:*

(a) Small Business.
(b) Small Business Set-Asides.
(c) Small Disadvantaged Business.
(d) Small Disadvantaged Business Set-Asides.
(e) Small Women-Owned Business.

(Weight = 15%)

Objective #3
Criterion 3.2
Performance
Measure 3.2.a

Meeting Commitments: *Actual subcontract dollars awarded (obligations) in the five categories are compared against the negotiated goals. Dollars awarded will be plotted as percentages of the specific areas against the purchasing base.*

Performance
Measure Result

FY95 LBNL Performance Against Goals (%)

Category	Goal	Actual*
Total Small Business	56.0	63.0
Set-Aside	12.0	15.0
Total Small Disadvantaged Business	12.0	13.0
Set-Aside	4.0	6.0
Small Woman-Owned Business	6.0	5.0

*Cumulative through June 30, 1995.

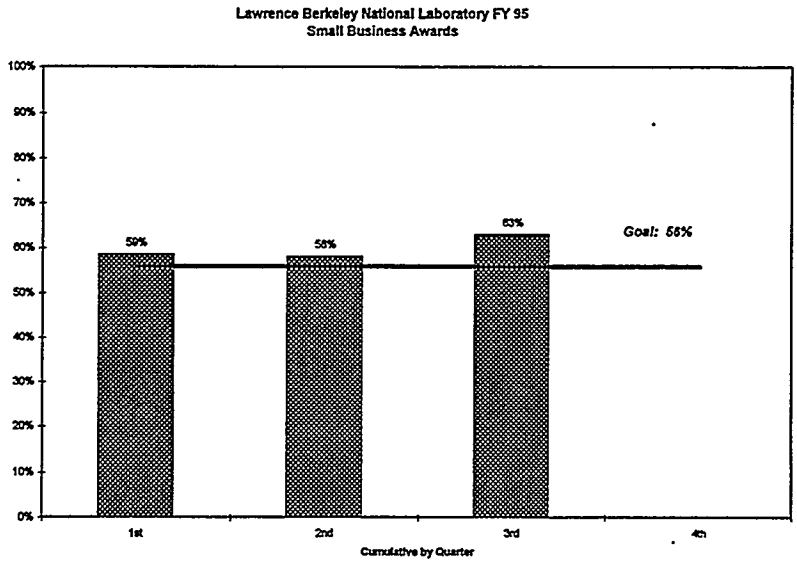
Successes/
Shortfalls

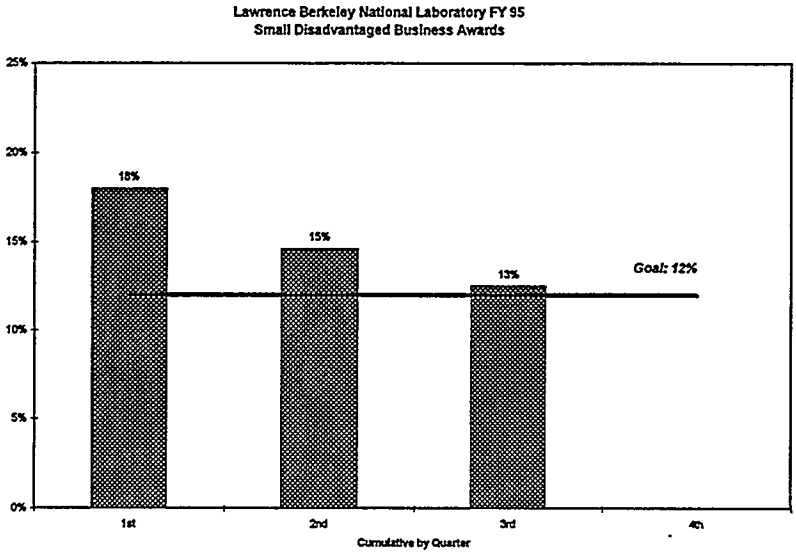
As shown in the section above, the Lawrence Berkeley National Laboratory was very successful in exceeding all but one of the socioeconomic goals required by the Performance Objective goals and compared favorably with the one goal, Small Woman-Owned Business, that was not achieved. The Laboratory placed more emphasis on the new Small Business 8(a) Pilot Program and outreach to Disadvantaged Businesses. LBNL is now concentrating more on Small Woman-Owned Businesses to assure that all socioeconomic goals are achieved.

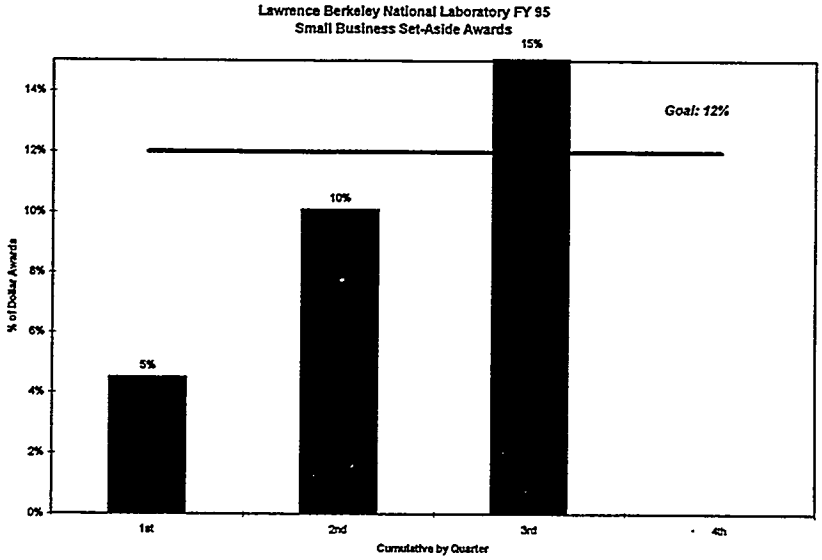
Supporting Data

Please refer to the section above for relevant narrative, as well as to the following graphs.

Supporting Data (Continued)

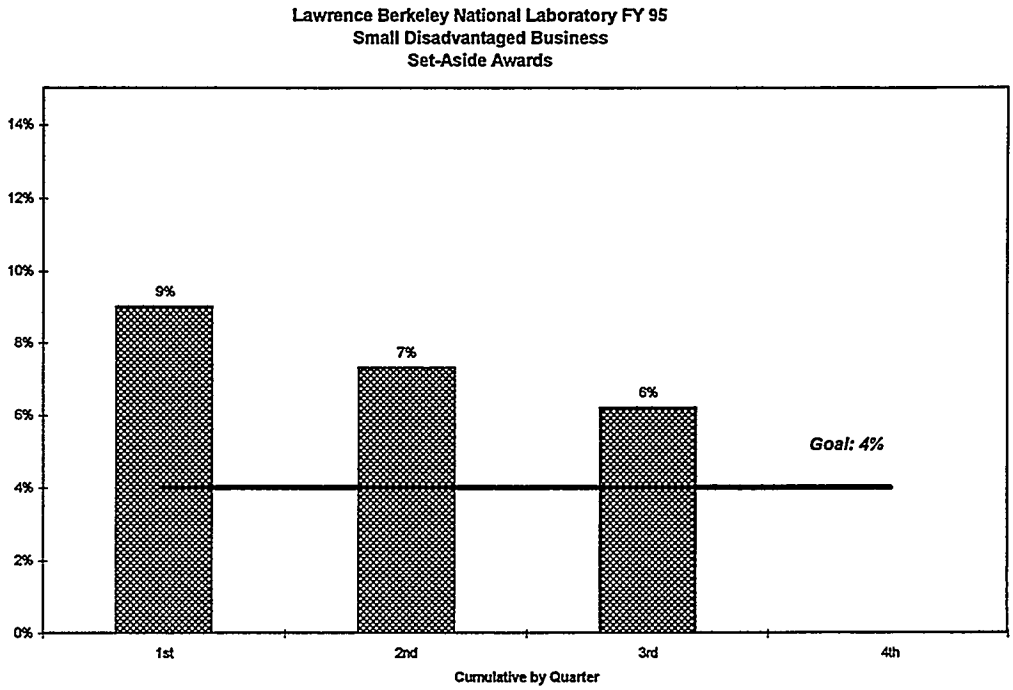


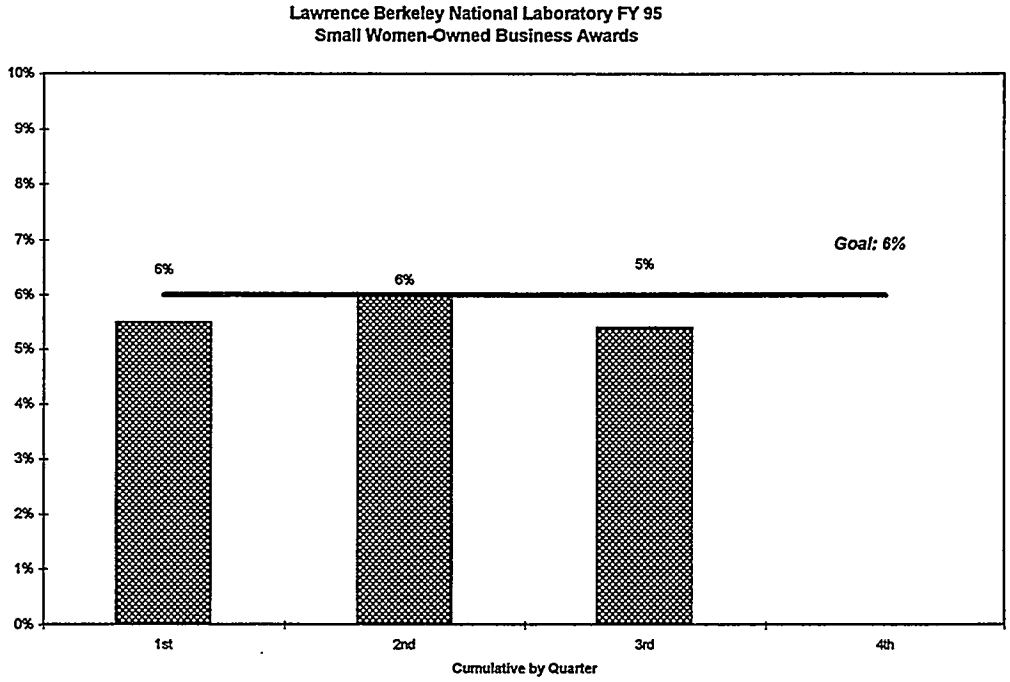




Performance Measure 3.2.a

Supporting Data (Continued)





Performance Measure 3.2.a

Areas for Improvement

Since LBNL exceeded all but one of the socioeconomic goals required by the Performance Objective, and compared very favorably with the one goal, Small Woman-Owned Business, that was not met, no areas of improvement are identified. However, the Laboratory will continue to seek opportunities for further improvement in socioeconomic subcontracting.

Performance Objective #4

Increasing Competition: *The Laboratory shall support and promote competitive subcontracting including establishing a mutually acceptable annual goal.* **(Weight = 10%)**

Assumptions:

The "constrained base" for competitive procurements in FY95 will be that contained in Performance Objective #5 for FY94. The weight for Measure 4.1 will be 0% in FY95 and the weight for Measure 4.2 will be 10%.

Rating Basis: The same assumptions as those applicable to Measure 3.2.a above apply.

Summary

Lawrence Berkeley National Laboratory ensures that subcontracting is consistent with the efficient performance of the program mission and the nature of supplies and services being purchased. Consequently, it is the policy of LBNL/Procurement that noncompetitive (sole- or single-source) procurements are only used when no other reasonable alternatives exist.

The Laboratory's cumulative Fiscal Year 1995 goal is 71% of purchases over $25,000. Competitively awarded subcontract/purchase-order dollars are compared to the purchasing base (constrained) for determining Performance Objective accomplishment. The cumulative results achieved to date for procurements over $25,000 is **75%.**

A contributory factor to this accomplishment was the fact that under the new Laboratory-wide Advanced Acquisition System, which officially began in FY95, procurement planning has become essential and has resulted in greater identification of competitive opportunities and more success than was originally envisioned.

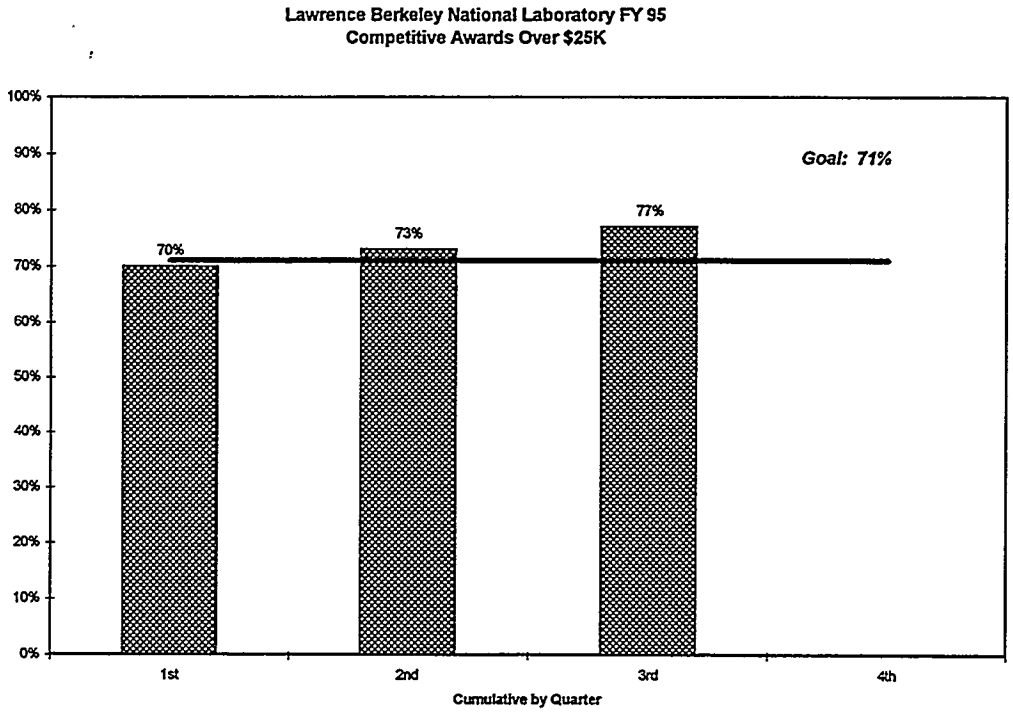
The Advanced Planning Performance Objective has also assisted the Laboratory in educating the Program/Technical Divisions concerning the drawbacks of sole-sourcing (time-consuming, labor-intensive, delaying, etc.).

Barriers to Improvement

A barrier that affects LBNL's competitive subcontracting is that the Laboratory works in such advanced scientific and technological fields as high-energy and nuclear physics; chemistry and materials science; environmental remediation; energy production, conservation, and storage; biological and atomic imaging; biotechnology applications; accelerator design and development; and research medicine and life sciences. Often, for the fundamental research, there is only one source. Nevertheless, for a scientific and research organization, LBNL has a very good competitive tradition.

Objective #4 Criterion 4.1	**Leadership:** *The Laboratory will propose, and provide supporting information (basis) for, a subcontracting competition goal to the University and DOE annually. The Laboratory shall otherwise support and promote competitive subcontracting programs.* **(Weight = 0%)**
Objective #4 Criterion 4.1 Performance Measure 4.1.a	**Establishing Goals.** *A competition goal for actions over $25,000 will be established prior to the beginning of each fiscal year and submitted, with supporting information, to DOE as requested by the Contracting Officer. The Laboratory will issue an annual report outlining good faith efforts made at promoting the competitive subcontracting programs by October 31,1994.*
Performance Measure Result	The Lawrence Berkeley National Laboratory competition goal and supporting information were submitted on September 29, 1994, prior to the beginning of the fiscal year. (See Attachment C.) The Laboratory also submitted the annual report outlining good-faith efforts made at promoting competitive subcontracting to DOE on October 21, 1994, and has continued to foster a competitive environment, as shown by the success of this Performance Objective. (See Attachment D.)
Successes/ Shortfalls	LBNL collects the competition data from a computer program that sorts "status codes" listed on each procurement transaction and compiles the resultant information. For example , the status code for competitive is "2," and the status code for noncompetitive is "3," so all transactions with a "2" code are totaled and the data are reported by dollar value and quantity as shown in the Supporting Data section. In accordance with the Objective criterion, the Laboratory submitted the competition goal of 71% and supporting information prior to the beginning of the fiscal year, so this Performance Measure was a success. However, it should be noted that DOE questioned this goal, primarily due to the fact that it was below LBNL's FY94 competitive cumulative rate of 73.6%. DOE also took exception to the supporting information submitted with the goal on September 29, 1994. The Laboratory believed its position was well supported and provided DOE with additional information on February 13, 1995. Although the competitive performance statistic for FY94 was 73.6%, this achievement was 40% over LBNL's historical average and there was no guarantee that the FY94 performance would be duplicated in FY95. Also, early FY95 monthly reports showed a decline in competitive statistics. Although DOE still raised issues on the original supporting data, DOE concurred with the 71% competition goal on March 31, 1995.
Supporting Data	Refer to the foregoing section and Attachments C and D.
Areas for Improvement	Since LBNL submitted the competition goal in a timely manner, no areas are identified for improvement.

Objective #4 Criterion 4.2	**Customer Focus:** *The rate of obligated subcontracting competition meets a yearly DOE/UC/Laboratory-negotiated goal.* **(Weight = 10%)**
Objective #4 Criterion 4.2 Performance Measure 4.2.a	**Meeting Commitments.** *Actual competitively awarded subcontract dollars (obligations) are compared against the negotiated goal. Competitively awarded dollars will be plotted as percentages of the purchasing base.*
Performance Measure Result	The Lawrence Berkeley Laboratory has exceeded the competition goal of 71%.
Successes/ Shortfalls	The Laboratory was successful in exceeding its goal for the fiscal year. This is a strong indication that the commitment for competitive procurements is a priority of the Laboratory, even though LBNL is a scientific and research organization.
Supporting Data	Please refer to the accompanying graph and table:



Performance Measure 4.2.a

Supporting Data (Continued)

FY 95 COMPETITIVE PERFORMANCE STATISTICS
(using procurement and invoice data)

Statistics for October 1994 to December 1994 (1ST QUARTER):

	Amount	% of Base	Number
Competitive Awards over 25K:	$6,064,944	**70.4%**	3,495
Competitive base of awards over $25K is:	$8,604,452		4,908

Statistics for January 1995 to March 1995 (2ND QUARTER):

	Amount	% of Base	Number
Competitive Awards over 25K:	$8,537,763	**74.9%**	3,707
Competitive base of awards over $25K is:	$11,386,956		5,225

Statistics for April 1995 to June 1995 (3RD QUARTER):

	Amount	% of Base	Number
Competitive Awards over 25K:	$12,918,587	**81.0%**	3,182
Competitive base of awards over $25K is:	$15,948,482		4,378

Statistics for July 1995 to September 1995 (4TH QUARTER):

	Amount	% of Base	Number
Competitive Awards over 25K:	$XX,XXX,XXX	**XX.X%**	X,XXX
Competitive base of awards over $25K is:	$XX,XXX,XXX		X,XXX

Areas for Improvement

The Lawrence Berkeley National Laboratory has exceeded the competition goal. In the future, LBNL, in conjunction with the University of California, DOE, and the other two UC Labs, would like to establish a consistent and best method for the analysis and basis of competition goals.

Performance Objective #5

Training: *A comprehensive procurement-related training program that encompasses all Laboratory personnel with procurement-related duties is established and functioning effectively.* **(Weight = 10%)**

Assumptions:

5.1.a Measure—Training held versus that planned. Assumptions for the Training plan include identification of major training areas to be targeted based on Self-Assessments, reviews, surveillances or other sources of data that establish current performance levels to be tracked for improvement. The Training Plan is to be completed by March 1, 1995. This eliminates the requirement to establish a baseline in Performance Measure 5.2.a, which will be weighted at 0% in FY95.

Rating Basis:

- Meets Expectations = 100% of training goals achieved with consideration given to funding cuts and unavoidable disruptions. (Training plans may be modified prospectively by furnishing notice to DOE, and retrospectively by obtaining DOE consent.)
- Exceeds and Far Exceeds = 100% of training goals achieved (with consideration as above) plus additional courses given, needs assessments conducted and other innovations which increase the effectiveness of the training and/or decrease its cost.

5.2.b—For FY95, the effectiveness of training efforts from the prior year's (FY94) efforts will be assessed to determine if the objectives of the course have been achieved.

Rating Basis:

- Meets Expectations = Self-Assessment shows improvement in targeted area(s).
- Exceeds and Far Exceeds = Significant improvement demonstrated (error reduction, decreased cycle time, etc.) plus number of training areas addressed, people trained, etc.

Summary

Lawrence Berkeley National Laboratory's new comprehensive training program for Procurement personnel has been functioning since October 1, 1994, the beginning of the 1995 Fiscal Year.

Classes are scheduled to train Procurement Specialists/Buyers in contracting fundamentals ("core competencies") and fulfill both short-term as well as long-term training needs. Important topics such as negotiation, cost/price analysis, evaluation and source selection, post-award and file documentation are addressed in the scheduled procurement classes and given priority.

An ongoing Procurement Training Committee is monitoring the classes for effectiveness.

Additionally, LBNL developed individual development and training plans for each Procurement employee, which will promote career development and will assure that

Summary (Continued)

the skills necessary to manage and administer an effective and efficient purchasing system are maintained.

As described in the overall LBNL Procurement Training Plan submitted to DOE on March 1, 1995, the Laboratory Training Plan Objective goal is to provide 16 training classes this fiscal year. The Lawrence Berkeley National Laboratory held 17 classes this fiscal year, as scheduled, slightly exceeding the 16-class goal.

Barriers to Improvement

A barrier that affects the Laboratory's ability to provide more Procurement-related training is the budget-reduced financial resources for external training. However, to overcome this limitation, some training has been sponsored by DOE, provided by Lawrence Livermore National Laboratory, and taught through internal instruction.

Objective #5 Criterion 5.1

Planning: *A yearly training plan will be established.* **(Weight = 5%)**

Objective #5 Criterion 5.1 Performance Measure 5.1.a

Tracking Performance: *The annual plan will be developed by December 31, 1994.* [See Assumptions; this date was changed to March 1, 1995. Also, Measure includes training held versus that planned.]

Performance Measure Result

The Lawrence Berkeley National Laboratory annual Training Plan was submitted to DOE on March 1, 1995. This Training Plan was based on the recommendations and observations from the LBNL April 1994 self-assessment, the December 1994 DOE CPSR, as well as the Procurement Training Committee's special study of current government requirements and private industry standards.

See the table below for the listing of classes planned for FY95 and also refer to Attachments E and F, the complete Training Plan submitted to DOE.

FY95 LBNL TRAINING PLAN COURSE(S)	DATE SCHEDULED	DATE COMPLETED
Clerical Support Procedures	10/27/94	10/27/94
Intellectual Property	11/10/94	11/10/94
ADP - Basic Microsoft Word	12/08/94	12/08/94
ADP - Basic Microsoft Excel	12/08/94	12/08/94 12/15/94
Ethics	03/02/95 04/13/95 08/15/95	03/02/95 04/13/95 08/15/95
Safety/Security Awareness	03/31/95	03/07/95
Negotiation	03/31/95	03/21/95 03/31/95
Cost/Price Analysis	03/31/95	03/21/95
Technical Coordinator Training	03/31/95	03/30/95
Protests	04/28/95	04/20/95
Post-Award Administration	04/28/95	04/20/95
Evaluation, Proposals, and Source Selection	06/30/95	05/24/95
Contract Modifications and Changes	05/31/95	05/24/95
Sole/Single Source Justifications	06/30/95	06/28/95
Contract Administration: Performance (Delays, Suspension of Work, Stop Work, & Audits)	07/31/95	07/31/95
Solicitations and Award, general	08/31/95	08/25/95
Solicitations, Planning and Preparation (Organizational Conflict of Interest and Lease vs. Purchase Analysis)	09/30/95	09/19/95

Successes/ Shortfalls

In accordance with the Objective Criterion and Measure, the Laboratory annual Training Plan was provided to DOE on March 1, 1995. This is a success, as is the fact that all Training Plan classes, to date, were held as scheduled.

The Lab Training Plan and FY95 goal is to provide 16 training classes, including Corrective Action Plan topics and purchasing "core competencies," as described in the LBNL Procurement Training Plan submitted to DOE on March 1, 1995.

In the First Quarter of 1995, of the 16 classes identified for this year, two were held. These two classes were "Clerical Support Procedures" and "Intellectual Property." Additionally, Procurement employees were trained during this quarter in other courses, such as software classes in Microsoft Word and Excel and ORACLE System purchasing. These classes were conducted on schedule.

Five additional classes were held during the Second Quarter. These classes included such topics as "Ethics," "Safety/Security Awareness," "Technical Coordinator Training," "Cost/Price Analysis," and "Negotiation." The classes were completed within the agreed-upon timetables.

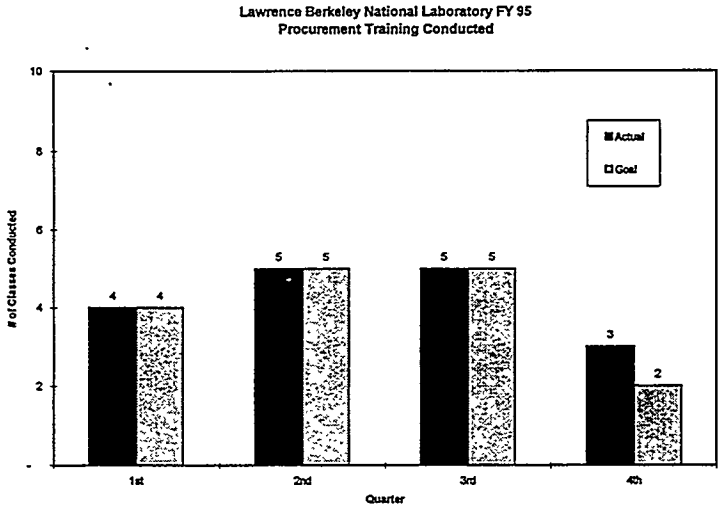
Through the Third Quarter, five more training classes were conducted on or ahead of schedule. These classes consisted of "Protests," "Post-Award Administration," "Evaluation and Source Selection," "Contract Modifications and Changes," and "Sole/Single Source Justifications."

Three classs were held: "Contract Administration" (Delays, Suspension of Work, Stop Work, and Audits); "Solicitations and Award" (general); and "Solicitations, Planning and Preparation" (Organizational Conflict of Interest and Lease vs. Purchase Analysis) for the last fiscal year quarter.

These three classes bring the total to 17 classes, as shown in the graphs in the Supporting Data section.

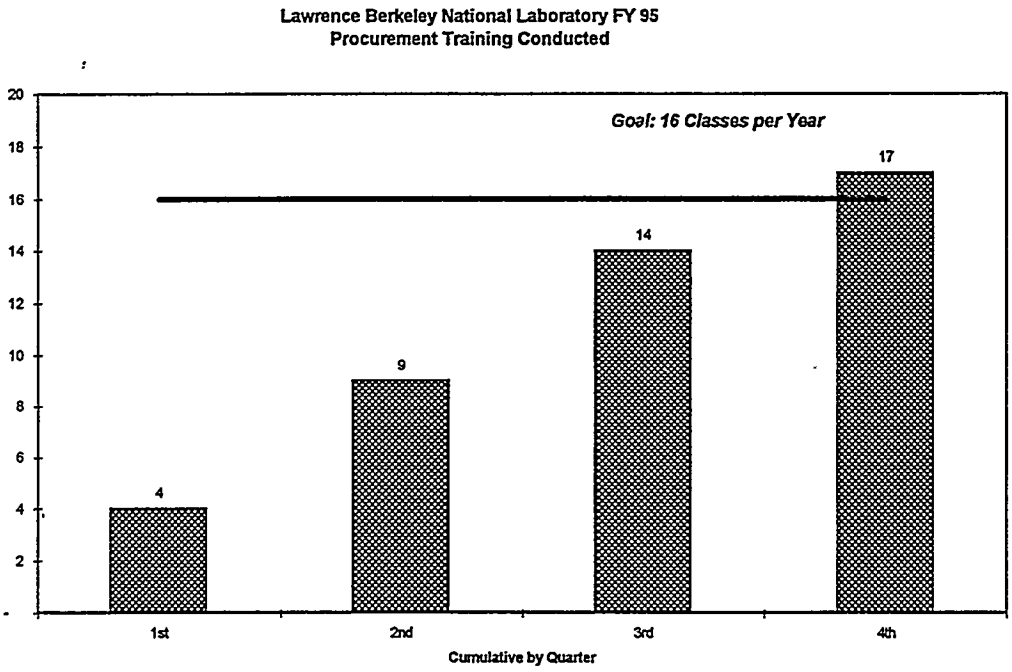
Thus LBNL successfully accomplished the FY95 16-class training goal (plus one additional class) in accordance with the plan as shown by the following graphs.

Supporting Data



Performance Measure 5.1.a

Supporting Data (Continued)



Performance Measure 5.1.a

Areas for Improvement

Since LBNL submitted the annual procurement Training Plan in a timely manner, no areas are identified for improvement, except that additional financial resources for the Procurement training budget are desired.

Objective #5 Criterion 5.2	**Continuous Improvement:** *Improve procurement system performance in major areas for which training is planned.* **(Weight = 5%)**
Objective #5 Criterion 5.2 Performance Measure 5.2.a	**Baselining:** *Performance in major areas for which training will be performed during the fiscal year will be baselined by March 31, 1995. Baselining performance will require Laboratory to measure performance for a particular area by use of such techniques as surveys, statistical sample reviews of contract files, etc.* (However, it should be noted that the Performance Objective Assumptions provided for the submittal of the Training Plan on March 1, 1995, instead of baselining).
Performance Measure Result	The Training Plan was completed on March 1, 1995. As stated in the Performance Objective Assumptions, this eliminates the requirement to establish a baseline.
Successes/ Shortfalls	The Laboratory was successful in submitting the annual Training Plan by March 1, 1995, which was in lieu of baselining.
Supporting Data	Refer to the previous section above because baselining was eliminated under the Assumptions.
Areas for Improvement	Since LBNL submitted the Training Plan in a timely manner, no areas are identified for improvement. However, it should be noted that in the upcoming years, Lawrence Berkeley National Laboratory will continue to train Procurement Specialists/Buyers in contracting fundamentals, as well as any other areas requiring education or improvement, despite limited financial resources.

Objective #5 Criterion 5.2 Performance Measure 5.2.b	**Training Effectiveness:** *Improvement in performance in major areas for which training was performed as determined by measuring performance after training with baseline of performance before training. Measurement must provide adequate performance time to substantiate improvement. Measurement of improvement may address training and baselining accomplished in a prior fiscal year.*
Performance Measure Result	The Training Plan was only completed on March 1, 1995. The Procurement Training Committee is scheduled to validate effectiveness in September 1995, providing adequate performance time to substantiate improvement.
Successes or Shortfalls	Refer to the preceding section.
Supporting Data	Refer to the Performance Measure Result section, above.
Areas for Improvement	Refer to the Performance Measure Result section, above. However, it should be noted that after measuring training effectiveness, including review of all the course evaluations for the fiscal year, some training classes may be revised for better quality and improvement.

Performance Objective #6

Close-Out of Subcontracts: *The Laboratory shall provide for timely settlement and close-out of all subcontracts.* **(Weight = 10%)**

Assumptions:

6.1.a: For FY95, 0% weight will be assigned to Performance Measure 6.1.a.

6.1.b: Measure against goals for 6-month, 20-month, and 36-month contracts with appropriate constraints on the base as agreed to locally with DOE.

Rating Basis:

- Meets Expectations = 100% of goals achieved. Consideration will also be given for significant improvements.
- Exceeds and Far Exceeds = Factors include goals that were exceeded, early deobligation of funds, efficiency enhancements, etc.

Summary

It is Laboratory policy to close out all physically complete contracts properly and in a timely fashion, to the extent practicable, when all contract administration issues, such as technical acceptance, audit or finalization of cost rates, disposition of property, proprietary data, patents, royalties, security clearances, termination actions, litigation, appeals, etc., have been resolved.

In the *University of California Laboratory Procurement Policy and Standard Practices Manual,* Standard Practice 42.4, entitled "Subcontract Closeout," does not cite specific close-out time frames for types of subcontracts, but provides that subcontracts can be closed when there is evidence of the receipt of goods or services and/or evidence of final payment.

Since a receiving report is issued for the majority of the Laboratory's procurement transactions, and final payment is made by LBNL Accounts Payable after notification of the receiving document (which documents LBNL acceptance of product), these simple type of subcontracts/purchase orders are considered closed without further action and are not tracked.

However, subcontracts that require a more formal close-out, are tracked, followed up, and reported quarterly. Specific LBNL Close-Out Time Standards, accountable from the date of subcontract physical completion, have been established for closure, based upon the contract type (firm-fixed price, cost-reimbursement, etc.). Physically complete subcontracts that are not closed out within the specified time frames are considered "overaged."

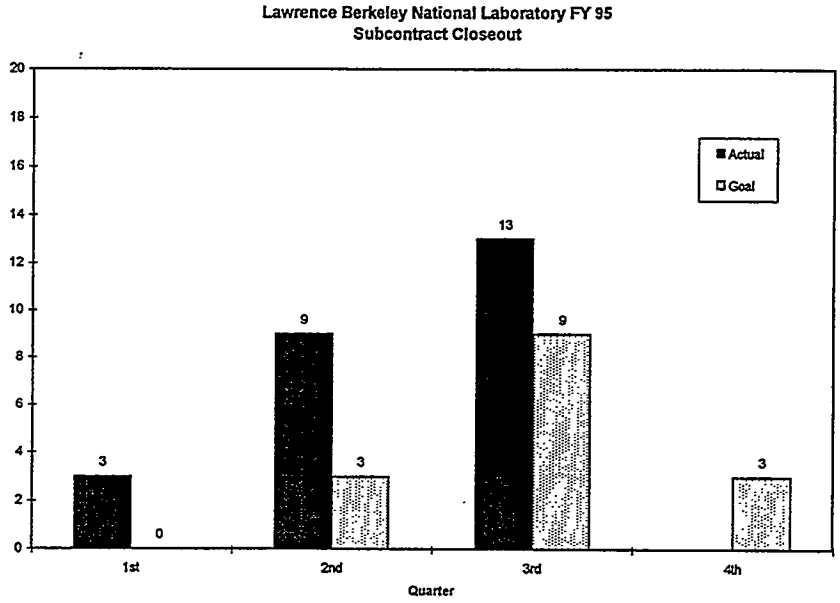
Under this Performance Objective, for Fiscal Year 1995, the Laboratory's close-out goal requires the closure of an annual cumulative total of 15 overaged subcontracts. To date, the fiscal year overaged close-out reduction number is 13, which is a significant accomplishment, and exceeds the Third Quarter close-out goal of nine subcontracts.

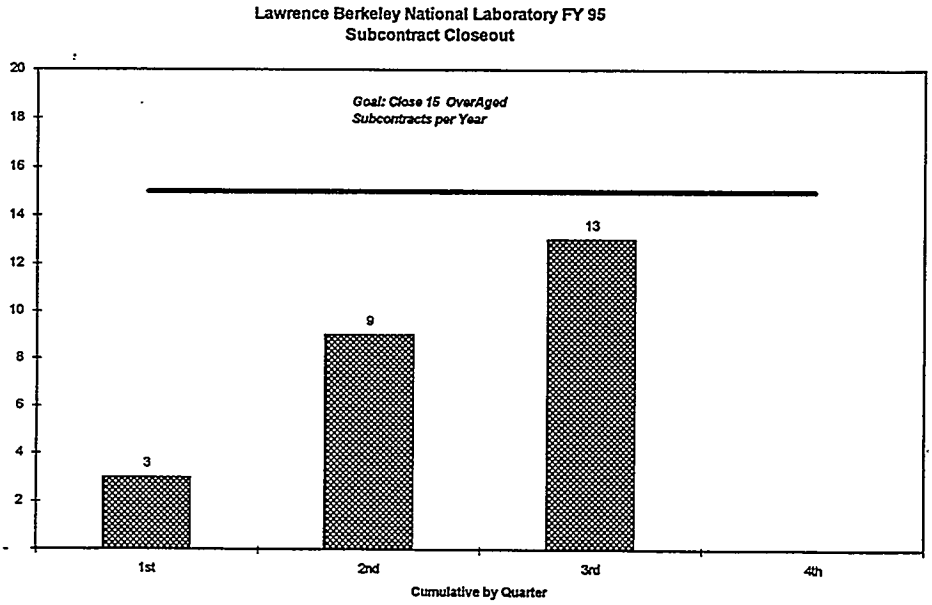
Barriers to Improvement

Government audit agency indirect rate settlements for some of the larger industrial companies (such as Hughes Aircraft) or nonprofit organizations (such as SRI International), as well as government patent clearances, can sometimes delay subcontract close-out, but this is beyond Laboratory control.

Objective #6 Criterion 6.1	**Management Goals:** *Reduce number of overaged physically complete subcontracts.* **(Weight = 10%)**
Objective #6 Criterion 6.1 Performance Measure 6.1.a	**Develop a Plan and Establish a Baseline:** *An FY 1995 close-out plan will be established and submitted to DOE by October 31, 1994. The plan will include an overage, physically complete close-out reduction goal, and a quarterly close-out forecast supporting the planned reduction goal.*
Performance Measure Result	The Lawrence Berkeley National Laboratory presented the Fiscal Year 1995 overage, physically complete, close-out reduction goal(s) with quarterly forecasts supporting the planned reduction goal(s) to DOE on October 28, 1994.
Successes/ Shortfalls	In accordance with the Objective Criterion and Measure, the Laboratory Close-Out Plan, including close-out reduction goal(s) and forecasts for overaged, physically complete subcontracts, was provided to DOE on October 28, 1995, before the deadline. This is a success. However, it should be acknowledged that, LBNL followed up on December 23, 1994, with an adjustment in goal(s) and presentation of the baseline. The Lab also further responded to DOE questions and comments with regard to closure activity on March 2, 1995. The Laboratory's Close-Out Plan, including Plan updates to DOE, comprises overage, physically complete reduction goals as follows: • Close zero (0) subcontracts during the First Quarter. • Close three (3) subcontracts for the Second Quarter. • Close nine (9) subcontracts during the Third Quarter. • Close three (3) subcontracts during the Fourth Quarter. Thus the cumulative total of overaged subcontracts for FY95 is 15. Please note that LBNL's close-out goals are overall goals and are not segmented by six-month, twenty-month, and thirty-six-month contracts (although the Laboratory's Close-Out Reports identify which subcontracts would fall within these categories). When Lawrence Berkeley National Laboratory proposed its close-out goals at the beginning of the fiscal year, the Performance Objective Assumptions did not include measurement against goals for six-month, twenty-month, and thirty-six-month contracts. For all three fiscal year quarters, LBNL exceeded the quarterly close-out goals. Three subcontracts were closed in the First Quarter, six subcontracts were closed in the Second Quarter, and four more were closed during the Third Quarter. To date, the total fiscal year overage close-out reduction number is 13 subcontracts, as shown in the graphs in the Supporting Data section below. The Laboratory will reduce the agreed-upon number of overaged, physically complete subcontracts by fiscal year end.

Supporting Data





Performance Measure 6.1.a

Areas for Improvement

Since LBNL submitted the plan in a timely manner, no areas are identified for improvement.

Objective #6 **Criterion 6.1** **Performance Measure 6.1.b**	**Report Progress:** *Compare and report the number of overage, physically complete subcontracts each quarter and at year end with the number of overage, physically complete subcontracts planned by quarter and at end of the year. A baseline percentage will be established, a gradient will be developed, and a trend line will be generated for continuous improvement.*
Performance Measure Result	Lawrence Berkeley National Laboratory is comparing and reporting the number of overage, physically complete subcontracts each quarter. A baseline was established in the letter to DOE dated December 23, 1994. A gradient and trend line was developed, then, and statistical changes are tracked for continuous improvement.
Successes/ Shortfalls	The Laboratory has exceeded the quarterly close-out goals and is tracking and closing out subcontracts, which is a great success.
Supporting Data	See the most recent LBNL Close-Out Quarterly Reports, Attachment G.
Areas for Improvement	Currently, personnel resources are needed to maintain the existing database that tracks close-out activities. It is planned that the ORACLE purchasing system will be programmed to perform this function, so no areas for improvement are identified. Regardless of the status of ORACLE close-out automation, the Laboratory will continue quarterly to track, monitor, and close-out physically complete subcontracts during the upcoming fiscal years.

Performance Objective #7

Internal and External Audits: *Findings and recommendations from internal and external written audits, assessments and reviews, etc., regarding Procurement are resolved in a timely and appropriate manner.* **(Weight = 20%)**

Assumptions:

Findings are considered closed upon completion of all actions required by the Laboratories with the exception of those actions where DOE validation efforts during the appraisal period found the actions to be inadequate.

7.1.a Rating Basis = UC guidelines in the manual for Corrective Action Plans will apply with the following exceptions:

- Meets Expectations: At least 75% of items on schedule or ahead of schedule.
- Exceeds Expectations: At least 85% of items on schedule or ahead of schedule.
- Far Exceeds Expectations: At least 95% of items on schedule or ahead of schedule.

The definition of items as used in the guidelines will be determined between each Lab and its local DOE office.

7.2.a: This measure will be weighted at 0% for FY95.

7.2.b Rating Basis:

- Meets Expectations = Meeting goals in the plan (7.2.a) and no schedule delay affects final outcome.
- Exceeds and Far Exceeds = Meets all goals with some ahead of schedule, cost efficient systems developed, consideration for quality of Self-Assessment, etc.

7.2.c Rating Basis: Same as 7.1.a.

LBNL September 20, 1995, Agreements:

For Performance Measure 7.1.a: The formal CPSR external review by DOE corrective action plan and milestones will be used for evaluation.

For Performance Measure 7.2.a and 7.2.b: The weight will be 0% in light of the recent April 1994 LBNL Self-Assessment using the CPSR criteria and the December 1994 DOE CPSR.

For Performance Measure 7.2.c: The corrective action plan and milestones from the April 1994 LBNL Self-Assessment will be evaluated.

It will be necessary for LBNL to identify any corrective action items and milestones changed in Performance Measures 7.1 and 7.2; and LBNL will describe why such changes were necessary/appropriate.

In the event of duplicate corrective action items and milestones, LBNL must state where the accomplishment/credit was achieved, either 7.1 or 7.2.

Performance Objective #7 (Continued)

For example:

Training in sole-source actions is a corrective action item with a final milestone identified and completed in both the LBNL 1994 Self-Assessment corrective action plan and the 1995 DOE CPSR corrective action plan.

Weighting will remain as originally specified.

Summary

For Fiscal Year 1995, Lawrence Berkeley National Laboratory Procurement is tracking the recommendations and Corrective Actions from one external review and one internal review.

In December 1994, a Contractor Purchasing System Review (CPSR) was performed by representatives of the DOE Oakland Operations and Headquarters Office. This external audit, a combined systems and transactions review, was conducted in accordance with the recently issued DOE *Contractor Purchasing System Review Handbook,* Volume 1, October 1994. Twenty observations were made based on this review and the Laboratory submitted a Correction Action Plan to DOE on January 27, 1995, addressing these observations. This Corrective Action Plan provided a schedule of completion for surveillance, verification, and validation of Corrective Action closures. This external review is tracked under **Performance Measure 7.1.a.**

Prior to the DOE CPSR, LBNL/Procurement issued an internal self-assessment in the form of a Contractor Purchasing System Review. Performed in April 1994, in accordance with the Prime Contract; the DOE *Contractor Purchasing Review Handbook,* dated July 1993; Federal Acquisition Regulation (FAR) 44.3; *Contractor's Purchasing System*; the U.S. Department of Energy Acquisition Regulation (DEAR) 970; and LBNL policies and procedures, this review identified 10 areas for improvement. A Corrective Action Plan was prepared from this internal review with a timetable for Corrective Action completion.

In some instances, similar observations, recommendations or issues were noted by both internal and external reviews. Consequently, eight of the ten LBNL April 1994 Corrective Action areas were revised in December 1994 to be concurrent with the DOE CPSR Corrective Action for cost efficiency and are also tracked under **Performance Measure 7.1.a.** The remainder of the internal review Corrective Actions were tracked under **Performance Measure 7.2.c.** This was discussed with DOE and they were formally provided a copy of the revised April 1994 Corrective Action timetable.

Now, 100% of the DOE December 1994 CPSR and 100% of the Laboratory April 1994 Self-Assessment Corrections have been completed on time or ahead of schedule. This has resulted in LBNL's achieving the ratings of "Far Exceeds Expectations" for both internal and external reviews. In a letter dated May 23, 1995, DOE/Oakland commended Procurement for aggressive performance in closing out the DOE CPSR observations, particularly in the areas of training preparation and presentation, and management information systems.

It is Procurement's policy that observations/recommendations are resolved in a positive and timely manner.

Barriers to Improvement	The resolution of all audits, assessments, or reviews will be achieved in a timely fashion. Nevertheless, consideration has to be given to the budget constraints on human and financial resources when closing out observations/findings and implementing recommendations.

Objective #7
Criterion 7.1

Corrective Action Commitments: *All findings and recommendations resulting from internal and external audits, assessments, reviews, etc., regarding Procurement are tracked and closed in accordance with a mutually agreed-upon corrective action plan.* **(Weight = 10%)**

Objective #7
Criterion 7.1
Performance Measure 7.1.a

Tracking Milestones: *Percentage of milestones met including milestones carried over from previous periods (excluding those actions under 7.2.c).*

Performance Measure Result

Under Performance Measure 7.1.a, LBNL is tracking the December 1994 U.S. Department of Energy (DOE) Contractor Purchasing System Review (CPSR) Corrective Actions. Each fiscal quarter, the percentage of actions completed against the scheduled completion date is tracked and reported. The cumulative accomplishments will be totalled at fiscal year end. Attachment H shows the Laboratory's document—the Lawrence Berkeley National Laboratory CAP Implementation Schedule—for tracking these Corrective Actions and their current status.

The rating basis is those identified in the Performance Objective Assumptions from the UC guidelines in the manual for Corrective Action Plans with the following exceptions, listed as:

Meets Expectations:	At least 75% of items on schedule or ahead of schedule.
Exceeds Expectations:	At least 85% of items on schedule or ahead of schedule.
Far Exceeds:	At least 95% of items on schedule or ahead of schedule.

To date, the Laboratory has accomplished 100% of the Corrective Actions, either on time or ahead of schedule, and has achieved a "Far Exceeds Expectations" rating. Please refer to the graph in the Supporting Data section.

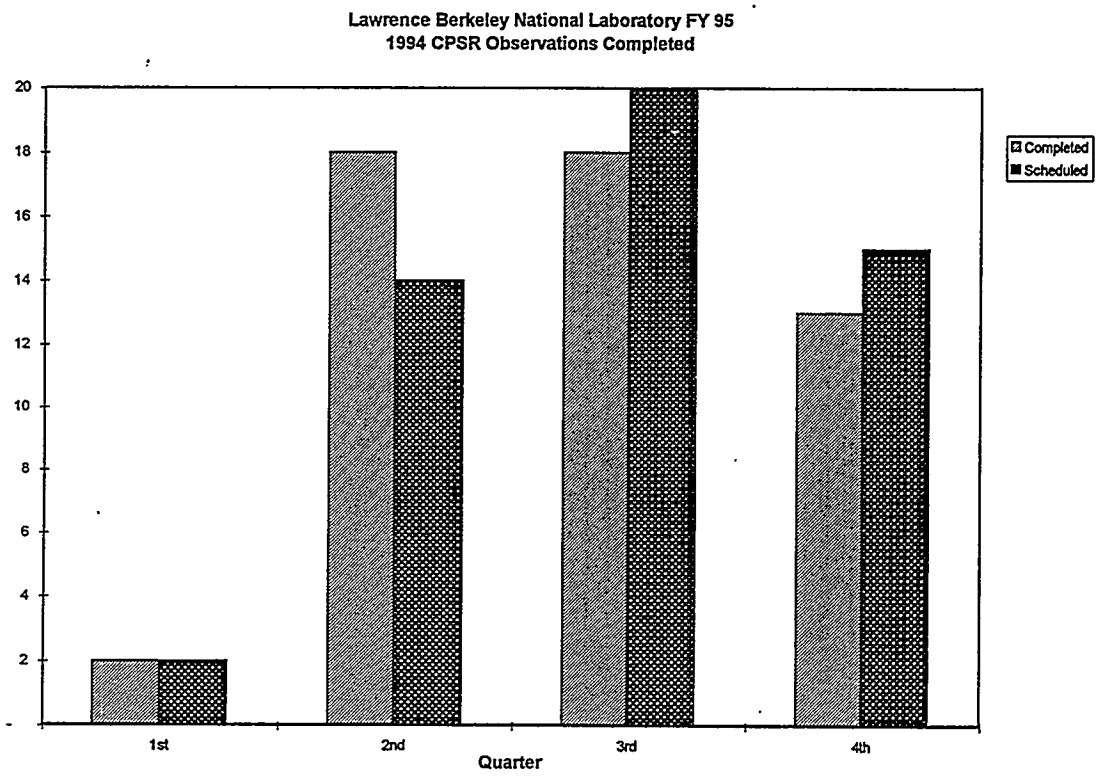
Successes/ Shortfalls

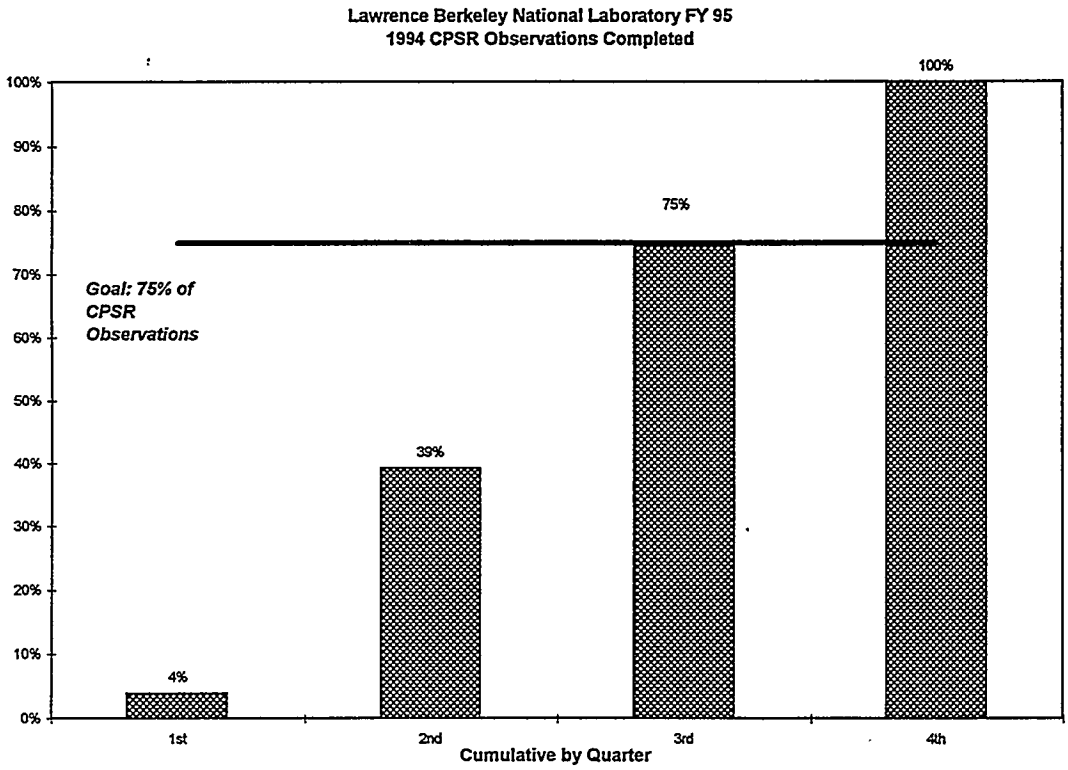
All findings and recommendations resulting from the external audit, the DOE CPSR, are tracked and closed in accordance with the mutually agreed-upon Corrective Action Plan timetable and have, sometimes, been accomplished ahead of schedule. This is a success.

Futhermore, in a letter dated May 23, 1995, DOE/Oakland commended Procurement for agressive performance in closing out the DOE CPSR observations, particularly in the areas of training preparation and presentation and in management information systems.

DOE/Oakland has validated the DOE CPSR Corrective Actions through June 30, 1995.

Supporting Data





Performance Measure 7.1.a

Areas for Improvement

Since LBNL has achieved a "Far Exceeds Expectations" rating, and is tracking milestones in accordance with the mutually agreed-upon Corrective Action Plan, no areas for improvement are suggested.

Objective #7 Criterion 7.2.	**Self-Assessment:** *The Laboratory shall conduct, document, and report the results of a continuous self-assessment of its purchasing system consistent with currently published DOE contractor purchasing system review (CPSR) criteria.* **(Weight = 10%)**
Objective #7 Criterion 7.2 Performance Measure 7.2.a	**Planning:** *Develop and submit an annual self-assessment plan and present to DOE by October 1, 1994.*
Performance Measure Result	The Lawrence Berkeley National Laboratory submitted an annual self-assessment plan to the U.S. Department of Energy (DOE) on September 30, 1994. It should be noted, however, that this plan was subsequently revised after discussions with DOE so that the plan would provide a better baseline for validation and be more in conformance to performance-based contracting. The FY95 self-assessment plan was resubmitted March 3, 1995, as agreed. Of most importance, though, is the fact that Performance Objective Criterion 7.2. is modified for FY95 since LBNL performed an internal self-assessment in April 1994 and a Contractor Purchasing System Review (CPSR) of the Laboratory was conducted by DOE in December 1994. This modification affects Performance Measure 7.2.a given that LBNL will not be required to perform an FY95 self-assessment because of the two assessments/reviews so recently completed in April 1994 and December 1994, respectively. This is in accordance with the September 20, 1995, UC/LBNL Agreement for this Laboratory's Performance Objective.
Successes/ Shortfalls	Not applicable to LBNL for Fiscal Year 1995.
Supporting Data	Not applicable to LBNL for Fiscal Year 1995.
Areas for Improvement	Not applicable to LBNL for Fiscal Year 1995.

Objective #7 Criterion 7.2 Performance Measure 7.2.b	**Tracking Performance:** *Measure the percentage of self-assessments accomplished against the plan.*
Performance Measure Result	As stated in the previous Measure, Performance Objective Criterion 7.2. is modified for FY95 since LBNL performed an internal self-assessment in April 1994 and a Contractor Purchasing System Review (CPSR) of the Laboratory was conducted by DOE in December 1994. This modification affects this Performance Measure, too, given that LBNL will not be required to perform an FY95 self-assessment because of the two assessments/reviews so recently completed in April 1994 and December 1994, respectively. As a result, LBNL will not be required to track accomplishments against the plan, either, and this Performance Measure is weighted 0%. This is in accordance with the September 20, 1995, UC/LBNL Agreement for this Laboratory's Performance Objective.
Successes/ Shortfalls	Not applicable to LBNL for Fiscal Year 1995.
Supporting Data	Not applicable to LBNL for Fiscal Year 1995.
Areas for Improvement	Not applicable to LBNL for Fiscal Year 1995.

Objective #7
Criterion 7.2
Performance Measure 7.2.c

Program Effectiveness: *Measure the percentage of corrective actions completed against the existing self-assessment corrective action plans.*

Performance Measure Result

Under this Performance Measure, the Laboratory tracked the April 1994 internal self-assessment Corrective Actions and measured the percentage of actions completed against the scheduled time frames. LBNL accomplished 100% of the Corrective Actions tracked under this Measure on time, and attained the "Far Exceeds" rating.

It should be noted that for some self-assessment Corrective Actions the original time table was revised to be in conjunction with the DOE CPSR Corrective Plan and these Corrective Actions are now tracked under Performance Measure 7.1.a. This is discussed in detail in the section below.

Successes/ Shortfalls

In Fiscal Year 1994, LBNL/Procurement issued a 59-page written internal self-assessment in the form of a Contractor Purchasing System Review. This self-assessment was performed in April 1994, and the Prime Contract; the DOE *Contractor Purchasing Review Handbook,* dated July 1993; Federal Acquisition Regulation (FAR) 44.3; *Contractor's Purchasing System*; the U.S. Department of Energy Acquisition Regulation (DEAR) 970; and LBNL policies and procedures were used as the guidelines and criteria for the assessment.

Additionally, a 14-page Corrective Action Plan was prepared that identified 10 areas that needed improvement, the corresponding Corrective Actions (which were primarily training classes), and a schedule of completion for surveillance, verification, and validation of Corrective Action closures. (See Attachment I for copy of the LBNL Self-Assessment/CPSR Corrective Action Plan Schedule). For general information, the original self-assessment Corrective Action Plan did not have Corrective Actions scheduled in the October–November 1994 time frame in anticipation of the DOE CPSR, which LBNL believed would be held during that time period.

As stated previously, in some instances, similar observations, recommendations, or issues were noted by both the April 1994 self-assessment and the December 1994 DOE CPSR. Therefore, LBNL Procurement management made the decision to reschedule some of the self-assessment Corrective Actions to be concurrent with the DOE CPSR Actions in December 1994. This was discussed with DOE and they were formally provided a copy of the revised April 1994 Corrective Action time table. The following eight of the ten areas from the LBNL April 1994 Corrective Actions were combined with the DOE CPSR Corrective Action Plan for cost efficiency and to avoid duplicative efforts, overextension of resources, and waste:

Description	Original Scheduled Completion	Revised Scheduled Completion
Sole/Single Source	Dec 94	Jun 95
Solicitation	Jan 95	May 95
Evaluation & Source Selection	Jan 95	May 95
Cost/Price Analysis	Feb 95	Mar 95
Negotiation	Feb 95	Mar 95

Successes/ Shortfalls (Continued)

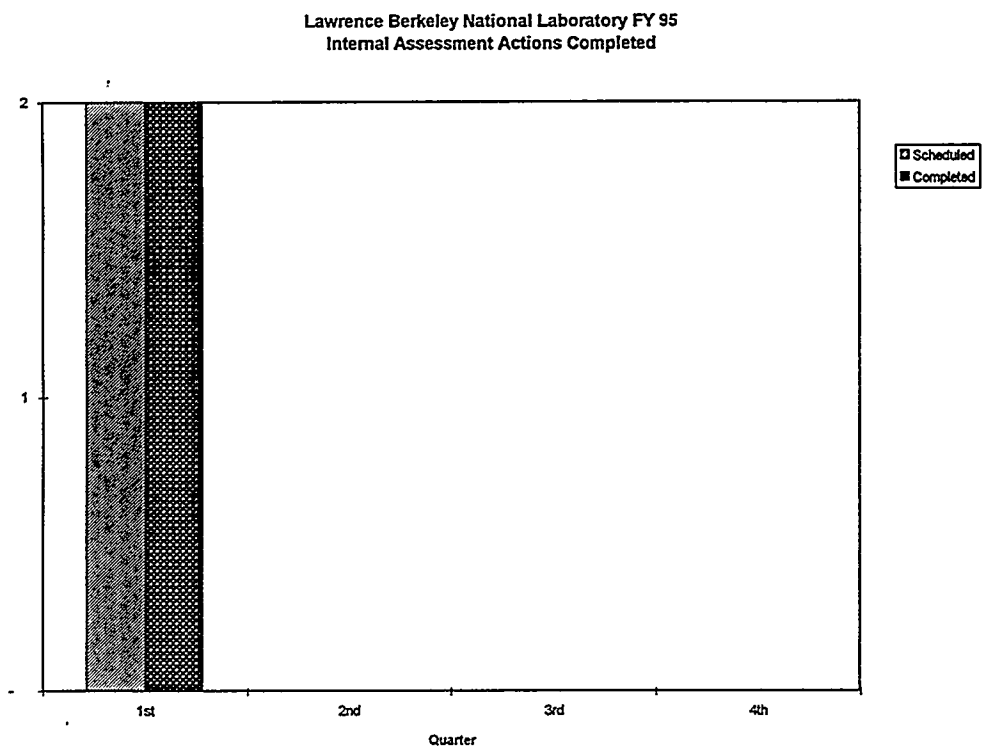
Description	Original Scheduled Completion	Revised Scheduled Completion
Award and Files	Jan 95	Apr 95
Post-Award Administration	Feb 95	Apr 95
Modification	Feb 95	May 95

The foregoing eight areas are tracked solely under Performance Measure 7.1.a and all were completed on time or ahead of their revised schedule. Additionally, the two remaining areas were tracked under this Performance Measure, and these Corrective Actions were also completed on schedule, as originally planned, for a "Far Exceeds" Rating, as follows:

Description	Original Scheduled Completion	Actual Completion
Advanced Purchasing Planning System	Sept 94	Sept 94
Pre-Solicitation	Sept 94	Sept 94

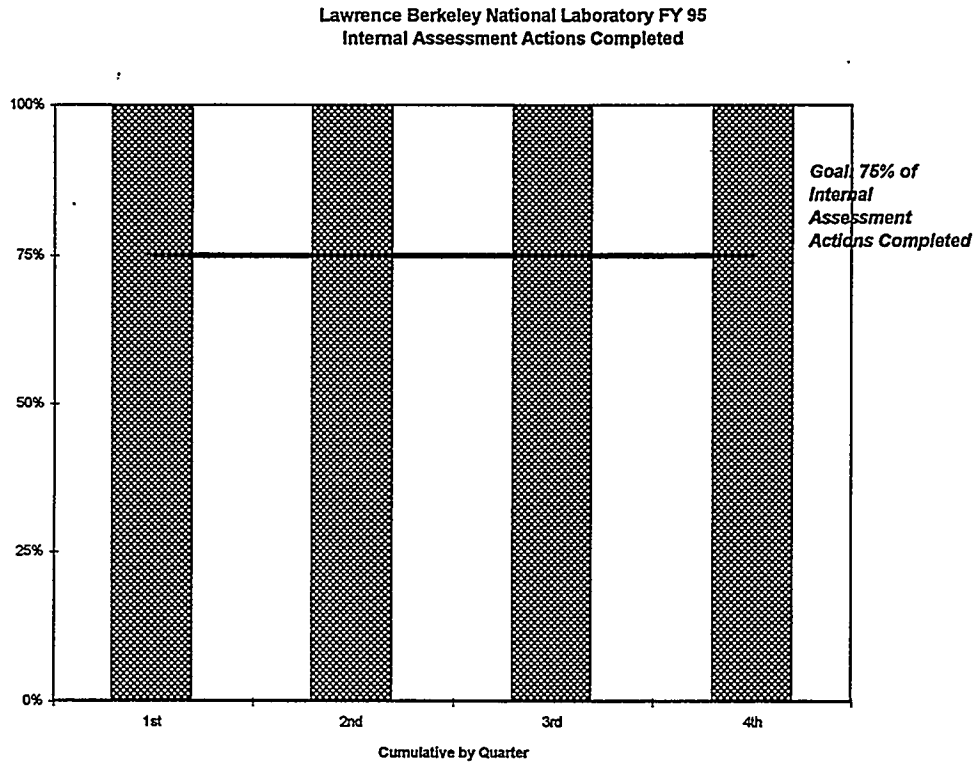
Refer to the graph in the Supporting Data section.

Supporting Data



Performance Measure 7.2.c

Supporting Data (Continued)



Performance Measure 7.2.c

Also refer to Attachment I, for LBNL Self-Assessment/CPSR Corrective Action Plan Schedule.

Areas for Improvement

Since LBNL completed the April 1994 Self-Assessment milestones tracked under this Performance Measure on time, no suggestions are offered for improvement.

Performance Objective #8

Quality Management: *The Laboratory will maintain a Quality Management Program, for assuring efficiency, effectiveness, cost containment, and customer satisfaction in its Procurement operation.* **(Weight = 15%)**

Assumptions:

For FY95, zero weight will be applied to 8.2 and a weight of 15% will be applied to 8.1.

8.1.a Rating Basis:

- Meets Expectations = At least one process selected.
- Exceeds and Far Exceeds = More than one process important to the Lab's performance selected.

8.1.b: The Implementation date is changed to June 30, 1995. Rating Basis:

- Meets Expectations = methodology established and reproducible.
- Exceeds and Far Exceeds = documentation of as-is process available, and approach is thorough.

Background

The Lawrence Berkeley National Laboratory adopted a systematic approach to quality management designed by Zenger-Miller, Inc., and Achieve International, in collaboration with Dave Williams of Quality Transition Corporation, called "Strategic Process Management." This approach involves thinking of all of the work in an organization as a series of related processes—and organizing improvement efforts around them. This is the basis for the Laboratory's—and Procurement's—Quality Management Program.

Strategic Process Management refers to an organization's effort to document, monitor, standardize, improve, and possibly pursue innovation for the organization's strategic processes. The outcome of these efforts are processes that:

- Are free of errors and unnecessary delays.
- Operate more efficiently and without needless complexity.
- Respond more readily to customers' needs—now and as these needs change.
- Make the best possible use of organizational resources.
- Help the organization compete successfully.

Strategic Process Management includes the following major elements:

- An emphasis on identifying, describing, measuring, improving, and managing work processes.
- A structure of related teams closely connected to work processes.
- Reliance on hard data.

Strategic Process Management relies on a series of interrelated teams. There are three basic types of teams: the Executive Team (steering committee); the Strategic or Process Team (one team for each strategic process selected for improvement; strategic teams are usually cross-functional); and Spin-Off Teams (temporary

Background (Continued)

teams that take responsibility for special projects or to solve specific problems, so when their work is complete, they disband).

Using the institutionalized Strategic Process Management approach, Procurement has identified two process improvements for this Performance Objective, summarized in the succeeding section.

Summary

The Lawrence Berkeley National Laboratory uses several methodologies for cost or efficiency savings. Use of the two process improvements and a customer service questionnaire are the only two discussed in detail here because they are emphasized under this Performance Objective.

It should be noted, however, that in addition to these two processes and the questionnaire, ongoing Procurement improvements include those associated with the ORACLE purchasing system, which officially came online at the beginning of FY95, and training staff in the Program/Technical Divisions to function as low-value buyers. These are two major improvements that are well under way. The ORACLE system is many process improvements rolled into one project, especially in comparison to its predecessor, a seventeen-year-old purchasing system. ORACLE provides electronic requisitioning, account validation and approval, purchase status, receiving, and input to the accounts payable system. The electronic processing of purchases provides more opportunity for production and quality enhancements, as well as better cost control. This undertaking has required considerable resources from Procurement for implementation.

CONTINUOUS IMPROVEMENT PROCESS

Although the Performance Objective requires the selection of only one process, the Lawrence Berkeley National Laboratory selected two processes for continuous improvement efforts. The processes are:

- Implementation of an LBNL Procurement credit card program.
- Consolidation of repetitive procurement requirements.

Credit Card

The Laboratory established a process improvement team for credit cards. The Procurement Card Process Improvement Team developed an implementation plan and began tracking milestone progress as shown by the table in the Successes/Shortfalls section of Performance Measure 8.1.b, below. Master Card credit cards through First Chicago Bank (Bank) known as "Procard" have been issued and training provided to the Program/Technical Division users. LBNL is now in the Alpha Phase of implementation and purchases are being processed using Procard.

The Laboratory developed an electronic link between the Bank and LBNL Accounts Payable to transfer data, thereby eliminating cardholder and institutional paper statements. Currently, the Laboratory is working on an electronic system for distribution of statements and account reconciliations to further eliminate manual processing. Since all credit cards are linked to only one account number, the electronic system would enable more account number charges to be made to individual credit cards, which would eliminate costly manual account transfers.

Summary (Continued)

Consolidation of Repetitive Requirements

LBNL selected "System" or "Just-In-Time" subcontracting as the method for consolidating repetitive orders. The Laboratory established a process improvement team, the Just-In-Time (JIT) Quality Improvement Team. This team recently developed a streamlined JIT process and a schedule for implementation, including milestones, as shown by the table in the Successes/Shortfalls section of Performance Measure 8.1.b, below. Some ADP programming will be done before the pilot phase begins, which is necessary to validate process improvements to the new JIT system.

CUSTOMER SATISFACTION

The Laboratory established a Customer Satisfaction Quality Improvement Team consisting of the Procurement Group Leaders. The team selected the survey process to address customer satisfaction requirements. Comprising the major elements of the DOE *Value Based Self-Assessment Guide,* a two-page questionnaire, entitled the "LBNL Procurement Customer Survey," was drafted. The questionnaire was sent to a sample of Procurement's Laboratory customers on August 18, 1995. LBNL will analyze the survey results and use this information for continuous improvement in the upcoming fiscal year.

Barriers to Improvement

The barriers to improvement encountered and anticipated for the Procard and Just-In-Time subcontracting are the inevitable learning curve and such problems as the development of a system for using various accounts for Procard, as well as electronic transfer of transactional data, and the development of a cost-effective Just-In-Time system. However, these barriers will soon be surmounted as the Program/Technical Divisions gain familiarity with these new systems, Procurement develops cost-effective methods/systems to use various accounts, and the JIT pilot phase is completed.

Objective #8 Criterion 8.1	**Leadership.** *The Laboratory Procurement management will identify critical procurement processes for continuous improvement.* **(Weight = 15%)**
Objective #8 Criterion 8.1 Performance Measure 8.1.a	**Identifying Opportunities.** *The Laboratory Procurement Management will select by January 1, 1995, at least one procurement process(es) for continuous improvement where there is an opportunity for cost or efficiency savings.* **NOTE:** Reduction in Procurement backlog or reduction in the use of cost-type contracts will be considered as a candidate for this measure.
Performance Measure Results	The Lawrence Berkeley National Laboratory submitted two processes for continuous improvement to DOE on December 23, 1994.
Successes/ Shortfalls	In accordance with the Objective Criterion and Measure, the LBNL processes for improvement were selected and submitted to DOE ahead of schedule. This is a success.
Supporting Data	See transmittal letter to DOE (Attachment J).
Areas for Improvement	Since LBNL submitted the procurement processes for continuous improvement in a timely manner, no areas for improvement are identified.

Objective #8
Criterion 8.1
Performance Measure 8.1.b

Continuous Improvement: *An appropriate Quality Improvement Team composed of Procurement and customer personnel will establish a process for continuous improvement of objectives selected in 8.1.a. The Quality Improvement Team will determine appropriate performance measures, determine a baseline to measure objectives, and implement the continuous improvement process selected under 8.1.a by March 31, 1995.*

NOTE: The Assumptions changed this due date to June 30, 1995.

Performance Measure Results

Two LBNL Quality Improvement Teams composed of Procurement and customer personnel were established to address the two processes for continuous improvement selected.

The Laboratory notified DOE of the Quality Improvement Team compositions, the Performance Measures, and baselines to measure objectives, on June 28, 1995. Also, the two Quality Improvement Teams will ensure the implementation of the continuous improvement processes.

Successes/ Shortfalls

As stated previously, even though the Performance Objective requires the minimum selection of only one process, the Lawrence Berkeley National Laboratory selected two processes for continuous improvement efforts. The processes are:

- Implementation of an LBNL Procurement credit card program.
- Consolidation of repetitive procurement requirements.

CREDIT CARD

A process improvement team was established for credit cards. The team set up a Preliminary Implementation Plan in early Fiscal Year 1995. Results of questionnaires that were distributed throughout the Laboratory community, were complied, analyzed, and used for the basis of the June 28, 1995, Implementation Plan. Since it was recognized that an electronic interface and data flow were needed between the bank and LBNL based on the high volume of data generated by the use of credit cards, considerable resources and time went into designing and developing a link between the Bank and LBNL. Computer hardware and dedicated telephone lines were ordered, received, and placed into service. New software was installed, debugged, and tested. This has eliminated the need for individual paper cardholder and institutional statements, and has automated the process.

The Procurement Card Process Improvement Team (PIT) developed another, later Implementation Plan, outlined in a June 28, 1995, letter to DOE (see Attachment K) and shown in the table below, and began tracking milestone progress. Major accomplishments under the June 28, 1995, plan have been the development and implementation of:

- An electronic accounts payable system for credit cards.
- A credit card guide for use by cardholders.
- A credit card user training program.
- Acquiring credit cards from First Chicago Bank (Procard).

Successes/ Shortfalls (Continued)

- Recruitment of credit card users from the LBNL Program/Technical Divisions, user training, credit card issuance and testing.
- Processing of purchase transactions using the credit cards.

Further, in the Alpha Phase, the number of LBNL credit card users has been increased. Program/Technical Division card users have been added. Two Chief Financial Officer (CFO) organizations (Budget and Procurement), as well as the Laboratory Internal Audit Department are now using Procards for further validation, expansion, and testing of the process.

Standing monthly meetings with cardholders are held to review the program. Areas for improvement are discussed and acted upon accordingly to streamline and improve the process. Successes by cardholders are also shared and exchanged within the group to foster support.

As shown by the succeeding chart, implementation of this credit card program is moving ahead successfully. Low-value purchasing transactions are placed using Procard, for greater cost efficiency. This credit card system eliminates the need for paper cardholder and institutional statements, individual vendor invoice(s) and payment(s) processing by LBNL Accounts Payable, and formal receiving procedures. Related paperwork is also eliminated.

PROCUREMENT CREDIT CARD IMPLEMENTATION PLAN

Task	Month	Completed
Meet with Mastercard representatives	February 1995	January 27, 1995
Develop an accounts payable system for credit cards	July 1995	June 10, 1995
Develop Draft Cardholder Guide	March 1995	March 31, 1995
Develop Cardholder Guide	July 1995	June 16, 1995
Develop a training program for credit card users	July 1995	June 16, 1995
Identify individual Buyers for pilot	May 1995	April 28, 1995
Order credit cards (one LBL Account # only)	July 1995	May 25, 1995
Training and issuance of cards to staff on a pilot-basis (Alpha Phase)	July 1995	June 28, 1995
Assessment of Alpha Pilot Phase	September 30, 1995	
Develop BETA Phase	November 30, 1995	
Begin BETA Pilot Phase	January 30, 1996	
Assessment of BETA Pilot Phase	March 30, 1996	
Develop LBL account # change for credit cards	June 1996	
Roll-out Program Lab-Wide	July 1996	

Successes/ Shortfalls (Continued)

CONSOLIDATION OF REPETITIVE REQUIREMENTS

LBNL selected "System" or "Just-In-Time" subcontracting as the method for consolidating repetitive orders. The LBNL Just-In-Time (JIT) Quality Improvement Team developed a streamlined JIT process and a schedule for implementation, including milestones. The new process was established after months of research and analysis by the Improvement Team to determine how best to expand the JIT program at the Laboratory, given available resources. The schedule is shown in a June 28, 1995, letter to DOE (see Attachment K) and is listed in the table below.

The Laboratory will track JIT order and item releases using the current JIT system subcontractors, Boise, VWR, and Bell, as a baseline. As more JIT agreements are implemented, the number of orders and items will increase. This should result in a corresponding decrease in individual low-value purchase order awards.

LBNL is on schedule with milestone progress as shown in the following table.

JUST-IN-TIME IMPLEMENTATION PLAN

Task	Month	Completed
Submit Interim JIT Plan	August 1994	August 1, 1994
Enlist Technical Support	October 1994	November 1994
Perform Focus systems analysis	February 1995	March 1995
Meet with vendor on process analysis	May 1995	June 19, 1995
Flowchart pro forma JIT process	June 1995	June 23, 1995
Meet with LBNL Accounts Payable, General Ledger, and Division Administration	July 1995	July 12, 1995
Meet with LBNL Internal Audit	July 1995	July 20, 1995
Finalize JIT process	August 1995	August 9, 1995
Obtain Management Approval	August 1995	
Meet with Pilot vendor	September 1995	August 15, 1995
Identify Pilot users	September 1995	
Draft JIT User Guide	October 1995	
Conduct Training of Pilot Users	October 1995	
Implement Pilot	October 1995	
Assess Pilot Program	January 1996	
Finalize JIT program	February 1996	
Convert existing JIT contracts to new process	March 1996	
Identify materials for new JITs	April 1996	
Develop Master RFP	April 1996	
Program Rollout/Begin formal JIT procurement	May 1996	

Supporting Data	See the foregoing table and the June 28, 1995, letter to DOE (Attachment K).
Areas for Improvement	Since LBNL submitted the Quality Improvement Team compositions, established processes for continuous improvement of objectives selected in 8.1.a, determined appropriate Performance Measures, determined a baseline to measure objectives by June 30, 1995, as agreed, and is on schedule in accomplishing the milestones, no areas of improvement are suggested. Implementation of these two improvement processes have been impacted by some events and circumstances during this fiscal year, including the DOE CPSR Corrective Action Plan implementation; the Laboratory reorganization; and the LBNL Operations Division reduction-in-force. Nevertheless, the Laboratory is on schedule, will continue its efforts toward completion of implementation milestones for the two improvement processes selected, and expects even better results in the near future.

Objective #8 Criterion 8.2	**Customer Satisfaction:** *Laboratory Procurement management will survey internal procurement customers to determine critical procurement processes relating to customer requirements.* **(Weight = 0%)**
Objective #8 Criterion 8.2 Performance Measure 8.2.a	**Alignment with Customer Needs.** An appropriate Quality Improvement Team composed of Procurement personnel will establish a process to address customer satisfaction needs as developed under 8.2, determine appropriate performance measures, and establish a baseline to measure by August 31, 1995.
Performance Measure Results	The Laboratory established a Customer Satisfaction Quality Improvement Team consisting of the Procurement Group Leaders. The team selected the survey process to address customer satisfaction requirements. Comprising the major elements of the DOE *Value Based Self-Assessment Guide,* a two-page questionnaire, entitled the "LBNL Procurement Customer Survey," was developed. This draft questionnaire and accompanying transmittal letter were sent to selected Program/Technical Divisions for preliminary review and comment on August 11, 1995. The actual Laboratory-wide sampling began August 18, 1995, with a due date of August 31, 1995, so that the results can be analyzed before fiscal year end and employed toward continuous improvement efforts in the subsequent fiscal year.
Successes/ Shortfalls	Lawrence Berkeley National Laboratory successfully established a Customer Satisfaction Quality Improvement Team, selected a survey process, and developed the questionnaire.
Supporting Data	See the two-page questionnaire, entitled the "LBNL Procurement Customer Survey" (Attachment L).
Areas for Improvement	Since the Laboratory established a Customer Satisfaction Quality Improvement Team, selected the survey process to address customer needs, and prepared the questionnaire (which will be collected by August 31, 1995) to establish a baseline for measurement in the future, no areas of improvement are identified. LBNL will continue this process to address customer satisfaction needs in the upcoming fiscal year.

Procurement

Improvement Actions for Procurement				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates

Attachment A

Lawrence Berkeley Laboratory
University of California Berkeley, California 94720
(510) 486-4000 • FTS 451-4000

August 18, 1994

Ms. Joann P. VanGuillory, Deputy Director
Contracts & Assistance Management Division
U. S. Department of Energy
Oakland Operations Office
1301 Clay Street, Rm. 700 N
Oakland, CA 94612-5208

Subject: FY 1995 Socio-economic Goals

Dear Ms. VanGuillory

Attached are the forms and data requested regarding this subject.

Should you wish to discuss anything further, please contact David T. Chen at 486-4506.

Very truly yours,

J. T. Beales
Procurement Manager

DATE: August 18, 1994
FACILITY: Lawrence Berkeley Laboratory
POINT OF CONTACT: David T. Chen
PHONE: (510) 486-4506
FAX: (510) 486-4380

NARRATIVE TO SUPPORT FY 1995 GOAL PACKAGE

Fluctuations have occurred in LBL's procurement base over the past two years due to the change in the method of reporting procurement data. Basically, LBL changed from reporting orders as they were awarded, to reporting payments data from the accounts payable database. This caused a marked decrease in FY 1993 due to the lag effect. While most of this lag had worked itself out of the system by FY 1994, it appears there is still some residual effect.

In a letter to DOE dated August 11, 1994, LBL proposed to modify the way it reports data and would start with the new system at the beginning of FY 1995. The revised way should product data that is more reflective of the DOE intent. LBL is awaiting comment from DOE on this proposal.

LBL has always strongly supported DOE's socio-economic program and has always met and often significantly exceeded its goals. Its actual achievements have been among the highest of the national laboratories. As the attached Analysis of Historical Obligations and Goals shows, LBL has made significant increases in awards to small and small disadvantaged businesses each year.

LBL is in the process of implementing a new procurement computer system. The system contains a vendor database that identifies the socio-economic status of each vendor. The new program will greatly enhanced capabilities to produce reports, and prove useful in collecting data, analyzing trends, and monitoring performance.

LBL continues to increase the size of its disadvantaged and women owned business database. This computerized database is available to buying personnel and allows them to search for potential sources in much the same way the Small Business Administration's PASS system works.

LBL was requested to breakout the estimated FY 1995 procurement dollars into the following categories. These figures are based on estimates since there is currently no database that contains these figures this data. Total FY 1995 procurement dollars are estimated to be $84M.

Amount to fund existing small and large business subcontracts (This figure represents multi-year blanket orders already awarded)	$26M
Real available FY 1995 procurement dollars (Base of $84M - $26M = $58M)	$58M

At this stage in the FY 1995 budget process, LBL can not specifically identify opportunities available to SB, SDB, or SWO business. If and when this data becomes available, it will be provided as an amendment to this submittal.

LBL has initiated an advance acquisition planning system that will be fully operational in FY 1995. The system will enhance socio-economic opportunities by providing lead-time for the development of source lists from market research, market surveys, public notices, advertisements, etc.

As a new initiative, requisitions in excess of $25K will be reviewed by LBL's Small Business Coordinator for award potential to the targeted firms. This effort will be augmented by additional emphasis and buyer training in set-asides and subcontracting plans. Coupled to this will be some of the changes embodied in recent DOE acquisition letters.

LBL is in the process of delegating low value procurement authority to trained individuals outside Procurement. In FY 1995, additional emphasis will be placed on providing them with the tools, training, and motivation to contribute to LBL's socio-economic program results.

In developing the FY 1995 goals, the LBL Budget Office was requested to provide details on proposed program budgets and procurements in an effort to ascertain the purchasing base. They responded that it was to early in the budget cycle to say with any certainty what the details of the new budget would be. However, from best estimates it appears that total FY 1995 procurement dollars, based on a projected Lab-wide operating budget of $282 million, will be about $103 million. From this, a $19 million adjustment was made covering the various mandatory exclusions in arriving at the purchasing base of $84 million. This figure was used as the FY 1995 base but it is significantly influenced by a single atypical $14M construction project for the Human Genome Laboratory. This one procurement will almost certainly be awarded to a big business and will have a major impact on the outcome.

Recognizing the realities of the importance being placed on DOE's socio-economic programs, the importance of meeting goals, and the UC performance objectives, LBL has submitted what it considers stretch goals but with one caveat. The goals are predicated on LBL being able to count and take credit for dollars awarded SB, SDB, and SWO firms reported to LBL under subcontracting plans. LBL has long advocated this approach in that it provides an incentive to contractors to be more aggressive in negotiating subcontracting plan goals with subcontractors.

ATTACHMENT TO THE DEPARTMENT OF ENERGY GOALING REQUEST

August 18, 1994

Office: Lawrence Berkeley Laboratory
Contact: David T. Chen
Telephone: (510) 486-4506
Telefax: (510) 486-4380

Computation sheet for
Estimate M&O Total Available Procurement Contracts

Total Procurement Dollars:	$103M
Exclusions:	
1. Foreign Contracts	$1M
2. GSA	$3M
3. Credit Card Purchases	$1M
4. Memo Purchase Orders Including IUT's *	$9M
5. Utilities	$5M
Total Available Procurement Dollars ** (Total Procurement Dollars Minus the Five Deductions)	$84M

* Exclude only if there are no subcontracting opportunities

** LBL Note: The $84M includes a $14M construction project for the Human Genome Lab. Due to the size and complex nature of this building, a small business will probably not receive the award although there will be subcontracting opportunities. LBL's goals are based on taking credit for SB, SDB and SWO subcontracting awards, it order to offset unavoidable large awards to big business.

ANALYSIS OF HISTORI. . OBLIGATIONS AND GOALS

Date: August 18, 1994

Facility: Lawrence Berkeley Laboratory

Point of Contact: J. T. Beales

Phone: (510) 486-4510

	FY92 ACTUALS		FY93 ACTUALS		FY94 PROJECTED ACTUALS		FY95 GOALS *	
	$000's	%	$000's	%	$000's	%	$000's	%
Operating Budget	267,000	--	273,000	--	283,000	--	282,000	--
Procurement Budget	83,000	100.0	57,089	100.0	73,777	100.0	84,000	100.0
a. Small Business	39,821	48.0	31,061	54.4	42,059	57.0	45,360	54.0
Set-Asides	---		8,111	14.2	10,119	13.7	8,400	10.0
Non Set-Aside	39,821	48.0	22,950	40.2	31,940	43.3	36,960	44.0
b. Small Disadvantaged	6,944	8.4	6,527	11.4	9,376	12.7	9,240	11.0
8(a)	---		---		---		---	
SDB Set-Asides	---		613	1.1	2,502	3.4	2,520	3.0
Non Set-Asides	6,944	8.4	5,914	10.3	6,874	9.3	6,720	8.0
c. Small Woman-Owned	5,396	6.5	4,393	7.7	5,080	6.9	5,040	6.0
d. Labor Surplus Set-Aside	---		---		---		---	

* Goals based on including dollars reported to LBL from subcontracting plans.

Attachment A

Attachment B

Lawrence Berkeley Laboratory
University of California Berkeley, California 94720
(510) 486-4000 • FTS (510) 486-4000

PROCUREMENT
Bldg. 69 Rm. 201
TEL: (510) 486-4593 FAX: (510) 486-4380

October 25, 1994

Ronna Promani
Contracting Officer
U.S. Department of Energy
Contracts & Assistance Management Division
Oakland Operations Office
1301 Clay Street, Rm. 700N
Oakland, CA 94612-5208

Subject: Performance Objective 3 Annual Report

Dear Ms. Promani:

In accordance with the requirements of the Prime Contract, Appendix F, Performance Objective 3, we submit the attached annual report covering efforts made at promoting socioeconomic programs during FY94.

If you have any questions concerning this submittal, please contact me.

Very truly yours,

PROCUREMENT ORIGINAL SIGNED

R. J. Arri
Procurement Manager (Acting)

RJA:dc

cc: C. McDonald
R. Russell
D. Shepherd

socio95.doc

FISCAL YEAR 1994 ANNUAL REPORT

SOCIOECONOMIC ACTIVITY AND ACCOMPLISHMENTS

In Fiscal Year 1994, Lawrence Berkeley Laboratory pursued an aggressive program of promoting and supporting socioeconomic subcontracting and reached highest ever levels of accomplishment. Even measured against DOE-assigned "stretch" goals accepted near the end of the fiscal year, this was a tremendously successful and rewarding year.

In addition to the percentage and dollar levels achieved, our small business and small disadvantaged business set-aside programs were updated and expanded. Our FY 1994 cumulative set-aside awards grew from 15.3% in FY 1993 to 17.1% in FY 1994.

The following table exhibits our overall success in meeting or approaching goals in each of five major categories:

LBL FY 1994 Performance Against Goals

Category	Original Goals	"Stretch" Goals	Actual
Small Business	49.0%	58.0%	58.9%
Small Business Set-Asides	7.0%	16.0%	12.6%
Small Disadvantaged Business	9.5%	13.0%	12.7%
Small Disadvantaged Business Set-Asides	2.5%	2.0%	4.5%
Small Women-Owned Business	5.5%	8.0%	6.6%

These accomplishments were attained in part by promoting minority business and woman-owned business via the publication and distribution of the Directory of Disadvantaged and Women-owned Businesses. This LBL publication is compiled and maintained by LBL and contains over 1,800 vendor lists. It is distributed to

procurement and user organizations and affiliations of LLNL, UC campuses, and members of the Bay Area Industry Council for Small Business Development.

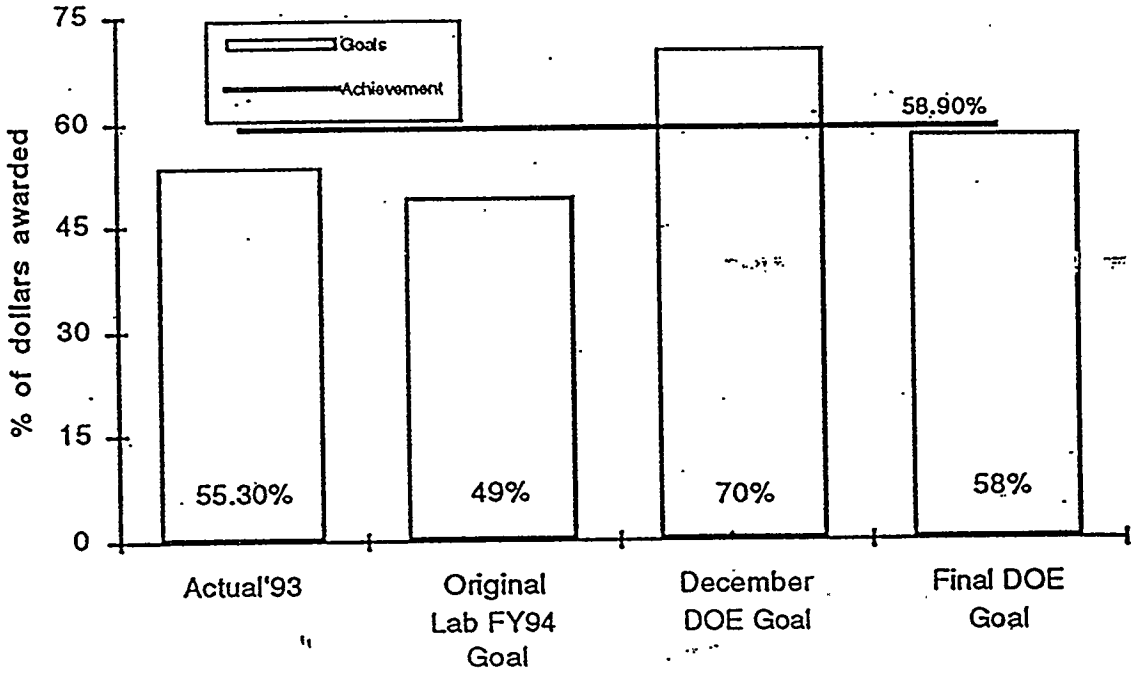
The technology transfer program at LBL has been extremely proactive and seeks out small, small disadvantaged and woman-owned businesses in order to enhance their competitiveness and opportunity to participate in collaborative research and technology licensing.

LBL has continued and expanded its association with local technology and trade associations such as East Bay NET, Northern California Supplier Development Council (formerly Northern California Purchasing Council) and the Industry Council for Small Business Development. This partnering has contributed significantly to the Laboratory's socioeconomic program. In addition, we have actively participated on the UC Business Affirmative Action (UCBAA) Council involving nine campuses and three laboratories. This has allowed for significant sharing of resources and exchange of information and approaches.

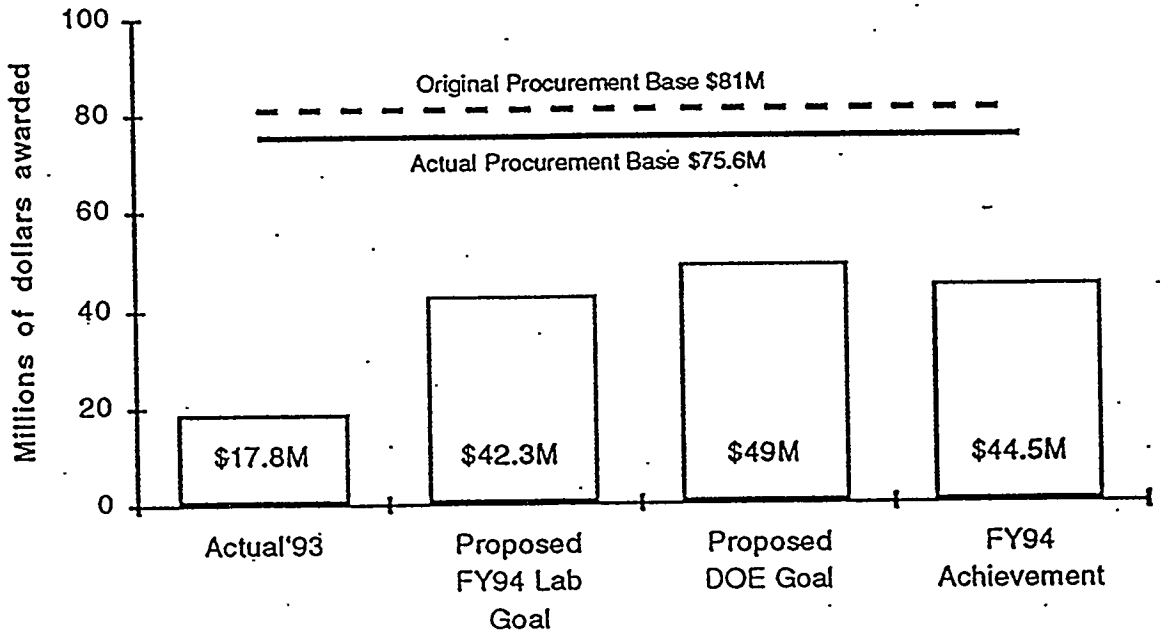
LBL Procurement has continued to update and add to its small, disadvantaged, and woman-owned business database. Likewise, it has continued to assign individual buyers socioeconomic goals and to include responsibility for socioeconomic emphasis in their job descriptions. It is covered regularly in training and staff meetings.

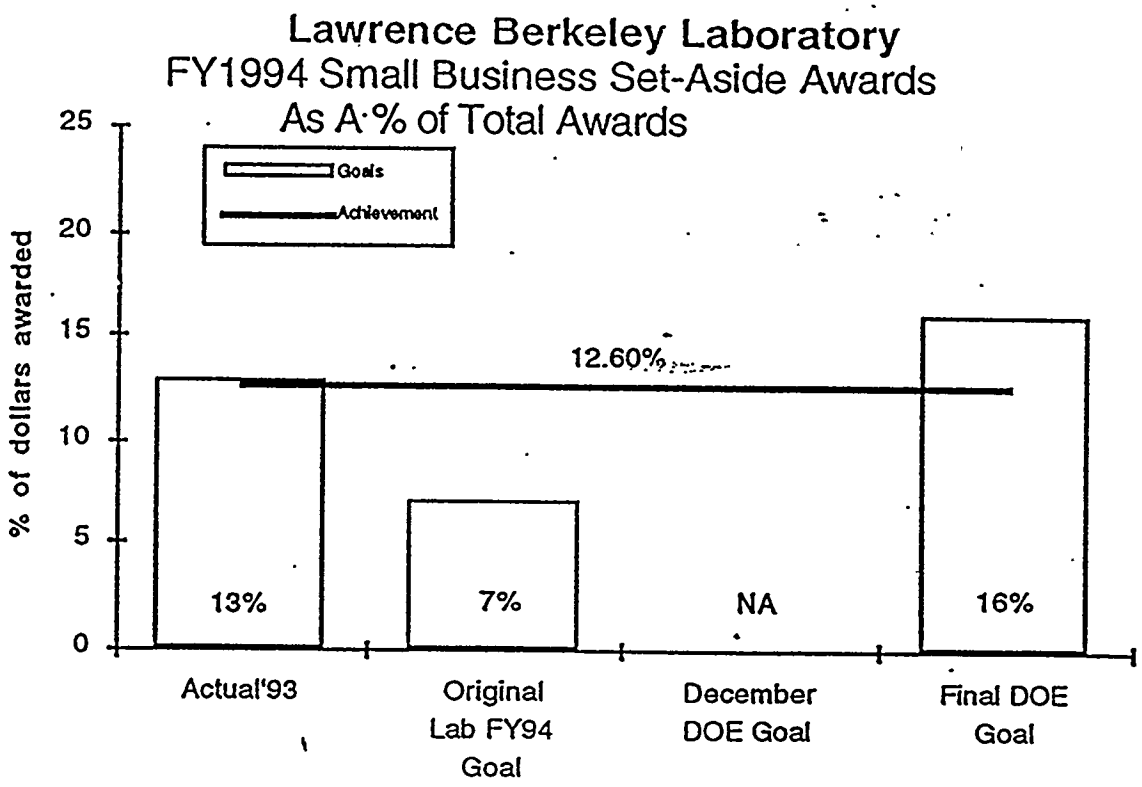
The attached charts were extracted from the Self-Assessment performed as a part of Appendix F of DOE Prime Contract DE-AC03-76SF00098. They reflect the information captured in the table above and Small Business Awards, Small Business Set-Aside Awards, Small Disadvantaged Business Awards, Small Disadvantaged Business Set-Aside Awards, and Small Women-Owned Business Awards in dollars.

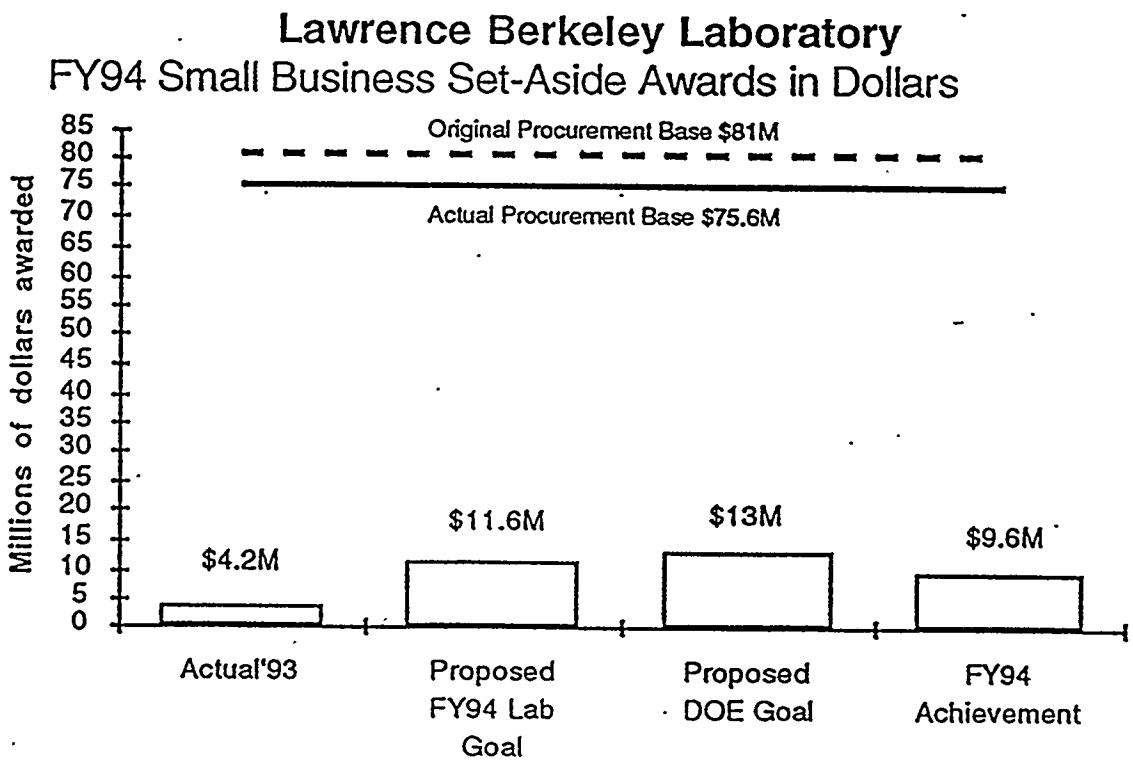
Lawrence Berkeley Laboratory
FY94 Small Business Awards As A % of Total Awards

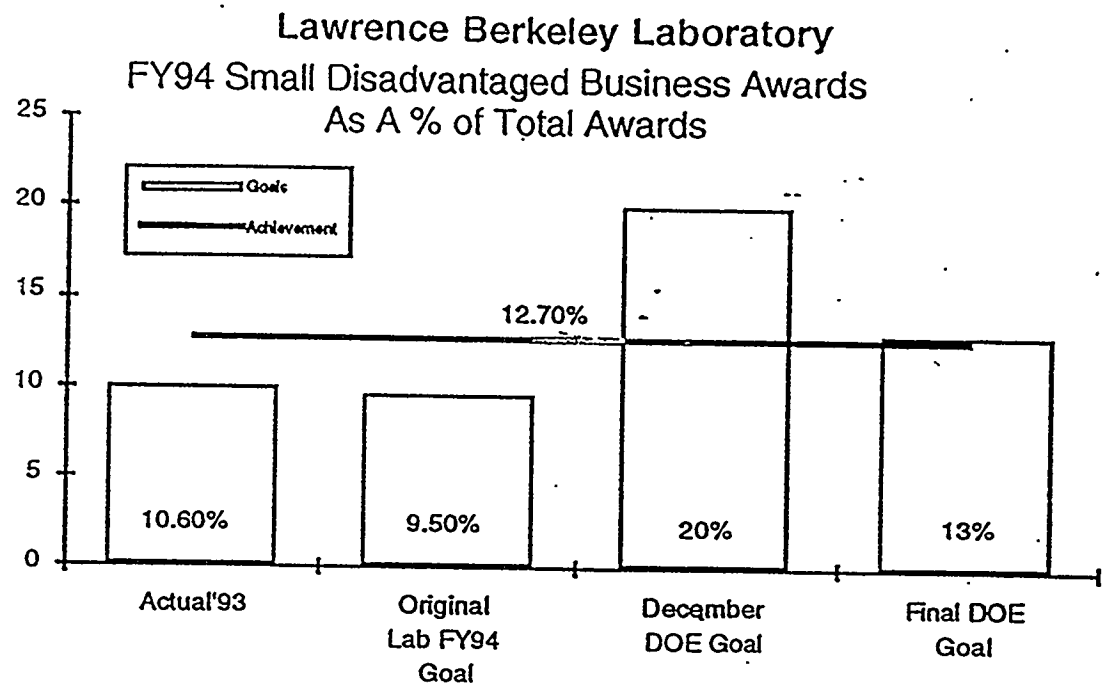


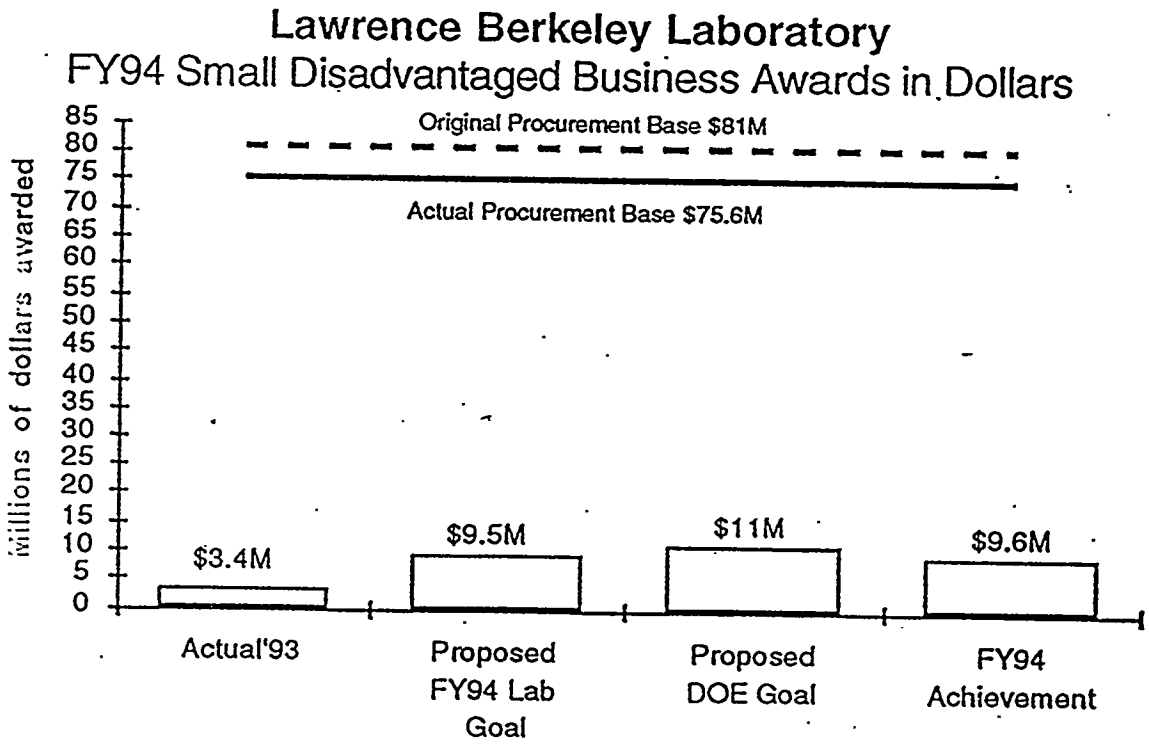
Lawrence Berkeley Laboratory
FY94 Small Business Awards in Dollars

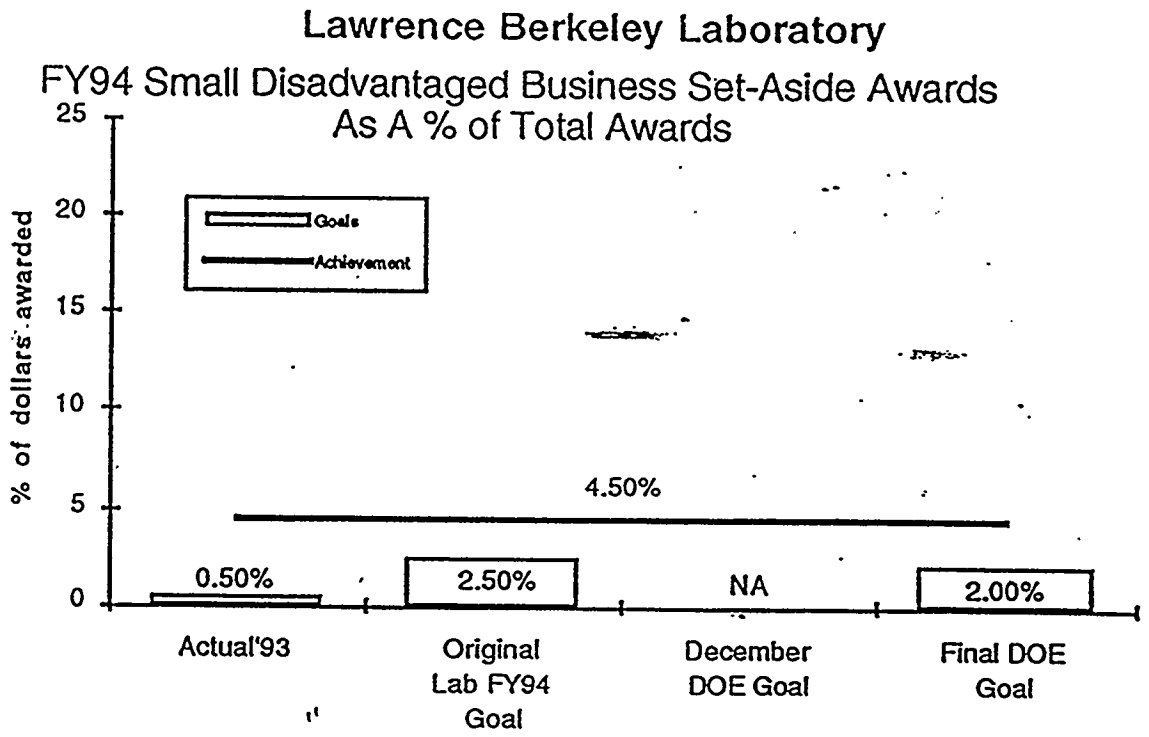


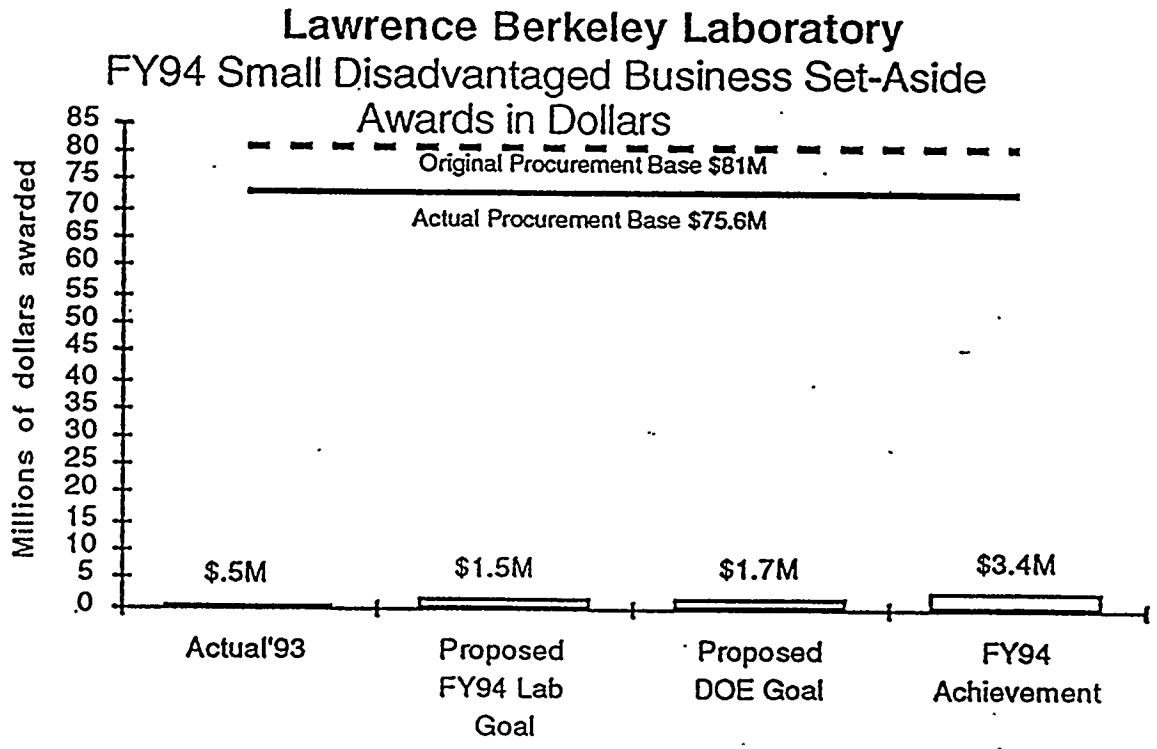

Lawrence Berkeley Laboratory
FY1994 Small Business Set-Aside Awards
As A % of Total Awards
Goals
Achievement
% of dollars awarded
25
20
15
10
5
0
12.60%
13%
7%
NA
16%
Actual'93
Original Lab FY94 Goal
December DOE Goal
Final DOE Goal

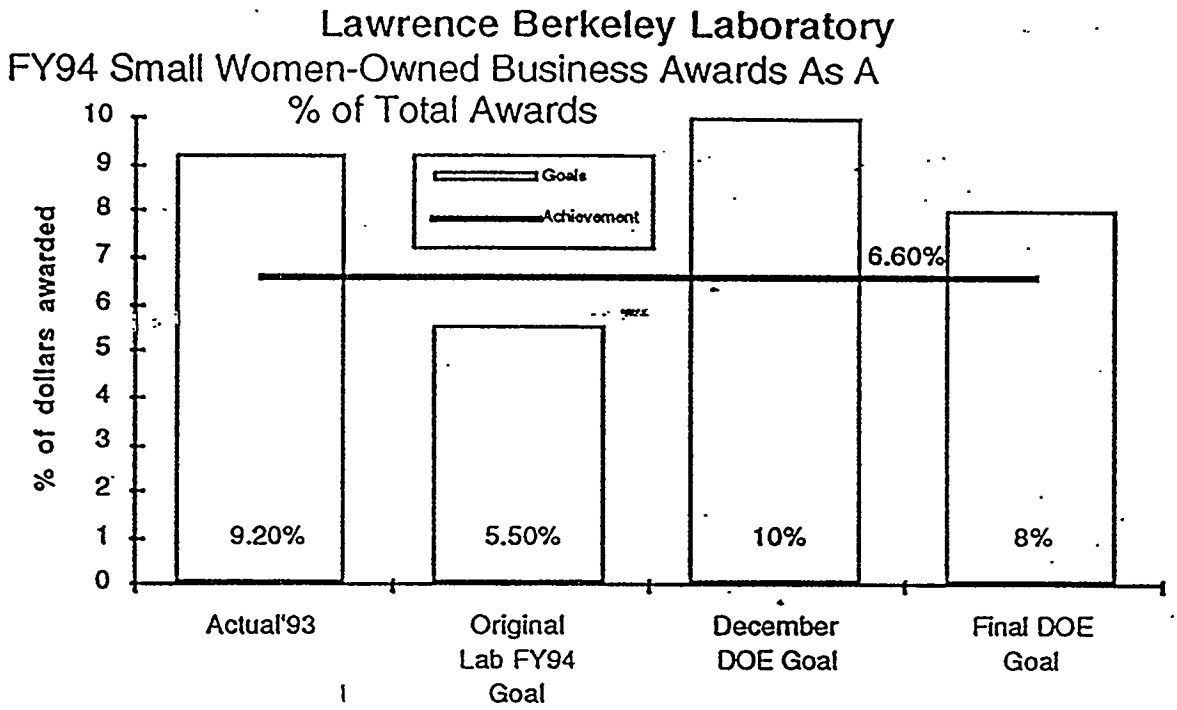

Lawrence Berkeley Laboratory
FY94 Small Business Set-Aside Awards in Dollars
Original Procurement Base $81M
Actual Procurement Base $75.6M
Millions of dollars awarded
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
$4.2M
$11.6M
$13M
$9.6M
Actual'93
Proposed FY94 Lab Goal
Proposed DOE Goal
FY94 Achievement

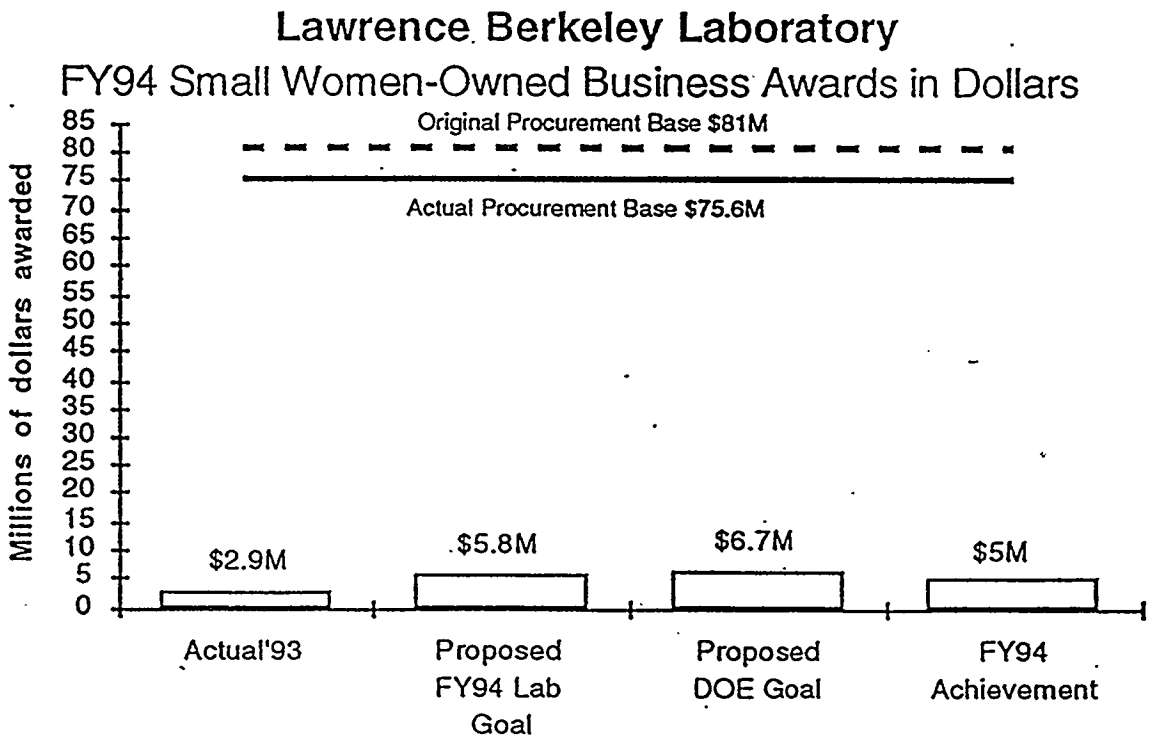

Lawrence Berkeley Laboratory
FY94 Small Disadvantaged Business Awards
As A % of Total Awards
25
20
15
10
5
0
Goals
Achievement
12.70%
10.60%
9.50%
20%
13%
Actual'93
Original Lab FY94 Goal
December DOE Goal
Final DOE Goal


Lawrence Berkeley Laboratory
FY94 Small Disadvantaged Business Awards in Dollars
millions of dollars awarded
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
Original Procurement Base $81M
Actual Procurement Base $75.6M
$3.4M
$9.5M
$11M
$9.6M
Actual'93
Proposed FY94 Lab Goal
Proposed DOE Goal
FY94 Achievement


Lawrence Berkeley Laboratory
FY94 Small Disadvantaged Business Set-Aside Awards
As A % of Total Awards
% of dollars awarded
25
20
15
10
5
0
Goals
Achievement
4.50%
0.50%
2.50%
NA
2.00%
Actual'93
Original Lab FY94 Goal
December DOE Goal
Final DOE Goal


Lawrence Berkeley Laboratory
FY94 Small Disadvantaged Business Set-Aside
Awards in Dollars
Millions of dollars awarded
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
Original Procurement Base $81M
Actual Procurement Base $75.6M
$.5M
$1.5M
$1.7M
$3.4M
Actual'93
Proposed FY94 Lab Goal
Proposed DOE Goal
FY94 Achievement


Lawrence Berkeley Laboratory
FY94 Small Women-Owned Business Awards As A % of Total Awards
% of dollars awarded
10
9
8
7
6
5
4
3
2
1
0
Goals
Achievement
6.60%
9.20%
5.50%
10%
8%
Actual'93
Original Lab FY94 Goal
December DOE Goal
Final DOE Goal


Lawrence Berkeley Laboratory
FY94 Small Women-Owned Business Awards in Dollars
Millions of dollars awarded
85
80
75
70
65
60
55
50
45
40
35
30
25
20
15
10
5
0
Original Procurement Base $81M
Actual Procurement Base $75.6M
$2.9M
$5.8M
$6.7M
$5M
Actual'93
Proposed FY94 Lab Goal
Proposed DOE Goal
FY94 Achievement

Attachment C

Lawrence Berkeley Laboratory
University of California Berkeley, California 94720
(510) 486-4000

PROCUREMENT - Bldg.: 69 Room: 201
(510) 486-4593 Fax (510) 486-4380

October 21, 1994

Ronna Promani
Contracting Officer
Department of Energy
Oakland Operations Office
1301 Clay St. 700N
Oakland, CA 94612-5208

Subject: Performance Objective 4 Annual Report

Dear Mrs. Promani:

In accordance with the requirements of the Prime Contract, Appendix F, Performance Objective 5, we submit the attached report covering the competition good faith efforts made by the Laboratory during FY 1994.

If you have any questions on either of these reports, please contact me.

Very truly yours,

PROCUREMENT ORIGINAL SIGNED

R. J. Arri
Procurement Manager (Acting)

cc: C. McDonald
R. Russell
D. Shepherd

RJA:sj

FY 1994 Annual Report On LBL's

COMPETITION GOOD FAITH EFFORTS

In fiscal year 1994, the Laboratory continued to maintain its good faith efforts in supporting and promoting competitive procurements. During this period buyers were continually encouraged to challenge sole source documents as to authenticity of the transaction. This was done by the Buyer suggesting to the requester other possible sources known to the Buyer from past experience or by performing a Market Survey.

In the area of construction, all subcontracts in excess of $25,000 were continued to be awarded on a competitive basis. The continued placement of advertisements in three local publications over a two week period has resulted in the Laboratory obtaining strong bid response in many instances. As an example, nine bids were received on the $803 thousand Biomedical Isotope Facility and six bids received on the $7.3 million Hazardous Waste Facility.

As in the past, all sole source requisitions are first reviewed by the Buyer for completeness and if necessary additional information is requested and obtained from the requester in order to support a sound transaction. After the Buyer has reviewed the document and feels the information provided is valid as a sole source, the Buyer makes the recommendation which is reviewed and approved or disapproved by the Section Head or Procurement Manager prior to the Buyer taking any action.

During FY 94, an Advanced Acquisition Planning (AAP) System was developed and approved by Laboratory Management. The system establishes that AAP process applies to procurements of $100,000 or more. It establishes an AAP Advocate within the Administration Division and a Procurement Liaison in Procurement for the coordination of effort for everyone involved in the AAP process.

For FY 94 the Laboratory continued to use the CBD and Letters of Inquiry for high value procurements to promote competition. During the year the CBD was used for advertisements on eight occasions with Letters of Inquiry being sent to numerous vendors on 12 occasions resulting in favorable competitive actions.

The actual competitively - awarded subcontract dollars for FY 94 was $35,775,502. The purchasing base of subcontracts awarded over $25,000 was $48,554,061. As of September 30, 1994, the cumulative award rate for transactions over $25,000 was 73.6% which is 40% over the historical average. This is a strong indication that the commitment for competitive procurements is a priority of the Laboratory as this was a significant improvement over past fiscal year levels.

Attachment D

Lawrence Berkeley Laboratory
University of California Berkeley, California 94720
(510) 486-4000 • FTS 451-4000

September 29, 1994

Ms. Joann P. VanGuillory, Deputy Director
Contracts & Assistance Management Division
U. S. Department of Energy
Oakland Operations Office
1301 Clay Street, Rm. 700 N
Oakland, CA 94612-5208

Subject: FY 1995 Competition Goal

Dear Ms. VanGuillory,

Performance Objective 5 states that LBL "will propose and provide supporting information for a subcontracting competition goal to the University and DOE annually".

We reviewed our past performance and the dramatic gains made during FY 1994 where we went from approximately 49% in the past to a projected 70% for FY 1994. This was accomplished through more emphasis in advance acquisition planning, increased pressure on the requester to "go competitive", the change in the definition of competition and the overall product mix.

In preparing our forecast for FY 1995 we considered these same elements mentioned above. We also took into consideration the forecast of major procurements and other data gathered to support our FY 1995 socio-economic goals submitted earlier.

On this basis we propose what we consider to be a very high, stretch goals of 71% for FY 1995. This is with the understanding that the footnotes contained in the FY 1994 Performance Objectives will still apply.

If you have any questions regarding this goal, please contact Rich Arri at 486-4593.

Very truly yours,

Y. T. Beales
Procurement Manager

cc: UCOP - Dick Russell

Attachment E

Lawrence Berkeley Laboratory

University of California · Berkeley, California 94720

(510) 486-4000 • FTS 451-4000

PROCUREMENT
Building 69, Room 201
One Cyclotron Rd, Berkeley, CA. 94720
(510) 486-4593/4597; Fax: 486-4380

March 1, 1995

Ms. Ronna Promani, Contracting Officer
U.S. DEPARTMENT OF ENERGY
Oakland Operations Office
Contracts & Assistance Management Division
1301 Clay Street, Room 700N
Oakland, CA. 94612-5208

SUBJECT: 1995 PRIME CONTRACT PERFORMANCE MEASURES, PERFORMANCE OBJECTIVE # 5, *"TRAINING"*

Dear Ms. Promani:

In accordance with the Procurement "Assumptions" developed at the November 21, 1994 meeting, Lawrence Berkeley Laboratory (LBL) is submitting the Procurement Training Plan. The LBL objective for Fiscal Year 1995 is to accomplish sixteen (16) Training classes as shown on the enclosed Plan.

Please note that the attached Training Plan may indicate a different class time from the date given in the previously submitted 1994 DOE CPSR Corrective Action Plan (CAP). However, the timeframe revisions reflected in the Training Plan are based upon the Laboratory's most current information on training and resource availability. Further, this letter confirms LBL's understanding that although the classes may not be held on the scheduled date, if the class is held within Fiscal Year 1995, Lawrence Berkeley Lab will still be considered compliant to the Performance Objective.

Should you have any questions, need additional information, or wish to discuss the Training Plan further, please contact me.

Sincerely,

R.L. Arri
Procurement Manager

Enclosure: as stated

cc: C. McDonald, LBL
K. Olson, LBL
D. Russell, UC

LAWRENCE BERKELEY LABORATORY TRAINING PLAN
REVISED 3/1/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Section Head	Purchasing Manager
CAP*		Ethics	Ethics		5	3	2	3	x	x	/		x	x	x	x	x	x	x	x	x
CAP*		Ethics	Ethics		5	4		3	x	x			x	x	x	x	x	x	x	x	x
CAP*		Safety	Security Awareness		5	3		1							x.	x	x	x	x	x	x
			Document Control																		
CAP*		Technical Coordinator	Procurement Requirements.		5	3		2			x										
CAP*		Solicitations, Planning and Preparation Part 1	Competition Requirements	6.x	5	4		3								x	x	x	x	x	x
CAP			Set-Asides	13.2, 19.2												x	x	x	x	x	x
CAP*			Debarred List													x	x	x	x	x	x
CAP*			Source Selection & Evaluation													x	x	x	x	x	x
CAP			Source Lists	10.1-1, 19.1-2												x	x	x	x	x	x
CAP*			Acquisition Planning	7.1-7.3													x	x	x	x	x
CAP*		Solicitations, Negotiated	Negotiating Terms & Conditions.	52.1	5	4		3								x	x	x	x	x	x
CAP		Part 1	Negotiation Strategy													x	x	x	x	x	x
CAP			Negotiated Procurement	15-15.1-1												x	x	x	x	x	x
CAP		Proposals, Evaluation 1	Non-Price Factors	17.1	5	5		3								x	x	x	x	x	x
CAP			Price Related Factors	13.1-3												x	x	x	x	x	x
CAP			Responsibility	9.1												x	x	x	x	x	x
CAP			Responsiveness													x	x	x	x	x	x
CAP			Bid Prices													x	x	x	x	x	x
CAP*		Price & Cost Analysis	Price & Cost Analysis	15.5, 1.7.5	5	5		3									x	x	x	x	x
CAP*			Profit & Fee	15.10, 1.7.6, 15.6-2														x	x	x	x
CAP*		Sole Source Justification	Justification & Documentation	4.2	5	6					x					x	x	x	x	x	x

Attachment E

LAWRENCE BERKELEY LA. .ATORY TRAINING PLAN
REVISED 3/1/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Section Head	Purchasing Manager
CAP*			Forms Revision																		
CAP*			Delivery Schedule, Performance, etc.																		
CAP*		Post Award Administration	Updating Ts & Cs		5	6		3								x	x	x	x	x	x
CAP*			Post Award Admin.													x	x	x	x	x	x
CAP*			Contract Modifications	15.3, 43.1, 43, 12.2, 15.8												x	x	x	x	x	x
CAP			Assignments & Novations																x	x	x
CAP			Changes	43.1,12.2,4.1													x	x	x	x	x
CAP			Options														x	x	x	x	x
CAP*			Protests, Disputes, and Appeals	33													x	x	x	x	x
CAP			Termination	49													x	x	x	x	x
CORE		Contract Administration, Performance	Delays		5	7		3									x	x	x	x	x
CORE			Stop Work																x	x	x
CORE			Audits	42.2															x	x	x
CORE		Proposal Award	Consent To Award		5	8		2									x	x	x	x	x
CORE			Debriefing														x	x	x	x	x
CORE			Justification & Documentation	4.2													x	x	x	x	x
CORE			Preaward Inquiries													x	x	x	x	x	x
CORE		Solicitations, general	Solicitations & Amendments	15.1-3	5	8		3									x	x	x	x	x
CORE			Preproposal Conferences	15.2													x	x	x	x	x
CORE			Sealed Bidding	15.1-1, 36.1													x	x	x	x	x
CORE			Canceling Solicitations														x	x	x	x	x
CORE		Solicitations, Planning and Preparation Part 2	Market Research	6.1-1	5	9		3								x	x	x	x	x	x

Attachment E

LAWRENCE BERKELEY LABORATORY TRAINING PLAN
REVISED 3/1/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Section Head	Purchasing Manager
CORE			Sole Source	6.2												x	x	x	x	x	x
CORE			Suspect Counterfeit Parts													x	x	x	x	x	x
CORE			Bid Acceptance Periods													x	x	x	x	x	x
CORE			Make-Or-Buy	7.3													x	x	x	x	x
CORE			Lease vs. Purchase	7.2													x	x	x	x	x
CORE		Socio-Economic Concerns	Socio-Economic Concerns	19.1, 1.7.4	5	10		3								x	x	x	x	x	x
CORE			Set-Asides													x	x	x	x	x	x
CORE			8(a)													x	x	x	x	x	x
CORE			Subcontracting Plans														x	x	x	x	x
CORE		Solicitations, Planning and Preparation Part 3	Multiyear Contracts		5	10		3									x	x	x	x	x
CORE			Organizational Conflict of Interest	9.3													x	x	x	x	x
CORE			Pricing Escalations														x	x	x	x	x
CORE			Specifications	10.1													x	x	x	x	x
CORE			Statement Of Work	35.1-1													x	x	x	x	x
CORE			Publicizing Contract Actions	5.1													x	x	x	x	x
CORE			Procurement Plans	3.4-2															x	x	x
CORE		Contract Basics Part 1	Contract Law		5	11		4								x	x	x	x	x	x
			Contracting Fundamentals	2.1, 16.1-1												x	x	x	x	x	x
			Statute of Frauds																x	x	x
CORE		Risk Management	Insurance	28.1	5	12		2								x	x	x	x	x	x
CORE			Bonds & Liens	28.1														x	x	x	x

Attachment E

LAWRENCE BERKELEY LABORATORY TRAINING PLAN
REVISED 3/1/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Section Head	Purchasing Manager
CORE			Miller Act																		
CORE		Proposals, evaluation 2	Late Bids	15.3, 15.3-1	6	1		3									x	x	x	x	x
CORE			Mistakes In Offer	15.8													x	x	x	x	x
CORE		Proposals, evaluation 3	Financial Statement Analysis		6	2		3										x	x	x	x
CORE			Protests	33.2															x	x	x
CORE			Audits	42.1															x	x	x
CORE		Cost Type, Part 1	Cost Type		6	3		3									x	x	x	x	x
CORE			Contract Cost Principles	31.1-1													x	x	x	x	x
CORE			Cost Accounting Standards	30.1													x	x	x	x	x
CORE			Payment Of Indirect Costs															x	x	x	x
CORE		Cost Type, Part 2	Defective Pricing	15.8	6	4		3											x	x	x
CORE			Limitation Of Costs	31.2															x	x	x
CORE			Managing Cost Contracts																x	x	x
CORE		Contract Administration, General Basic	Ordering Against Contracts & Agreements		6	5		3			x		x				x	x	x	x	x
CORE			Close-out	42.4												x	x	x	x	x	x
CORE		Contract Administration, General Interim.	Post-Award Orientations	15.7-1	6	6		3									x	x	x	x	x
CORE			Documentation														x	x	x	x	x
CORE		Contract Administration, General Adv.	Remedies		6	7		3											x	x	x
CORE			Extraordinary Contract Actions																x	x	x
CORE		Contract types	Multiyear Contracts		6	8		3									x	x	x	x	x
CORE			Blanket Orders																x	x	x
CORE			Incentive Contracts																x	x	x
CORE			Low Value Procurements	13.2												x	x	x	x	x	x

Attachment E

LAWRENCE BERKELEY LABORATORY TRAINING PLAN
REVISED 3/1/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Section Head	Purchasing Manager
CORE			Letter Contracts	16.3, 16.1-2															x	x	x
CORE			Systems Contracting														x	x	x	x	x
CORE			Best Value Procurement														x	x	x	x	x
CORE			Subcontract Selection														x	x	x	x	x
CORE			Teaming Agreements																x	x	x
			Rental Agreements														x	x	x	x	x
		Construction Contracting	Construction Contracting	36.2	6	9		3									x	x	x	x	x
			Architecture & Engineering															x	x	x	x
			Construction Law															x	x	x	x
			Advise-Bacon Act	22.2-1													x	x	x	x	x
		Contract Finance	Contract Financing	32.1	6	10		3											x	x	x
			Contract Funding													x	x	x	x	x	x
			Progress Payments	32.2, 32.1														x	x	x	x
		Issues, non contract	Government Property	45.1	6	11		2									x	x	x	x	x
			Forecasting Requirements																x	x	x
			Total Quality Management													x	x	x	x	x	x
		Commodities, Special Issues	Real Property Leases	45.2	6	12		2											x	x	x
			Hazardous Materials													x	x	x	x	x	x
			Software Licensing													x	x	x	x	x	x
		Contract Administration, Financial	Claims	32.3	7	1		4											x	x	x
			Payments Against Invoices	32.1												x	x	x	x	x	x
			Accounting & Estimating Systems																x	x	x
			Collecting Contractor Debts																x	x	x
		Legislation	Service Contract Act	22.2	7	2		3								x	x	x	x	x	x
			Buy American	25.1												x	x	x	x	x	x

Attachment E

LAWRENCE BERKELEY LABORATORY TRAINING PLAN
REVISED 3/1/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Section Head	Purchasing Manager
			Walsh Healy													x	x	x	x	x	x
			Davis Bacon													x	x	x	x	x	x
			Miller Act													x	x	x	x	x	x
CORE		Field Buyer Training	Negotiating Ts & Cs		5	4		4							x						
			Competition Requirements																		
			Socio-economic Concerns																		
			Buy American	25.1																	
CORE	11/10/94	Intellectual Property	Patents, Data, & Copyrights	27.1	4	11	10	3									x	x	x	x	x
			Proprietary Data	24.1												x	x	x	x	x	x
CORE	10/27/94	Clerical Support, Procedures	DOE Approvals	1.00	4	10	27	2	x												
CORE			Reports	1.00					x												
CORE			Renewals	1.00					x												
CORE			Forms	1.00					x												
CORE			Set Up	1.00					x												
CORE	1/26/95	Safety-on-going	Various		5	1	26	1		x						x	x	x	x	x	x
CORE	12/8/94	ADP Basic Word	Basic Word	1.00	4	12	8	3	x	x				x			x	x	x	x	x
CORE	12/8/94	ADP Basic Excel	Basic Excel	1.00	4	12	8	3		x							x	x	x	x	x
CORE	12/15/94	ADP Basic Excel	Basic Excel	1.00	4	12	15	3		x							x	x	x	x	x
CORE	Var.	Oracle System Training for Procurement Personnel	Oracle System Training for Procurement Personnel	1.00	1	TBD		40							x	x	x	x	x	x	x
CORE	Var.	Oracle System Training for Field Buyer	Oracle System Training for Field Buyer	1.00		TBD		16							x						
CORE	Var.	Oracle System Training for Requester	Oracle System Training for Requester	1.00		TBD		16	x												

Attachment E

LAWRENCE BERKELEY LABORATORY TRAINING PLAN
REVISED 3/1/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Section Head	Purchasing Manager
CORE	Var.	Oracle System Training for Approver	Oracle System Training for Approver	1.00		TBD		3													
CORE	Var.	Oracle System Training for Inquiry	Oracle System Training for Inquiry	1.00		TBD															
		ADP Advanced Excel	Advanced Excel			TBD		3		x											
		ADP Advanced Word	Advanced Word			TBD		3		x											

This schedule is as close to CPSR-CAP as the present availability of training resources allows. Future availability may alter this schedule.

Although the actual date of classes may vary from those herein, all classes scheduled during FY 95 will be given in FY95 to conform with Performance Objectives.

Attachment E

PROCUREMENT
Procurement Specialist
INDIVIDUAL TRAINING PLAN

Name: Ron Ball

Course:	Date Scheduled	Date Completed	Authorized Signatures
Commodities, Special Issues			
* Contract Administration, Financial			
* Contract Administration, Performance (includes QA)			
* Contract Administration, Intermediate			
* Contract Administration, Modifications			
* Contract Basics			
Contract Finance			
Contract Types			
* Ethics			
Intellectual Property			
Issues, Other (Includes Property)			
Legislation (includes Service Contract Act, Buy American Act, etc.)			
Proposal Award			
* Proposals, Evaluation (includes Cost/Price Analysis, Source Selection, and Profit/Fee)			
Risk Management			
* Solicitations, Planning and Preparation (includes Advanced Planning)			
* Solicitations, Negotiated, Part I			
* Solicitations, Negotiated, Part II			

Courses subject to change based upon revisions to Procurement Training Plan.

* Core Competencies

j:trainpln.doc

PROCUREMENT
Order Processor
INDIVIDUAL TRAINING PLAN

Name: Adrienne Garcia

Course:	Date Scheduled	Date Completed	Authorized Signatures
ADP Basic Excel	12/15/94	12/15/94	
* ADP Basic Word	12/8/94	12/8/94	
* ADP Oracle System Training			
* Clerical Support Procedures	10/27/94	10/27/94	
Ethics			

Courses subject to change based upon revisions to Procurement Training Plan.

* Core Competencies

j:opplan3.doc

PROCUREMENT
Procurement Support
INDIVIDUAL TRAINING PLAN

Name: Denise Davis

Course:	Date Scheduled	Date Completed	Authorized Signatures
ADP Advanced Excel			
ADP Advanced Word			
ADP Basic Excel	12/15/94	12/15/94	
ADP Basic Word			
ADP Dbase			
* ADP Oracle System Training			
* Clerical Support Procedures	10/27/94	10/27/94	
* Ethics			

Courses subject to change based upon revisions to Procurement Training Plan.

* Core Competencies

j:opplan3.doc

PROCUREMENT
Field Procurement Specialist
INDIVIDUAL TRAINING PLAN

Name: Gloria Acosta

Course:	Date Scheduled	Date Completed	Authorized Signatures
* ADP Basic Word			
* Ethics			
* Low Value Purchasing Authorization (includes Solicitation, Contract Administration, etc)			

Courses subject to change based upon revisions to Procurement Training Plan.

* Core Competencies

UPDATED TRAINING PLAN

LAWRENCE BERKELEY LABORA. .RY TRAINING PLAN
REVISED 9/13/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	X = COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer (89)	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Group Leader	Procurement Manager
									3	4	1		0	0	#	5	9	4	4	3	1
CAP*	X	Ethics	Ethics		5	3	2	3	2	0	1		x	x	45	4	8	3	3	3	1
CAP*	X	Ethics	Ethics		5	4	13	3	x	3			x	x	22	1	2	1	1	x	1
			Ethics		5	8	15	3							10						
CAP*	X	Safety	Security Awareness		5	3	7	1	2	2	1				x	3	7	4	4	3	1
			Document Control																		
CAP*	X	Technical Coordinator	Procurement Requirements		5	3	30	2			26						1			3	1
CAP*	X	Solicitations, Planning and Preparation Part 1	Competition Requirements	6.x	5	5	24	2								3	8	4	4	2	1
CAP			Set-Asides	13.2, 19.2												x	x	x	x	x	x
CAP*			Debarred List													x	x	x	x	x	x
CAP*			Source Selection & Evaluation													x	x	x	x	x	x
CAP			Source Lists	10.1-1, 19.1-2												x	x	x	x	x	x
CAP*			Acquisition Planning	7.1-7.3												x	x	x	x	x	x
CAP*	X	Solicitations, Negotiated	Negotiating Terms & Conditions	52.1	5	3	31	3								5	7	4	2	3	1
				(Makeup Class)	5	8	16	3									1				
CAP		Part 1	Negotiation Strategy													x	x	x	x	x	x
CAP			Negotiated Procurement	15-15.1-1												x	x	x	x	x	x
CAP	X	Proposals, Evaluation 1	Non-Price Factors	17.1	5	5	24	1								3	8	4	4	2	1
CAP			Price Related Factors	13.1-3												x	x	x	x	x	x
CAP			Responsibility	9.1												x	x	x	x	x	x
CAP			Responsiveness													x	x	x	x	x	x
CAP			Bid Prices													x	x	x	x	x	x
CAP*	X	Price & Cost Analysis	Price & Cost Analysis	15.5, 1.7.5	5	3	21	3								5	8	4	3	3	1
				(Makeup Class)	5	8	16	3									1		1		

Attachment F

LAWRENCE BERKELEY L[illegible]RY TRAINING PLAN
REVISED 9/13/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	X = COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer (89)	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Group Leader	Procurement Manager
									3	4	1		0	0	#	5	9	4	4	3	1
CAP*			Profit & Fee	15.10, 1.7.6, 15.6-2												x	x	x	x	x	x
CAP*	X	Sole Source Justification	Justification & Documentation	4.2	5	6	28	2			18				12	2	7	4	2	2	x
				(Makeup Class)	5	9	6	2									1		1	1	
CAP*			Forms Revision																		
CAP*			Delivery Schedule, Performance, etc.																		
CAP*	X	Post Award Administration	Updating Ts & Cs		5	4	20	3								4	8	3	4	1	1
				(Makeup Class)	5	8	16	3									1	1		2	
CAP*			Post Award Admin.													x	x	x	x	x	x
CAP*	X	Contract Modifications	Contract Modifications	15.3, 43.1, 43, 12.2, 15.8	5	5	24	1.5								3	8	4	4	2	x
				(Makeup Class)	5	8	16	1.5									1			1	
CAP			Assignments & Novations													x			x	x	x
CAP			Changes	43.1,12.2,4.1												x	x	x	x	x	x
CAP			Options													x	x	x	x	x	x
CAP*	X	Protests	Protests, Disputes, and Appeals	33	5	4	20	3								4	8	3	4	1	1
				(Makeup Class)	5	8	16	3									1	1		2	
CAP			Termination	49																	
CORE	X	Contract Administration, Performance	Delays		5	7		3								x	x	x	x	x	x
CORE			Stop Work																x	x	x
CORE			Audits	42.2															x	x	x
CORE	X	Proposal Award	Consent To Award		5	8		2								x	x	x	x	x	x
CORE			Debriefing													x	x	x	x	x	x
CORE			Justification & Documentation	4.2												x	x	x	x	x	x
CORE			Preaward Inquiries													x	x	x	x	x	x

Attachment F

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	X = COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer (89)	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Group Leader	Procurement Manager
									3	4	1		0	0	#	5	9	4	4	3	1
CORE	X	Solicitations, general	Solicitations & Amendments	15.1-3	5	8		3								x	x	x	x	x	x
CORE			Preproposal Conferences	15.2												x	x	x	x	x	x
CORE			Sealed Bidding	15.1-1, 36.1												x	x	x	x	x	x
CORE			Canceling Solicitations													x	x	x	x	x	x
CORE		Solicitations, Planning and Preparation Part 2	Market Research	6.1-1	5	9		3								x	x	x	x	x	x
CORE			Sole Source	6.2												x	x	x	x	x	x
CORE			Suspect Counterfeit Parts													x	x	x	x	x	x
CORE			Bid Acceptance Periods													x	x	x	x	x	x
CORE			Make-Or-Buy	7.3												x	x	x	x	x	x
CORE			Lease vs. Purchase	7.2												x	x	x	x	x	x
CORE		Socio-Economic Concerns	Socio-Economic Concerns	19.1, 1.7.4	5	10		3								x	x	x	x	x	x
CORE			Set-Asides													x	x	x	x	x	x
CORE			8(a)													x	x	x	x	x	x
CORE			Subcontracting Plans														x	x	x	x	x
CORE		Solicitations, Planning and Preparation Part 3	Multiyear Contracts		5	10		3								x	x	x	x	x	x
CORE			Organizational Conflict of Interest	9.3												x	x	x	x	x	x
CORE			Pricing Escalations													x	x	x	x	x	x
CORE			Specifications	10.1												x	x	x	x	x	x
CORE			Statement Of Work	35.1-1												x	x	x	x	x	x

Attachment F

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	X = COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	3 Order Processor	4 Procurement Support	1 Technical Coordinators/ Division Administrators		0 Releaser	0 Expediter	# Field Buyer (89)	5 Buyer	9 Senior Buyer	4 Subcontract Administrator/ Procurement Specialist	4 Sr. Subcontract Administra	3 Group Leader	1 Procurement Manager
CORE			Publicizing Contract Actions	5.1												x	x	x	x	x	x
CORE			Procurement Plans	3.4-2															x	x	x
CORE		Contract Basics Part 1	Contract Law		5	11		4								x	x	x	x	x	x
			Contracting Fundamentals	2.1, 16.1-1												x	x	x	x	x	x
			Statute of Frauds																x	x	x
CORE		Risk Management	Insurance	28.1	5	12		2								x	x	x	x	x	x
CORE			Bonds & Liens	28.1												x	x	x	x	x	x
CORE			Miller Act																		
CORE		Proposals, evaluation 2	Late Bids	15.3, 15.3-1	6	1		3								x	x	x	x	x	x
CORE			Mistakes In Offer	15.8												x	x	x	x	x	x
CORE		Proposals, evaluation 3	Financial Statement Analysis		6	2		3										x	x	x	x
CORE			Protests	33.2															x	x	x
CORE			Audits	42.1															x	x	x
CORE		Cost Type, Part 1	Cost Type		6	3		3								x	x	x	x	x	x
CORE			Contract Cost Principles	31.1-1												x	x	x	x	x	x
CORE			Cost Accounting Standards	30.1												x	x	x	x	x	x
CORE			Payment Of Indirect Costs															x	x	x	x
CORE		Cost Type, Part 2	Defective Pricing	15.8	6	4		3											x	x	x
CORE			Limitation Of Costs	31.2															x	x	x
CORE			Managing Cost Contracts																x	x	x
CORE		Contract Administration, General Basic	Ordering Against Contracts & Agreements		6	5		3			x		x			x	x	x	x	x	x
CORE			Close-out	42.4												x	x	x	x	x	x

Attachment F

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	X = COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	3 Order Processor	4 Procurement Support	1 Technical Coordinators/ Division Administrators		0 Releaser	0 Expediter	# Field Buyer (89)	5 Buyer	9 Senior Buyer	4 Subcontract Administrator/ Procurement Specialist	4 Sr. Subcontract Administra	3 Group Leader	1 Procurement Manager
CORE		Contract Administration, General Interim.	Post-Award Orientations	15.7-1	6	6		3									x	x	x	x	x
CORE			Documentation														x	x	x	x	x
CORE		Contract Administration, General Adv.	Remedies		6	7		3											x	x	x
CORE			Extraordinary Contract Actions																x	x	x
CORE		Contract types	Multiyear Contracts		6	8		3									x	x	x	x	x
CORE			Blanket Orders																x	x	x
CORE			Incentive Contracts																x	x	x
CORE			Low Value Procurements	13.2												x	x	x	x	x	x
CORE			Letter Contracts	16.3, 16.1-2															x	x	x
CORE			Systems Contracting														x	x	x	x	x
CORE			Best Value Procurement														x	x	x	x	x
CORE			Subcontract Selection														x	x	x	x	x
CORE			Teaming Agreements																x	x	x
			Rental Agreements														x	x	x	x	x
		Construction Contracting	Construction Contracting	36.2	6	9		3									x	x	x	x	x
			Architecture & Engineering															x	x	x	x
			Construction Law															x	x	x	x
			Advise-Bacon Act	22.2-1													x	x	x	x	x
		Contract Finance	Contract Financing	32.1	6	10		3											x	x	x
			Contract Funding													x	x	x	x	x	x
			Progress Payments	32.2, 32.1														x	x	x	x
		Issues, non contract	Government Property	45.1	6	11		2									x	x	x	x	x
			Forecasting Requirements																x	x	x
			Total Quality Management													x	x	x	x	x	x
		Commodities, Special Issues	Real Property Leases	45.2	6	12		2											x	x	x

Attachment F

LAWRENCE BERKELEY L[illegible]RY TRAINING PLAN
REVISED 9/13/95

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	X = COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer (89)	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Group Leader	Procurement Manager
									3	4	1		0	0	#	5	9	4	4	3	1
			Hazardous Materials													x	x	x	x	x	x
			Software Licensing													x	x	x	x	x	x
		Contract Administration, Financial	Claims	32.3	7	1		4											x	x	x
			Payments Against Invoices	32.1												x	x	x	x	x	x
			Accounting & Estimating Systems																x	x	x
			Collecting Contractor Debts																x	x	x
		Legislation	Service Contract Act	22.2	7	2		3								x	x	x	x	x	x
			Buy American	25.1												x	x	x	x	x	x
			Walsh Healy													x	x	x	x	x	x
			Davis Bacon													x	x	x	x	x	x
			Miller Act													x	x	x	x	x	x
CORE		Field Buyer Training	Negotiating Ts & Cs		5	4		4							x						
			Competition Requirements																		
			Socio-economic Concerns																		
			Buy American	25.1																	
CORE	X	Intellectual Property	Patents, Data, & Copyrights	27.1	4	11	10	3								5	4	3	2	3	x
			Proprietary Data	24.1												x	x	x	x	x	x
CORE	X	Clerical Support, Procedures	DOE Approvals	1.00	4	10	27	2	3	4											
CORE			Reports	1.00					x												
CORE			Renewals	1.00					x												

Attachment F

CLASS PRIORITY CAP=Corrective Action Plan CORE=Core Class	X = COMPLETED	COURSE	TOPICS	STANDARD PRACTICE	Year	Month	Day	HOURS	Order Processor	Procurement Support	Technical Coordinators/ Division Administrators		Releaser	Expediter	Field Buyer (89)	Buyer	Senior Buyer	Subcontract Administrator/ Procurement Specialist	Sr. Subcontract Administra	Group Leader	Procurement Manager
									3	4	1		0	0	#	5	9	4	4	3	1
CORE			Forms	1.00					x												
CORE			Set Up	1.00					x												
CORE	X	Safety-on-going	Various		5	1	26	1		x						x	x	x	x	x	x
CORE	X	ADP Basic Word	Basic Word	1.00	4	12	8	3	3	0						1	2	x	x	x	x
CORE	X	ADP Basic Excel	Basic Excel	1.00	4	12	8	3	1	2						1	3	x	x	x	x
CORE	X	ADP Basic Excel	Basic Excel	1.00	4	12	15	3	x	1						1	x	1	x	x	x
CORE	Var.	Oracle System Training for Procurement Personnel	Oracle System Training for Procurement Personnel	1.00	1	TBD		40							x	x	x	x	x	x	x
CORE	Var.	Oracle System Training for Field Buyer	Oracle System Training for Field Buyer	1.00		TBD		16							x						
CORE	Var.	Oracle System Training for Requester	Oracle System Training for Requester	1.00		TBD		16	x												
CORE	Var.	Oracle System Training for Approver	Oracle System Training for Approver	1.00		TBD		3													
CORE	Var.	Oracle System Training for Inquiry	Oracle System Training for Inquiry	1.00		TBD															
		ADP Advanced Excel	Advanced Excel			TBD		3		x											
		ADP Advanced Word	Advanced Word			TBD		3		x											

This schedule is as close to CPSR-CAP as the present availability of training resources allows. Future availability may alter this schedule.

Although the actual date of classes may vary from those herein, all classes scheduled during FY 95 will be given in FY95 to conform with Performance Objectives.

Attachment F

LAWRENCE BERKELEY NATIONAL LABORATORY (LBNL)
OVERAGE SUBCONTRACT CLOSE-OUT LIST

DATE: 06/30/95

ORDER NUMBER	SELLER	VALUE ($)	BUYER NAME	CONTRACT TYPE	PHYSICAL COMPLETION DATE	TARGET DATE*	STATUS	CLOSE OUT DATE
4581910	ACEEE	$6,616.00	Chen	FP/LOE	01/31/92	09/30/93	1	
4563210	ADA	$27,851.00	Chen	FP/LOE	09/30/90	05/30/92	1	
4602210	Alfred Truesdell	$5,250.00	Jewell	FP/LOE	09/30/94	03/31/95	1,6,7	
4564310	Applied Decision	$25,751.00	Jewell	FP/LOE	12/30/90	08/31/92	6	
4563710	Ayres Sowell	$55,284.00	Chen	FP/LOE	04/30/91	12/31/92	1	
4584210	Ayres Sowell	$29,862.00	Chen	FP/LOE	03/31/93	11/30/94	CLOSED	03/10/95
4596910	Ballena Systems	$10,000.00	Chen	FFP	05/30/94	11/30/94		
4586810	Brookhaven	$90,000.00	Jewell	FP/LOE	09/30/92	05/31/94	1	
4599410	CBIA	$25,000.00	Chen	FFP	09/30/94	03/31/95		
4576110	Cornell Univ.	$82,000.00	Chen	FP/LOE	05/31/92	01/31/94	CLOSED	03/10/95
4594410	Dobkin, Marjorie	$16,600.00	Chen	FFP	08/01/94	02/01/95	CLOSED	06/22/95
4561910	E&E Analysis	$75,000.00	Perez	CPFF	11/30/90	11/30/93	6	
4599110	Easton Consultants	$49,988.00	Chen	FFP	09/30/94	03/31/95	CLOSED	04/14/95
4506710	Energy Research	$195,764.00	Jewell	Cost Share	05/30/85	05/30/88	8	
4597410	Ernst & Young	$50,000.00	Perez	FFP	06/30/94	12/31/94	7	
4601110	ESEA	$24,000.00	Jewell	FFP	09/30/94	03/31/95		
4589910	ETEC	$278,145.00	Perez	FFP	06/30/94	12/31/94	CLOSED	03/22/95
4521610	Ford Motor Co.	$253,322.00	Jewell	Cost Share	05/31/85	05/31/88	4	
8639106	General Tool	$164,290.00	Ball	FFP	12/01/93	06/01/94	5,9	
4576310	Hughes Aircraft	$326,396.00	Arri	CPFF	09/30/91	09/30/94	4	
4549910	ITT	$403,140.00	Perez	CPFF	1991	1994	2	
4595610	J.L.H., Inc.	$7,500.00	Jewell	FP/LOE	09/30/93	05/31/95	1,2	
4539610	John Hopkins	$87,550.00	Perez	CP	1990	1993	2	
4601210	Les Dittert	$5,000.00	Chen	FFP	09/30/94	03/31/95	1	
4602010	Micrad	$2,999.00	Jewell	FFP	08/31/94	02/28/95	1,2,7	
4582210	Oakland Unified School District	$63,100.00	Jewell	FP/LOE	09/30/92	05/31/94	9	
4525110	ORI, Inc.	$181,057.00	Jewell	CPFF	09/30/85	09/30/88	4	
4592610	RDC	$37,070.00	Chen	FP/LOE	09/30/93	05/31/95	1	
4563610	SAIC	$47,448.00	Perez	FP/LOE	12/31/91	8/31/93	CLOSED	02/95
4573610	SAIC	$302,783.00	Perez	CP	1991	1994	CLOSED	03/22/95
4581010	SAIC	$36,621.00	Perez	FFP	10/07/91	01/06/92	CLOSED	03/28/95
4588110	Sandia	$9,000.00	Jewell	FP/LOE	03/31/93	11/30/94	1,2,7	
4599010	SRA Technologies	$27,754.00	Chen	FFP	09/30/94	03/31/95	7	
4569110	SRI Int'l	$98,000.00	Arri	CPFF	11/30/91	11/30/94	1,4,8	
4557010	SRI Int'l	$96,897.00	Arri	CPFF	07/15/90	07/15/93	4,8	
4573610	Stanford	$266,000.00	Perez	CP	1991	1994	1	
4586910	Stanford Univ.	$20,073.00	Jewell	FP/LOE	03/15/93	11/15/94	6	
4540310	TEM	$240,000.00	Perez	CPFF	1991	1994	5	

LAWRENCE BERKELEY NATIONAL LABORATORY (LBNL)
OVERAGE SUBCONTRACT CLOSE-OUT LIST

4601710	The Markland Group	$20,000.00	Perez	FFP	09/30/94	03/31/95	CLOSED	05/10/95
4595110	Univ of Arizona	$12,500.00	Chen	FFP	06/30/94	12/31/94		
4566810	Univ. of British Columbia	$46,188.00	Jewell	FP/LOE	02/28/91	10/31/92	1	
4593410	Univ. of Washington	$27,200.00	Chen	FP/LOE	09/30/93	05/31/95	1	
4598710	Westfall, Catherine	$18,000.00	Chen	FFP	09/30/94	03/31/95	CLOSED	06/22/95

***The LBL Closeout Time Standards, from the date of subcontract physical completion, are:**

- Firm Fixed Price (FFP) subcontracts: **6 months.**
- Fixed Price, Level of Effort (FP/LOE) subcontracts; Fixed-Price Incentive or Price Adjustment or Redetermination (FPI) subcontracts; Labor Hour (LH) subcontracts; Time and Materials (TM) subcontracts; and Cost-Reimbursement subcontracts *without* post award audits or indirect rate settlements: **20 months.**
- Cost-Reimbursement (Cost-Sharing subcontracts [CS], Cost-Plus Incentive Fee subcontracts [CPIF], Cost-Plus Award Fee contracts [CPAF], Cost-Plus Fixed Fee [CPFF], and Cost No Fee [CNF]) subcontracts *with* post award audit or indirect rate settlements: **36 months.**

Status Legend:

1. Outstanding DOE Patent Clearances/Approvals.
2. Outstanding Property Issue.
3. Outstanding Security Issue.
4. Outstanding cognizant Government audit agency post award audit/indirect rate settlements.
5. Outstanding Litigation.
6. Requires Patent or Level of Effort Certification from Subcontractor.
7. Requires completion statement from LBL Program/Technical Division.
8. No Final Invoice submitted by Subcontractor.
9. Subcontractor may owe LBL reimbursement.

LAWRENCE BERKELEY NATIONAL LABORATORY (LBNL)
TOTAL SUBCONTRACTS CLOSED-OUT TO DATE

DATE: 06/30/95

ORDER NUMBER	SELLER	VALUE ($)	BUYER NAME	CONTRACT TYPE	PHYSICAL COMPLETION DATE	TARGET DATE*	STATUS	CLOSE OUT DATE
4591910	Abratech	$284,674.00	Chen	CPFF	05/31/94	01/31/96	**CLOSED**	**06/22/95**
4585310	Aerosol Dynamics	$32,814.00	Chen	FP/LOE	09/30/93	05/31/95	**CLOSED**	**05/30/95**
4209602	Allied Eng. & Prod. Corp.	$43,900.00	Ball	FFP	06/20/94	12/20/94	CLOSED	06/20/94
4584210	Ayres Sowell	$29,862.00	Chen	FP/LOE	03/31/93	11/30/94	CLOSED *(overage)*	03/10/95
4576110	Cornell Univ.	$82,000.00	Chen	FP/LOE	05/31/92	01/31/94	CLOSED *(overage)*	03/10/95
4594410	Dobkin, Marjorie	$16,600.00	Chen	FFP	08/01/94	02/01/95	**CLOSED** *(overage)*	**06-22-95**
4599110	Easton Consultants	$49,988.00	Chen	FFP	09/30/94	03/31/95	**CLOSED** *(overage)*	**04/14/95**
4589910	ETEC	$278,145.00	Perez	FFP	06/30/94	12/31/94	CLOSED *(overage)*	03/22/95
4585410	Future Resources	$150,000.00	Chen	CPFF	09/30/94	09/30/97	**CLOSED**	**06/22/95**
4598510	Global Telematics	$25,000.00	Perez	FFP	05/31/94	11/30/94	CLOSED *(overage)*	12/94
4605510	ISF	$5,000.00	Perez	FP/LOE	06/95	02/97	**CLOSED**	**06/95**
4589510	Jong Kim	$18,000.00	Chen	FP/LOE	09/15/93	05/15/95	CLOSED	03/10/95
4596310	Kharkov	$15,000.00	Perez	FP/LOE	09/94	05/30/96	**CLOSED**	**06/22/95**
4780902	Peoplesoft	$327,500.00	Perez	FFP	09/30/94	03/31/95	CLOSED	09/30/94
4587910	Princeton Univ.	$30,000.00	Chen	FP/LOE	09/30/93	05/31/95	**CLOSED**	**05/30/95**
4563610	SAIC	$47,448.00	Perez	FP/LOE	12/31/91	08/31/93	CLOSED *(overage)*	02/95
4573610	SAIC	$302,783.00	Perez	CP	1991	1994	CLOSED *(overage)*	03/22/95
4581010	SAIC	$36,621.00	Perez	FFP	10/07/91	01/06/92	CLOSED *(overage)*	03/28/95
4584310	S-Cubed	$129,153.00	Jewell	CPFF	01/31/93	01/31/96	CLOSED	04/27/94
4597310	Shaw Resources	$24,000.00	Perez	FFP	06/30/94	12/31/94	CLOSED	12/31/94
3584700	SMG	$20,350.00	Perez	FFP	07/15/94	01/15/95	CLOSED	07/15/94
4601710	The Markland Group	$20,000.00	Perez	FFP	09/30/94	03/31/95	**CLOSED** *(overage)*	**05/10/95**
4588010	Univ. of British Columbia	$52,840.00	Jewell	FP/LOE	03/31/93	11/30/94	CLOSED	07/26/94
4536610	Univ. of Minn.	$338,304.00	Arri	Cost No Fee	06/30/88	06/30/91	CLOSED *(overage)*	12/13/94
4574310	USC	$75,000.00	Jewell	FP/LOE	01/31/92	09/30/93	CLOSED *(overage)*	10/18/94
4585710	Walt & Eliza Institute	$55,340.00	Jewell	FP/LOE	12/31/92	08/31/94	CLOSED	06/29/94
4597810	Westfall, Catherine	$18,000.00	Chen	FFP	09/30/94	03/31/95	**CLOSED** *(overage)*	**06/22/95**

LAWRENCE BERKELEY NATIONAL LABORATORY (LBNL)
TOTAL SUBCONTRACTS CLOSED-OUT TO DATE

***The LBL Closeout Time Standards, from the date of subcontract physical completion, are:**

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8. No Final Invoice submitted by Subcontractor.
9. Subcontractor may owe LBL reimbursement.

LAWRENCE BERKELEY NATIONAL LABORATORY (LBNL)
SUBCONTRACT CLOSE-OUT LIST

DATE: 06/30/95

ORDER NUMBER	SELLER	VALUE $	BUYER NAME	CONTRACT TYPE	PHYSICAL COMPLETION DATE	TARGET DATE*	STATUS	CLOSE OUT DATE
4591910	Abratech	$284,674.00	Chen	CPFF	05/31/94	01/31/96	CLOSED	06/22/95
4581910	ACEEE	$6,616.00	Chen	FP/LOE	01/31/92	09/30/93	1	
4586210	ACME Electric Corp.	$251,902.00	Perez	CPFF	06/30/94	02/28/96	7	
4563210	ADA	$27,851.00	Chen	FP/LOE	09/30/90	05/30/92	2,6	
4585310	Aerosol Dynamics	$32,814.00	Chen	FP/LOE	09/30/93	05/31/95	CLOSED	05/30/95
4595710	Albany Med. College	$152,489.00	Jewell	Cost No Fee	11/30/94	11/30/97	1,2	
4602210	Alfred Truesdell	$5,250.00	Jewell	FFP	09/30/94	03/31/95		
4209602	Allied Eng. & Prod. Corp.	$43,900.00	Ball	FFP	06/20/94	12/20/94	CLOSED	06/20/94
4597110	American Consulting	$18,000	Chen	FP/LOE	03/31/94	11/30/95	2,6	
4564310	Applied Decision	$25,751.00	Jewell	FP/LOE	12/30/90	08/31/92	6	
4563710	Ayres Sowell	$55,284.00	Chen	FP/LOE	04/30/91	12/31/92	1	
4584210	Ayres Sowell	$29,862.00	Chen	FP/LOE	03/31/93	11/30/94	CLOSED	03/10/95
4596910	Ballena Systems	$10,000.00	Chen	FFP	05/30/94	11/30/94	2,6	
4197800	Barnaby D.	$7,600.00	Chen	LH	05/31/94	01/31/96	1	
4586810	Brookhaven	$90,000.00	Jewell	FP/LOE	09/30/92	05/31/94	1	
4598110	Brunson Instruments	$10,100.00	Chen	FP/LOE	03/15/94	11/15/95	6	
4563910	Case Western University	$106,515.00	Chen	Cost No Fee	07/30/92	07/30/95	1	
4577910	Case Western University	$211,000.00	Chen	CPFF	09/30/93	09/30/96	1	
4599410	CBIA	$25,000.00	Chen	FFP	09/30/94	03/31/95		
4025900	CERN	$65,000.00	Chen	LH	07/15/94	03/15/96		
4590310	Children's Hosp.	$68,376.00	Jewell	Cost No Fee	11/30/93	11/30/96	1,2	
4576110	Cornell Univ.	$82,000.00	Chen	FP/LOE	05/31/92	01/31/94	CLOSED	03/10/95
4594410	Dobkin, Marjorie	$16,600.00	Chen	FFP	08/01/94	02/01/95	CLOSED	06/22/95
4561910	E&E Analysis	$75,000.00	Perez	CPFF	11/30/90	11/30/93	6	
4599110	Easton Consultants	$49,988.00	Chen	FFP	09/30/94	03/31/95	CLOSED	04/14/95
4197300	Ed Wolf	$10,100.00	Perez	LH	04/30/94	12/31/95	1	
4605010	Electro & Magnetic	$8,435.00	Jewell	FFP	11/30/94	05/31/95	1,2,7	
4574110	Eltech Research	$228,755.00	Perez	CPFF	09/30/94	09/30/97	7	
4506710	Energy Research	$195,764.00	Jewell	Cost Share	05/30/85	05/30/88	8	
4602710	Environ. Risk Communicat., Inc. (ERCI)	$35,808.00	Chen	FP/LOE	03/31/95	11/30/96	6	

LAWRENCE BERKELEY NATIONAL LABORATORY (LBNL)
SUBCONTRACT CLOSE-OUT LIST

4597410	Ernst & Young	$50,000.00	Perez	FFP	06/30/94	12/31/94	7	
4572810	ERIM	$204,540.00	Perez	CPFF	09/30/94	09/30/97	1	
4601110	ESEA	$24,000.00	Jewell	FFP	09/30/94	03/31/95		
4589910	ETEC	$278,145.00	Perez	FFP	06/30/94	12/31/94	CLOSED	03/22/95
4521610	Ford Motor Co.	$253,322.00	Jewell	Cost Share	05/31/85	05/31/88	4	
4585410	Future Resources	$150,000.00	Chen	CPFF	09/30/94	09/30/97	**CLOSED**	**06/22/95**
4197700	G. Roche	$16,500.00	Perez	LH	06/30/94	02/28/96	1	
8639106	General Tool	$164,290.00	Ball	FFP	12/01/93	06/01/94	5,9	
4598510	Global Telematics	$25,000.00	Perez	FFP	05/31/94	11/30/94	CLOSED	12/94
4592510	Howard Harris	$9,600.00	Jewell	FP/LOE	03/31/94	11/30/95	1,2	
4576310	Hughes Aircraft	$326,396.00	Arri	CPFF	09/30/91	09/30/94	4	
4590010	Hughes Aircraft	$86,739.00	Perez	CPFF	07/16/93	07/16/96	6	
4605510	ISF	$5,000.00	Perez	FP/LOE	06/95	02/97	**CLOSED**	**06/95**
4549910	ITT	$403,140.00	Perez	CPFF	1991	1994	2	
4198000	J. Draper	$5,600.00	Perez	LH	06/30/94	02/28/96	1	
4595610	J.L.H., Inc.	$7,500.00	Jewell	FP/LOE	09/30/93	05/31/95	1,2	
4539610	John Hopkins	$87,550.00	Perez	CP	1990	1993	2	
4589510	Jong Kim	$18,000.00	Chen	FP/LOE	09/15/93	05/15/95	CLOSED	03/10/95
4596310	Kharkov	$15,000.00	Perez	FP/LOE	09/94	05/30/96	**CLOSED**	**06/22/95**
4198400	Kirz, J.	$18,000.00	Chen	LH	06/30/94	02/28/96		
4595310	Lebedev Physical Instit.	$10,560.00	Perez	FP/LOE	10/94	06/30/96	1	
4601210	Les Dittert	$5,000.00	Chen	FFP	09/30/94	03/31/95	1	
4602010	Micrad	$2,999.00	Jewell	FFP	08/31/94	02/28/95	1,2,7	
4588710	Moscow Radio Tech. Instit.	$800.00	Perez	FFP	03/94	11/30/95	1	
4592210	Neurabehav-ioral Lab	$62,500.00	Chen	FP/LOE	03/31/95	11/30/96	6	
4582210	Oakland Unified School District	$63,100.00	Jewell	FP/LOE	09/30/92	05/31/94	9	
4607910	Oregon Health Science Univ	$2,500.00	Chen	FP/LOE	02/28/95	10/31/96	6	
4525110	ORI, Inc.	$181,057.00	Jewell	CPFF	09/30/85	09/30/88	4	
4598610	Pacific Northwest Lab	$49,425.00	Chen	CPFF	10/31/94	10/31/97	7	
4780902	Peoplesoft	$327,500.00	Perez	FFP	09/30/94	03/31/95	CLOSED	09/30/94
4588310	Polish Foundation	$25,000.00	Chen	FP/LOE	09/30/94	05/30/96	2,6	
4587910	Princeton U.	$30,000.00	Chen	FP/LOE	09/30/93	05/31/95	**CLOSED**	**05/30/95**
4591210	Pulse Sciences	$174,767.00	Chen	CPFF	12/31/93	12/31/96	2,4,6	
4592610	RDC	37,070.00	Chen	FP/LOE	09/30/93	05/31/95	1	
4594310	Resolution Resources	$46,834.00	Jewell	FP/LOE	03/31/94	11/30/95	1,2	
4584310	S-Cubed	$129,153.00	Jewell	CPFF	01/31/93	01/31/96	CLOSED	04/27/94
4563610	SAIC	$47,448.00	Perez	FP/LOE	12/31/91	08/31/93	CLOSED	02/95
4573610	SAIC	$302,783.00	Perez	CP	1991	1994	CLOSED	03/22/95
4581010	SAIC	$36,621.00	Perez	FFP	10/07/91	01/06/92	CLOSED	03/28/95
4601310	Sandia	$50,000.00	Jewell	CPFF	09/30/94	05/30/96		
4595410	Sandia	$25,000.00	Jewell	FP/LOE	10/31/93	06/31/95	1,2	
4588110	Sandia	$9,000.00	Jewell	FP/LOE	03/31/93	11/30/94	1,2,7	

LAWRENCE BERKELEY NATIONAL LABORATORY (LBNL)
SUBCONTRACT CLOSE-OUT LIST

4597310	Shaw Resources	$24,000.00	Perez	FFP	06/30/94	12/31/94	CLOSED	12/31/94
3584700	SMG	$20,350.00	Perez	FFP	07/15/94	01/15/95	CLOSED	07/15/94
4025600	Software Applications	$40,000.00	Chen	LH	04/30/94	12/31/95		
4599010	SRA Technologies	$27,754.00	Chen	FFP	09/30/94	03/31/95	7	
4569110	SRI Int'l	$98,000.00	Arri	CPFF	11/30/91	11/30/94	1,4,8	
4557010	SRI Int'l	$96,897.00	Arri	CPFF	07/15/90	07/15/93	4,8	
4573610	Stanford Univ.	$266,000.00	Perez	CP	1991	1994	1	
4583910	Stanford Univ.	$470,000.00	Chen	CPFF	09/30/93	09/30/96	1,2,4	
4586910	Stanford Univ.	$20,073.00	Jewell	FP/LOE	03/15/93	11/15/94	6	
4597610	Texas A&M	$70,771.00	Chen	CNF	03/17/95	03/17/98	2,4,7	
4540310	TEM	$240,000.00	Perez	CPFF	1991	1994	5	
4601710	The Markland Group.	$20,000.00	Perez	FFP	09/30/94	03/31/95	**CLOSED**	**05/10/95**
4595110	Univ. of Arizona	$12,500.00	Chen	FFP	06/30/94	12/31/94	2.6	
4566810	Univ. of British Columbia	$46,188.00	Jewell	FP/LOE	02/28/91	10/31/92	1	
4588010	Univ. of British Columbia	$52,840.00	Jewell	FP/LOE	03/31/93	11/30/94	CLOSED	07/26/94
4580410	Univ. of Hawaii	$103,589.00	Chen	FP/LOE	03/31/95	11/30/96	6	
4596710	Univ. of Hawaii	$10,721.36	Jewell	FP/LOE	03/31/94	11/30/95	1,2,7	
4536610	Univ. of Minnesota	$338,304.00	Arri	Cost No Fee	06/30/88	06/30/91	CLOSED	12/13/94
4596010	Univ. of Minn.	$98,000.00	Jewell	CNF	09/30/94	05/30/96		
4574310	Univ of Southern Calif (USC)	$75,000.00	Jewell	FP/LOE	01/31/92	09/30/93	CLOSED	10/18/94
4596610	Univ of South-ern Calif	$2,500.00	Jewell	FP/LOE	03/31/94	11/30/95	1,2,7	
4603110	Univ. of Virginia	$9,000.00	Chen	FFP	01/15/95	07/15/95	7	
4590910	Univ. of Washington	$516,647.00	Jewell	Cost No Fee	12/31/94	12/31/97	1,2,7,8	
4593410	Univ. of Washington	$27,200.00	Chen	FP/LOE	09/30/93	05/31/95	1	
4594910	Vladimir Bazjanac	$6,000.00	Jewell	FP/LOE	10/31/93	06/31/95	1,2	
4585710	Walt & Eliza Institute	$55,340.00	Jewell	FP/LOE	12/31/92	08/31/94	CLOSED	06/29/94
4590410	Walt & Eliza Institute	$61,790.00	Jewell	Cost No Fee	01/01/94	01/01/97	1	
4597810	Westfall, Catherine	$18,000.00	Chen	FFP	09/30/94	03/31/95	**CLOSED**	**06-22-95**
4597510	Westlab	$7,500.00	Chen	FP/LOE	02/28/94	10/31/95	1	
4596410	Yerevan	$12,500.00	Perez	FP/LOE	09/94	05/31/96	1	

LAWRENCE BERKELEY NATIONAL LABORATORY (LBNL)
SUBCONTRACT CLOSE-OUT LIST

***The LBL Closeout Time Standards, from the date of subcontract physical completion, are:**

- Firm Fixed Price (FFP) subcontracts: **6 months.**
- Fixed Price, Level of Effort (FP/LOE) subcontracts; Fixed-Price Incentive or Price Adjustment or Redetermination (FPI) subcontracts; Labor Hour (LH) subcontracts; Time and Materials (TM) subcontracts ; and Cost-Reimbursement subcontracts *without* post award audits or indirect rate settlements: **20 months.**
- Cost-Reimbursement (Cost-Sharing subcontracts [CS], Cost-Plus Incentive Fee subcontracts [CPIF], Cost-Plus Award Fee contracts [CPAF], Cost-Plus Fixed Fee [CPFF], and Cost No Fee [CNF]) subcontracts *with* post award audit or indirect rate settlements: **36 months.**

Status Legend:

1. Outstanding DOE Patent Clearances/Approvals.
2. Outstanding Property Issue.
3. Outstanding Security Issue.
4. Outstanding cognizant Government audit agency post award audit/indirect rate settlements.
5. Outstanding Litigation.
6. Requires Patent or Level of Effort Certification from Subcontractor.
7. Requires completion statement from LBL Program/Technical Division.
8. No Final Invoice submitted by Subcontractor.
9. Subcontractor may owe LBL reimbursement.

LAWRENCE BERKELEY NATIONAL LABORATORY CAP IMPLEMENTATION SCHEDULE

Action	Responsibility	Scheduled Completion Date	Actual CompletionDate	Observation No.
Implement LBL Advanced Acquisition Plan for Purchase Orders/Subcontracts over $100,000.	Ball	30-Sep-94	24-Aug-94	9
		OCTOBER		
Implement Training Plan	Fernandes/Training Committee	1-Oct-94	1-Oct-94	3, COMPLETE
		JANUARY		
Review Procurement Training Plan/Curriculum to assure that the DOE Observation(s) will be covered by the current Training Plan or amend accordingly for Negotiations.	Jewell	12-Jan-95	12-Jan-95	11, COMPLETE
Review Procurement Training Plan/Curriculum to assure that the DOE Observation will be covered by the current Training Plan and/or amend Plan accordingly for Cost/Price analysis.	Jewell	17-Jan-95	17-Jan-95	13, COMPLETE
Review Standard Practice Section 15 and DOE Observation No.: 12 findings and adjust Training scope, accordingly for Evaluation.	Jewell/Chen	18-Jan-95	18-Jan-95	12
Review Standard Practice Sections 12 and 42 and DOE Observation No.15 and adjust Training scope, accordingly for Post Award Admin.	Jewell	24-Jan-95	24-Jan-95	15
Review Standard Practice 33.1 and DOE Observation No. 14 findings and adjust Training scope, accordingly for Protests.	Arri	27-Jan-95	27-Jan-95	14
		FEBRUARY		
Change Subcontract File Tab Check Sheets for noting "Debarred List" date.	McNeil	28-Feb-95	21-Feb-95	12
Designate the responsibility of conducting, documenting, and reporting Procurement internal assessments, consistent with the current DOE Internal Assessment Handbook, to the Office of Assessment and Assurance, through a written LBL Memo.	Berkner	28-Feb-95	22-Feb-95	5, COMPLETE
		MARCH		
Review current Procurement Training Plan/Curriculum; revise, accordingly, to assure that the DOE CPSR Observations will be covered by the Training Plan; and submit to DOE. (Subsequent Training Plan revisions will be coordinated with DOE).	Fernandes	1-Mar-95	1-Mar-95	2
Design and Conduct Technical Coordinator Training Classes.	Fernandes/ Jones	31-Mar-95	30-Mar-95	- 2
Hold Awareness Training for Procurement personnel (including any Make-Up training).	Patock	31-Mar-95	7-Mar-95	7, COMPLETE
Post Signs; and Institute Visitor Sign-In Log.	Patock	31-Mar-95	15-Mar-95	7, COMPLETE
Conduct Training on Negotiation. (Conduct Make Up Training, as appropriate).	Fernandes/ Jewell/LLNL	31-Mar-95	21 Mar and 31 Mar 95	11, COMPLETE
Conduct Training on Cost/Price Analysis, including use of GSA Schedules. (Conduct Make Up Training, as appropriate).	Fernandes/ Jewell/LLNL	31-Mar-95	21-Mar-95	13, COMPLETE
Develop Procurement card implementation plan.	Arri	31-Mar-95	30-Mar-95	20
		APRIL		
Implement LBL Advanced Acquisition Plan for Purchase Orders/Subcontracts under $100,000.	Ball	1-Apr-95	23-Mar-95	9
Reissue all Procurement Letters of Delegation for the external Buyers to show "Oral Specific" authority.	Speros	28-Apr-95	18-Apr-95	1, COMPLETE

LAWRENCE BERKELEY NATIONAL LABORATORY CAP IMPLEMENTATION SCHEDULE

Action	*Responsibility*	*Scheduled Completion Date*	*Actual CompletionDate*	*Observation No.*
Modify Individual Development and Training Plans for each Procurement employee.	Fernandes/Training Committee	28-Apr-95	28-Apr-95	2
Conduct Ethics Training for internal and external Procurement Buyers using DOE videotape (Conduct Make-up Training, as appropriate).	Fernandes/ Jones	28-Apr-95	2 Mar and 13 Apr 95	6
Modify LBL's on-line "Debarred List" to document the date the List was checked.	Speros	28-Apr-95	17-Mar-95	12
Conduct Training on Protests. (Conduct Make-Up Training, as appropriate).	Arri	28-Apr-95	20-Apr-95	14
Design and Conduct Training on Post-Award Administration (Conduct Make-Up Training, as appropriate).	Jewell	28-Apr-95	20-Apr-95	15
Review Standard Practice Section 43 and DOE Observation No.16 and adjust Training scope, accordingly for Modifications.	Arri/Perez	28-Apr-95	1-Mar-95	16
Develop a prioritized list of each Supplemental Instruction (SI) to be written by LBL and a schedule for submission of the SI to the DOE/Oakland Contracting Officer.	Speros	30-Apr-95	11-Apr-95	*8, COMPLETE*
		MAY		
Redesign Sole/Single Source Justification Documents.	Speros/Jewell	1-May-95	1-May-95	10
Validate effectiveness of new Debarred Tabs (sample Procurement files).	Jewell	31-May-95	31-May-95	12
Design and Conduct Training on Modifications and Changes (Conduct Make-Up Training, as appropriate).	Arri/Perez	31-May-95	24-May-95	16
		JUNE		
Analysis of DOE-required and other data to be captured for subcontracts and modifications. Conceptualize data capture mechanism. Meet with DOE on data elements and reports. Identify data elements. Design mock screens and reports.	Speros	30-Jun-95	**28-Jun-95**	4
Validate Effectiveness of new Security (Walk-Thru Inspection)	Patock	30-Jun-95	**28-Jun-95**	**7, *COMPLETE***
Conduct Training on Sole/Single Source Justifications for Program/Technical Divisions and Procurement personnel.(Conduct Make-Up Training, as appropriate).	Ball	30-Jun-95	**28-Jun-95**	10
Validate effectiveness of Negotiation Training (sample Procurement files).	Jewell	30-Jun-95	**30-Jun-95**	**11, *COMPLETE***
Conduct Training on Evaluation and Source Selection. (Conduct Make-Up Training, as appropriate).	Chen	30-Jun-95	**24-May-95**	12
Validate effectiveness of Cost/Price Training (sample Procurement files).	Jewell	30-Jun-95	**30-Jun-95**	**13, *COMPLETE***
Review and decide options for Procurement centralized Small Bus. set-aside determination.	Chen	30-Jun-95	**17-Feb-95**	**18, *COMPLETE***
Analysis of DOE-required and other data to be captured for subcontracts and modifications. Conceptualize data capture mechanism. Meet with DOE on data elements and reports. Identify data elements. Design mock screens and reports.	Speros	30-Jun-95	**28-Jun-95**	19
		JULY		

LAWRENCE BERKELEY NATIONAL LABORATORY CAP IMPLEMENTATION SCHEDULE

Action	Responsibility	Scheduled Completion Date	Actual CompletionDate	Observation No.
Validate effectiveness of Ethics Training (survey Procurement personnel, including external Buyers, on a random sample basis).	Fernandes	31-Jul-95		6
Validate effectiveness of new on-line Debarred List (sample Procurement files).	Jewell	31-Jul-95	31-May-95	12
Validate effectiveness of Protest Training (conduct Buyer survey).	Jewell	31-Jul-95		14
Validate effectiveness of Post-award Training (sample Procurement files).	Jewell	31-Jul-95		15
		AUGUST		
Validate effectiveness of Modification Training (sample Procurement files).	Jewell	31-Aug-95		16
		SEPTEMBER		
Conduct and monitor Procurement Training Plan classes, with monitoring to include such factors as the number of training areas addressed and number of people trained.	Fernandes/ Training Committee	30-Sep-95		2
Validate Effectiveness of all Training (sample Procurement files).	Jewell	30-Sep-95		2
Coding Buyers' Checklist and related tables (depending on availability of resources and funding)	Kessler	30-Sep-95		4
Prepare periodic report on Advanced Acquisition activities, including Just-In-Time (JIT) programs.	Ball/Chen	Quarterly, per Appendix F reporting requirements, with completion 30 Sept. 95.		9
Validate Effectiveness of new under $100k AAP System (sample Procurement files).	Ball	30-Sep-95		9
Validate effectiveness of Sole Source Training (sample Procurement files).	Jewell	30-Sep-95		10
Validate effectiveness of Evaluation Training (sample Procurement files).	Jewell	30-Sep-95		12
LBL performance will continue to be tracked against Close-Out Goals, and quarterly reports will be reviewed to ensure timely close-outs. Adjustments will be made to close-out system, if appropriate.	Jewell	Quarterly, with final completion on September 30, 1995.		17
Monitor progress of review on DOE AL 94-12.	Tri-Lab Committee/ Chen	30-Sep-95	15-Feb-95	18, *COMPLETE*
Coding Buyers' Checklist and related tables (depending on availability of resources and funding)	Kessler	30-Sep-95		19
		DECEMBER		
Implement Procurement card program.	Arri	29-Dec-95		20

LBL SELF-ASSESSMENT/CPSR CORRECTIVE ACTION PLAN SCHEDULE

Months:	9/94	10/94	11/94	12/94	01/95	02/95	03/95	04/95	05/95	06/95
DESCRIPTION										
1. ADVANCED PURCHASING PLANNING SYSTEM (DOE System Standard 1)	(9/9/94 compl)									
2. PRE-SOLICITATION (DOE System Standard 2)	(9/14/94 compl)									
3. SOLE SOURCE/SINGLE SOURCE (DOE System Standard 3)										(6/28/95 compl)
4. SOLICITATION (DOE System Standard 6)									(5/24/95 compl)	
5. EVALUATION AND SOURCE SELECTION (DOE System Standard 7)									(5/24/95 compl)	
6. COST/PRICE ANALYSIS AND PROFIT/FEE (DOE System Standard 8)							(3/31/95 compl)			
7. NEGOTIATION (DOE System Standard 9)							(3/31/95 compl)			
8. AWARD AND FILES (DOE System Standard 10)								(4/20/95 compl)		
9. POST-AWARD ADMINISTRATION (DOE System Standard 13)								(4/20/95 compl)		
10. MODIFICATION (DOE System Standard 14)									(5/24/95 compl)	

Attachment I

Attachment J

Lawrence Berkeley Laboratory
University of California Berkeley, California 94720
(510) 486-4000

December 23, 1994

Ms. Ronna Promani
Contracts Management Division
Department of Energy
Oakland Operations Office
1301 Clay Street, Room 700N
Oakland, CA 94612-5208

Subject: **DOE Prime Contract 98, Appendix F, Performance Objective #8**

Dear Ms. Promani:

Performance Measure #8.1.a for FY 95 requires that Laboratory Procurement select, by January 1, 1995, at least one procurement process for continuous improvement where there is an opportunity for cost or efficiency savings. The enclosed attachment to this letter describes two processes we have selected.

Should you have any questions, please give me a call.

Very truly yours,

R. J. Afri
Procurement Manager (Acting)

cc: Richard R. Russell, UCOP
Karl Olson, LBL

PERF8.DOC

DOE Prime Contract 98, Appendix F, Performance Objective #8

12/23/94

For Fiscal Year 1995, LBL has selected two new procurement processes to meet the requirements of Performance Objective #8. It is anticipated that work on these processes will span more than the current fiscal year due to resource constraints at LBL. The processes are

1. Implementation of a credit card program for the the Laboratory community and
2. Establishment of procurement mechanisms which will consolidate current repetitive requirements.

Credit Card Program

Implementation of a credit card program at LBL will allow LBL's requesting staff to fill their materiel needs more quickly by directly ordering items themselves. A credit card program has a great potential for savings due to an expected lower cost of processing credit card purchases versus standard Procurement/Accounts Payable methods. There will also be a resulting increased efficiency by not having to award as many conventional subcontracts. We expect the decreased volume of low-value transactions in Procurement will free procurement specialists for doing higher-value subcontracts. (This was one of the benefits of last fiscal year's process improvement where divisions were empowered to do low-value procurements themselves.)

LBL has already begun investigating a credit card program and has had preliminary meetings with the laboratory requesting community. For FY 95, we will develop an implementation plan and track progress towards meeting its elements. The plan will include

- Development of an accounting system for credit cards at LBL;
- Development of a training program for credit card users;
- Training and issuance of cards to staff on a pilot-basis initially; and
- Monitoring card usage versus award of individual subcontracts for supplies.

Consolidation of Repetitive Requirements

Consolidation of repetitive requirements will allow LBL to reduce the number of one-time subcontracts issued and may lead to reduced prices for these repetitive requirements.

LBL formed a *Just-In-Time* (JIT) process improvement team to address institutional systems subcontracts for obtaining repetitvely procured items required by many laboratory divisions. A consolidation program will consist of

- Analyzing the numbers of subcontracts being awarded to high volume subcontractors to determine categories of items which would be suitable for JIT subcontracts;
- Exploring alternatives for releases against JIT subcontracts by LBL divisions;
- Awarding JIT subcontracts covering much of the repetitive volume currently at LBL; and
- Monitoring the number of repetitive buys to subcontractors to assure they remain low.

Attachment K

Lawrence Berkeley Laboratory

University of California Berkeley, California 94720

(510) 486-4000

PROCUREMENT
Bldg. 69 Rm. 201
TEL: (510) 486-4593 FAX: (510) 486-4380

June 28, 1995

Ronna Promani
Contracting Officer
U.S. Department of Energy
Contracts & Assistance Management Division
Oakland Operations Office
1301 Clay Street, Rm. 700N
Oakland, CA 94612-5208

Subject: **Performance Objective #8 - Quality Management**

Dear Ms. Promani:

The attached report is submitted in accordance with the requirements of the Prime Contract, Appendix F, Performance Objective #8. Specifically, the report addresses Performance Measure 8.1 as well as your letter dated January 12, 1995.

If you have any questions concerning this submittal, please contact me.

Very truly yours,

R. J. Arri
Procurement Manager

cc: C. McDonald - UCOP

In accordance with DOE Prime Contract 98, Appendix F, LBL has selected two new procurement processes to meet the requirements of Performance Objective #8. It is anticipated that work on these processes will span more than the current fiscal year due to resource constraints at LBL. The processes are

1. Implementation of a Procurement credit card program for the Laboratory community and
2. Establishment of procurement mechanisms which will consolidate current repetitive requirements.

Credit Card Program

Implementation of a credit card program at LBL will allow LBL's requesting staff to fill their materiel needs more quickly by directly ordering items themselves. A credit card program has a great potential for savings due to an expected lower cost of processing credit card purchases versus standard Procurement/Accounts Payable methods. There will also be a resulting increased efficiency by not having to award as many conventional subcontracts. We expect the decreased volume of low-value transactions in Procurement will free procurement specialists for doing higher-value subcontracts. (This was one of the benefits of last fiscal year's process improvement where divisions were empowered to do low-value procurements themselves.)

To address this issue, a multi-divisional Procurement Card Process Improvement Team was formed to study and implement a procurement card program at LBL. The Procurement Card PIT team has investigated current in-use credit card programs at other organizations such as Chevron Corporation, UC Berkeley, LLNL, DOE and others. Preliminary meetings have been held with the Laboratory requesting community.

Members of the Team are as follows:

Team Leader:	Richard Arri, Procurement Manager, CFO, Administration
Team Members:	Gerald Basel, Accounts Payable Manager, CFO, Administration
	John Broughton, Auditor, Internal Audit, Operations
	Teresa Rossi, General Ledger Manager, CFO, Administration
	Richard Nosek, System Analyst, Information Systems & Support
	Margo Salon, System Analyst, Information Systems & Support
	Rick Schwarz, Scientist, Life Sciences Division
	Helmuta Spieler, Sr. Scientist, Physics Division

The Team has developed an implementation plan and will track progress towards meeting its elements. The plan is outlined as follows:

PROCUREMENT CREDIT CARD IMPLEMENTATION PLAN

TASK	*MONTH*	*COMPLETED*
Meet with Mastercard representatives	February 1995	January 27, 1995
Develop an accounts payable system for credit cards	July 1995	June 10, 1995
Develop Draft Cardholder Guide	March 1995	March 31, 1995
Develop Cardholder Guide	July 1995	June 16, 1995
Develop a training program for credit card users	July 1995	June 16, 1995
Identify individual Buyers for pilot	May 1995	April 28, 1995
Order credit cards (one LBL Account # only)	July 1995	May 25, 1995
Training and issue of cards to staff on a pilot-basis (Alpha Phase)	July 1995	June 28, 1995
Assessment of Alpha Pilot Phase	September 30, 1995	
Develop BETA Phase	September 30, 1995	
Begin BETA Pilot Phase	January 30, 1996	
Assessment of BETA Pilot Phase	March 30, 1996	

Develop LBL account # change for credit cards	June 1996
Roll-out Program Lab-Wide	July 1996

Performance Monitoring

LBL has just begun its Credit Card Program, and therefore the baseline to measure against is zero. In the pilot phase, the number of Low Value Credit Card Purchases made per month will be tracked against the total number of Low Value Purchases made by External Buyers. Additionally, the savings per transaction realized by not paying individual invoices will be calculated and tracked on a monthly basis. The number of cards issued will be tracked with the objective to increase the number of External Buyers with credit cards.

Just-In-Time Program

LBL has selected Just-in-Time Subcontracting as the method for consolidating repetitive orders. The LBL Just-In-Time Quality Improvement Team (JITQIT) was established in June 1994 as a subcommittee of the LBL Purchasing Process Improvement Team (PIT). The JITQIT, known then as the Just-In-Time Sub-Process Improvement Team, was mandated to implement JIT systems for the Laboratory. The JIT program will help reduce the number of repetitive low value purchases currently placed by Procurement and external buyers empowered to do low value buying.

The JITQIT committee roster is as follows:

Team Leader:	David Chen, Senior Subcontract Administrator, CFO Procurement
Team Members:	Gerald Basel, Accounts Payable Manager, CFO Finance
	Jim Bettencourt, Budget/Stores Administrator, CFO Procurement
	Margarite Fernandes, Inventory Manager/JIT Group Leader
	John Speros, Systems & Support Group Leader, CFO Procurement
	Baxter Swaffer, System Analyst, Information Systems & Support
	Jerry Young, Project Coordinator, Facilities Department
	Crystal Llewellyn-Silva, Requester, Life Sciences Division

The committee submitted an interim report to management in August 1994. The report outlined a plan to streamline LBL's existing "systems contract" process, which was found to be inefficient and unnecessarily cumbersome to administer, and replace it with one that employs fewer checks and balances while allowing users direct access to vendors, much as they would on blanket orders. The committee at one point considered using the Oracle system for JIT, as the system is currently under implementation at LBL. But because the system is not set up to handle requirement contracts, the committee opted for an alternate solution - that of investigating the feasibility of modifying and replicating the screens of the existing Focus-based program (used for entering orders and receipts for one of LBL's current office supplies contracts) to handle new JIT contracts.

Management approval for carrying out the feasibility study was given in November 1994. The analysis, performed by one internal systems analyst on a part-time basis, took from December 1994 through March 1995. The analysis concluded that, due to technical complications, modifying the Focus database would not be a technically viable option for meeting LBL's JIT requirements.

Recent discussions with vendors have contributed to the development of a streamlined JIT process and a schedule for implementation. The new process permits users direct access to vendors for inquiries and orders, and eliminates many non-value added steps and control measures from the current process without imposing an inordinate amount

of risk. The user community will be able to obtain goods from contracted JIT vendor much as they would from the Storeroom, with no compromise in convenience and delivery time. Part of program implementation involves engaging in a 3-month pilot with a JIT vendor. The schedule for implementation, including milestones accomplished in the current fiscal year, is as follows:

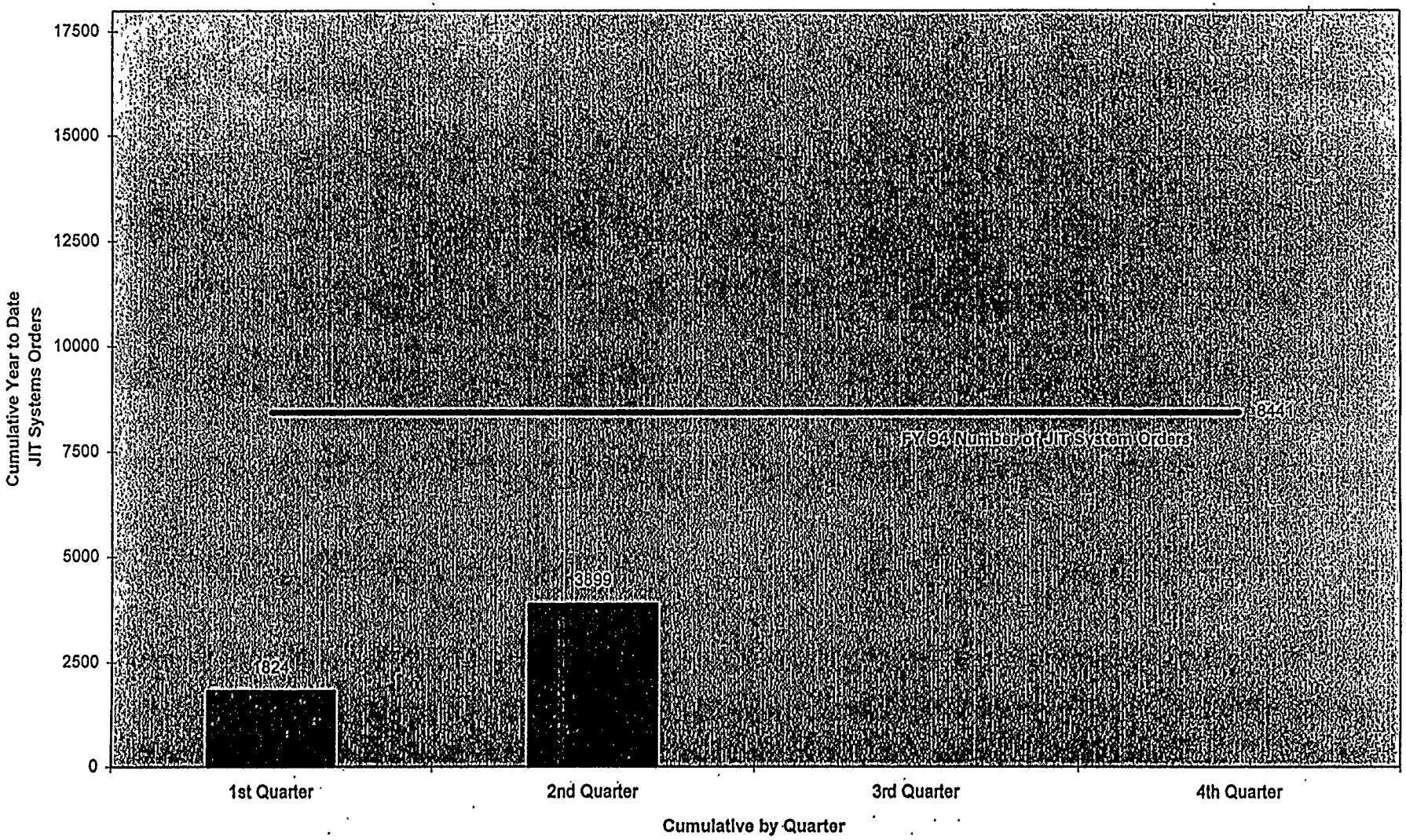
JUST-IN-TIME IMPLEMENTATION PLAN

TASK	*MONTH*	*COMPLETED*
Submit Interim JIT Plan	August 1994	August 1, 1994
Enlist technical support	October 1994	November 1994
Perform Focus systems analysis	February 1995	March 1995
Meet with vendor on process analysis	May 1995	June 19, 1995
Flowchart proforma JIT process	June 1995	June 23, 1995
Meet with A/P, G/L	July 1995	
Meet with Internal Audit	July 1995	
Finalize JIT process	August 1995	
Obtain Management Approval	August 1995	
Meet with Pilot vendor	September 1995	
Identify Pilot users	September 1995	
Draft JIT User Guide	October 1995	
Conduct training of Pilot Users	October 1995	
Implement Pilot	October 1995	
Assess Pilot program	January 1996	
Finalize JIT program	February 1996	
Convert existing JIT contracts to new process	March 1996	
Identify materials for new JITs	April 1996	
Develop Master RFP	April 1996	
Program Rollout/Begin formal JIT procurement	May 1996	

Performance Monitoring

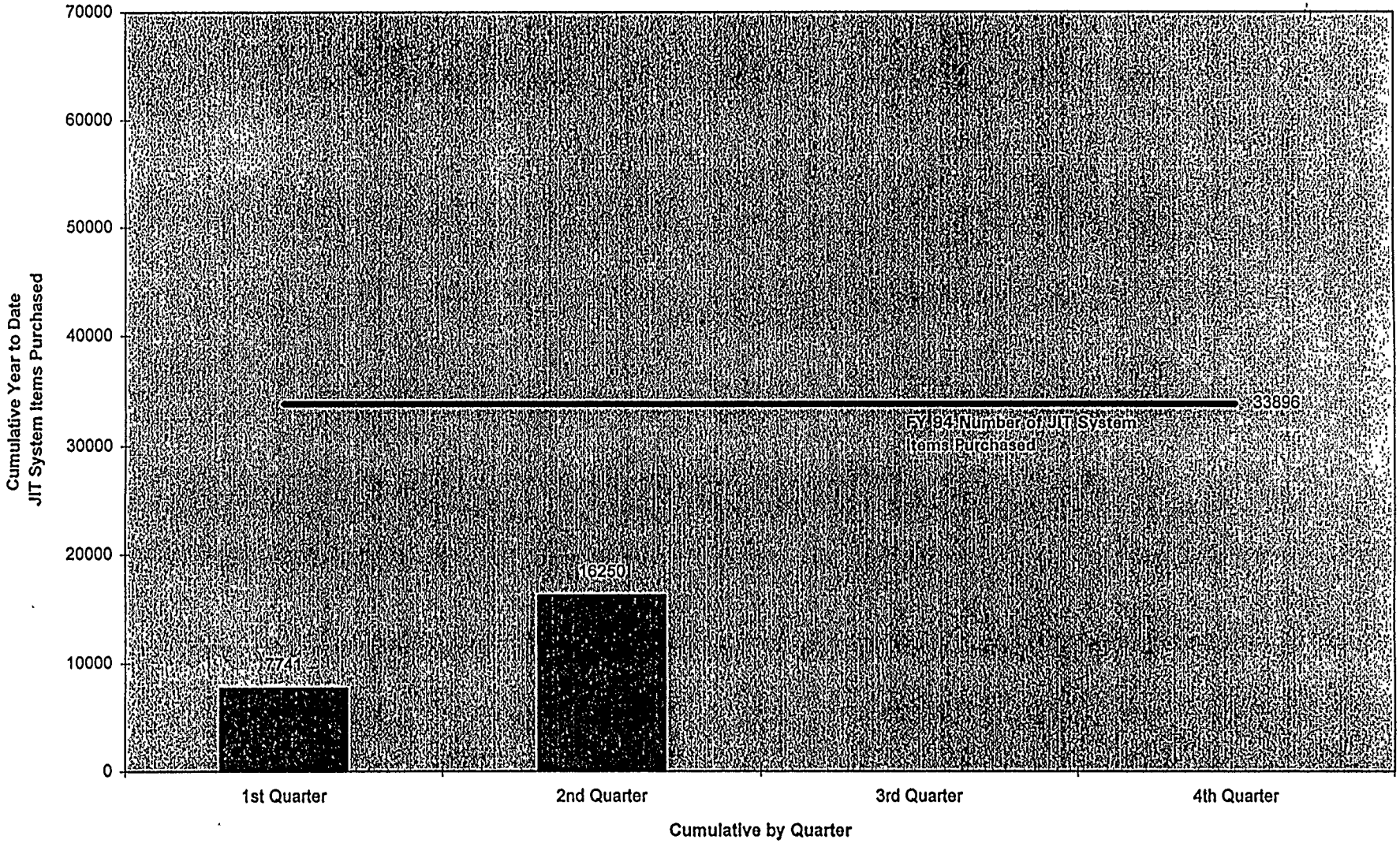
The team will track, on a quarterly basis, the number of JIT system releases and items purchased by the Laboratory on all JIT contracts. Currently, three contracts are in place - for chemicals, office supplies, and electrical supplies. The baseline for measuring performance will be FY94 levels. Each release will be equivalent to one low value order not otherwise placed. This method should provide a general indication of JIT program effectiveness. As more JIT releases are made LBL expects a gradual reduction of individual low value awards.

Lawrence Berkeley Laboratory FY 95
Procurement JIT Systems Order



Attachment K

Lawrence Berkeley Laboratory FY 95
Procurement JIT System Items Purchased



Attachment K

LBNL PROCUREMENT CUSTOMER SURVEY

1. In an effort to meet your needs and give you improved service, Procurement is asking for your feedback on the following questionnaire.
2. Please **circle the number to the right** of each statement as 1 (low) and 5 (high) on the degree to which Procurement meets the criteria. If it does not apply to you, then circle N/A.
3. After you have evaluated the above criteria, **use the line to the left of the numbered item to rank the top 6 in order of importance to you** (#1 = high, #6 = low).

		Low				High	
TIMELINESS							
_____1.	Products/services are delivered when I need them.	1	2	3	4	5	N/A
	Comment_____						
_____2.	Procurement works with me to develop acquisition strategies early in the planning process.	1	2	3	4	5	N/A
	Comment_____						
_____3.	The assigned buyer helps me prevent problems that may lead to delays in product/service delivery.	1	2	3	4	5	N/A
	Comment_____						
_____4.	The assigned buyer keeps me informed of the current status of my procurements.	1	2	3	4	5	N/A
	Comment_____						
QUALITY							
_____5.	I am satisfied with the QUALITY of *products* delivered under our contracts.	1	2	3	4	5	N/A
	Comment_____						
_____6.	I am satisfied with the QUALITY of *services* delivered under our contracts.	1	2	3	4	5	N/A
	Comment_____						
_____7.	Contracting personnel have adequate knowledge of products or services they procure.	1	2	3	4	5	N/A
	Comment_____						
SERVICE							
_____8.	Procurement explains my responsibilities within the acquisition process.	1	2	3	4	5	N/A
	Comment_____						

_____9. My input is considered regarding the selection of vendors by Procurement. 1 2 3 4 5 N/A

Comment_____

_____10. Procurement operations are conducted in an ethical manner, free from conflicts of interest. 1 2 3 4 5 N/A

Comment_____

_____11. Procurement is willing to be flexible to meet my specific needs. 1 2 3 4 5 N/A

Comment_____

_____12. Communications between me and Procurement are smooth and open. 1 2 3 4 5 N/A

Comment_____

_____13. Procurement supports my organization's ability to achieve its mission. 1 2 3 4 5 N/A

Comment_____

_____14. Procurement works with me to quickly and effectively solve acquisition problems. 1 2 3 4 5 N/A

Comment_____

15. List your top three recommendations to improve Procurement's quality, timeliness, and service:
1. _____
2. _____
3. _____

16. Please rate the overall performance of Procurement as: (circle one)

Poor Fair Good Excellent

17. Specify the primary products/services you request: (circle one)
ADP Services Supplies A & E / Construction Engineering and R & D

18. During the past 12 months, approximately how many LBNL purchase requisitions have you completed or coordinated? (check one)
_____less than 20 _____more than 50 but less than 100
_____more than 20 but less than 50 _____over 100

19. What is the average dollar value of these requisitions? (check one)
_____less than $10,000 _____between $10,000 and $100,000 _____over $100,000

20. Is there an area to evaluate or a question you would have asked in this survey that we didn't?
_____
_____
_____

Thank you for your help.
Please return this survey to John Speros, 69-201.

Attachment L

LAWRENCE BERKELEY NATIONAL LABORATORY
Bldg.: 69 Room: 201 Ext: 4569

August 18, 1995

MEMORANDUM

To: Carol Eaton

From: John Speros, Procurement

Subject: **Procurement Customer Survey**

As part of a representative group of Procurement customers, you have been selected to participate in a survey. The purpose of this survey is to collect information about how you think Procurement supports you in meeting your mission needs. We will use the results of this survey to assess the performance of Procurement and ultimately improve service to the Laboratory community. The survey is also required to satisfy *Appendix F—Performance Measures* of our Prime Contract with DOE.

Please complete and mail the survey to me by August 31. In responding, please consider only your personal, direct experience with Procurement during the past year.

Thank you for taking the time to complete the survey. You may call me at extension 4569 if you have any questions.

LBNL PROCUREMENT CUSTOMER SURVEY

1. In an effort to meet your needs and give you improved service, Procurement is asking for your feedback on the following questionnaire.
2. Please **circle the number to the right** of each statement as 1 (low) and 5 (high) on the degree to which Procurement meets the criteria. If it does not apply to you, then circle N/A.
3. After you have evaluated the above criteria, **use the line to the left of the numbered item to rank the top 6 in order of importance to you** (#1 = high, #6 = low).

TIMELINESS		Low				High	
_____1.	Products/services are delivered when I need them.	1	2	3	4	5	N/A
	Comment_____						
_____2.	Procurement works with me to develop acquisition strategies early in the planning process.	1	2	3	4	5	N/A
	Comment_____						
_____3.	The assigned buyer helps me prevent problems that may lead to delays in product/service delivery.	1	2	3	4	5	N/A
	Comment_____						
_____4.	Procurement keeps me informed of the current status of my purchases.	1	2	3	4	5	N/A
	Comment_____						
QUALITY							
_____5.	I am satisfied with the QUALITY of *products* delivered under our contracts.	1	2	3	4	5	N/A
	Comment_____						
_____6.	I am satisfied with the QUALITY of *services* delivered under our contracts contracts.	1	2	3	4	5	N/A
	Comment_____						
_____7.	Contracting personnel have adequate knowledge of products or services they procure.	1	2	3	4	5	N/A
	Comment_____						
_____8.	Advance Acquisition Planning has improved the quality of my procurements.	1	2	3	4	5	N/A
	Comment_____						
SERVICE							
_____9.	Procurement explains my responsibilities within the acquisition process.	1	2	3	4	5	N/A
	Comment_____						

_____10. My input is considered regarding the selection of vendors by Procurement. 1 2 3 4 5 N/A

Comment_____

_____11. Procurement operations are conducted in an ethical manner, free from conflicts of interest. 1 2 3 4 5 N/A

Comment_____

_____12. Procurement is willing to be flexible to meet my specific needs. 1 2 3 4 5 N/A

Comment_____

_____13. Communications between me and Procurement are efficient and open. 1 2 3 4 5 N/A

Comment_____

_____14. Procurement supports my organization's ability to achieve its mission. 1 2 3 4 5 N/A

Comment_____

_____15. Procurement works with me to quickly and effectively solve acquisition problems. 1 2 3 4 5 N/A

Comment_____

_____16. Procurement responds to my questions the same working day. 1 2 3 4 5 N/A

Comment_____

17. List your top three recommendations to improve Procurement's quality, timeliness, and service:
1. _____
2. _____
3. _____

18. Please rate the overall performance of Procurement as: (circle one)

Poor Fair Good Excellent

19: Specify the primary products/services you request: (circle one)
ADP Services Supplies A & E / Construction Engineering and R & D

20. During the past 12 months, approximately how many LBNL purchase requisitions have you completed or coordinated and sent to Procurement for processing? (check one)
_____less than 20 _____more than 50 but less than 100
_____more than 20 but less than 50 _____over 100

21. What is the average dollar value of these requisitions? (check one)
_____less than $10,000 _____between $10,000 and $100,000 _____over $100,000

22. Is there an area to evaluate or a question you would have asked in this survey that we did not?
_____
_____

Your Laboratory department: _____

Thank you for your participation.

Please return this survey to **John Speros, 69-201**

1

Self-Assessment Report for Fiscal Year 1995

Property Management

Lawrence Berkeley National Laboratory

Performance Characterization

Lawrence Berkeley National Laboratory's Property Management system complies with all contractual requirements of Contract 98. The most recent approval of the property system was on September 15, 1994. The approval was based on closure of the FY92–93 Personal Property Management Review. The decision to approve the system was based on concurrence from both DOE/OAK and DOE/HQ. During FY95, there were no internal or external reviews or audits of the property system.

The DOE/OAK Property Administrator visits the Laboratory several times a month and participates in Walk-Throughs, performing a variety of tests to validate the accuracy of the property database and the knowledge level of property custodians. The Laboratory has maintained an effective property training program for both property staff and Laboratory employees. The Laboratory hosted the Second Annual DOE/OAK Property Management Conference. In attendance were various M&O contractors and nonintegrated contractors. Laboratory staff actively participated in the conference and gave presentations to the attendees. In addition, the professional staff participated in both the Stanford University Educational Conference and the annual National Property Management Educational Seminar. At both of these events Laboratory staff gave workshops and participated as leaders on panel discussions.

The training program for Laboratory employees covers three different areas. The first area is training for Property Coordinators. These are the Divisional staff that support the various property activities for their division. The second is for property custodians. There are over 2,500 property custodians at the Laboratory, and even though they are provided annual inventories of the property under their control, continued awareness and training is a critical element of the Property Awareness Program. The last area is training to use the online Electronic Equipment Movement Record system. This training is offered to all employees, whether they are coordinators or custodians.

The Laboratory continuously seeks new and better operational methods and works closely with other DOE M&O contractors to learn from their experience. Currently, several new property system applications are being evaluated for potential use at LBNL.

Performance Objective #1	**Accountability of Property:** *The Laboratory will achieve accountability for government property.* **(Weight = 40%)**
Summary	This is the most critical of the seven Performance Objectives. The ability to account for property is the primary benchmark of having a good and effective property system. The test of accountability is based on the following factors: assigning property custodians, validating that the correct custodian is using the property, and accounting for sensitive and capital property. Each of these factors represents a different Performance Measure within this one objective. The data following is separated into four different sections to identify LBNL's ability to account for government property.
Barriers to Improvement	Access and utilization of Procurement's ORACLE database would avoid re-inputting the same data and minimize data entry errors. It would be beneficial if the Procurement system had a separate field for custodian names.

Objective #1
Criterion 1.1

Laboratory Responsibility: *The accountable individual/organization is identified for capital and attractive (sensitive) property, and the completeness of such identification is measured.* **(Weight = 5%)**

Objective #1
Criterion 1.1
Performance Measure 1.1.a

Accuracy of Information: *Percentage of Property records with the accountable individual/organization assigned will be established with 60 days of the property being recorded in the property information database. Progress towards a goal of 100% for assignment to an individual/organization within 60 days will be evaluated quarterly for trending purposes.*

Assumptions:

Organization is removed from "individual/organization assigned." This Measure refers to initial assignment upon acquisition, receipt and recording in the database.

Performance is measured as a percentage of the total number of occurrences when an item does not get assigned to an individual within 60 days compared to the total number of items received.

Gradient:

- 95 to 97.4 % = Meets
- 97.5 to 99.4 % = Exceeds
- 99.5 % & Up = Far Exceeds

Summary

The following summarization is in reference to Measure 1.1.a, relating to assigning custodians:

LBNL has an established procedure for designating the custodian of property records as they are initially created. This procedure avoids records being added to the property file that do not have a custodian.

There were not any records entered into the property system that did not have a custodian assigned to them during FY95. Per agreement with DOE/OAK, the twelve (12) records without a custodian defined at the beginning of this performance period were not taken into account, since they were unassigned prior to the implementation of the Performance Measure process.

A quarterly review was performed to determine if there were any records created without the custodian being assigned. DOE/OAK agreed to this methodology, even though the Performance Measure indicates a review every 60 days.

Two categories of property were excluded from the historical data. They are property held in storage and property being processed through excess. In both cases, the Username field is used to designate either the Storage Tag number or the Excess List number.

Performance Measure Result

100% of the Laboratory property records had a custodian assigned to them within the DOE/OAK agreed-upon time frame.

Successes/ Shortfalls	As new records are created, the custodian is assigned based on the requisition. The end user or custodian may be different from the person identified on the requisition. This is especially true for sensitive property items. An Equipment Movement Record form, Sensitive Item Policy and Procedures, and a preaddressed return envelope are included in the shipping container to provide for easy custodian modification when the user receives the property.
Supporting Data	Not applicable.
Areas for Improvement	Designating the end custodian at the Procurement phase would avoid errors later in the process.

Objective #1
Criterion 1.1
Performance Measure 1.1.b

Statistical Sampling: *Percentage of errors associated with custodian assignments as determined by a valid statistical sample performed yearly.*

Assumptions:

Capital/ Sensitive-Sampling will be a comparison of the database against signed receipts or field verification. Sampling methodology will be per the DOE CPPSR Handbook.

Gradient:

- 95 to 97.4% = Meets
- 97.5 to 99.4% = Exceeds
- 99.5% & Up = Far Exceeds

Summary

The following summarization is in reference to Measure 1.1.b, which relates to custodial assignment:

The methodology utilized to select the specific custodians for this Performance Measure was based on the DOE/OAK provided software. The sample size of 60 was based on the Contractor Personnel Property System Review Handbook. A secondary factor was to add 5% for records that may have already been determined to be unaccounted for. This additional factor was based on input from the DOE Property Specialist based on last year's Self-Assessment. The total population was 63.

Agreement was reached with the Government Property Specialist that LBNL could utilize this same population for Performance Measure 5.2.a, Customer Survey. The survey was performed in April 1995. The field verification was performed in August 1995. These two measures were separated by a three-month interval; and while performing the survey for Performance Measure 5.2.a, reference was not made to the specific property for which the individuals were custodians.

Of the 63 samples, 37 were validated based on signed documents stored in Property Services. Examples of these are: Equipment Movement Record forms, Storage Requests, Shipping Documents, and requisitions. We did not use typed Purchase Orders that were not signed by the custodian.

The DOE/OAK Property Specialist accompanied the Property Manager into the field to perform a verification of the remaining 26 records. The goal of this Measure was to determine if the current user matched the custodian of record. The field verification determined that 16 property items should have been reassigned to a new custodian. This resulted in a 25% discrepancy rate.

This effort identified two root causes regarding custodial accountability. First, many Laboratory employees do not recognize their responsibility for the control and use of government property, especially sensitive items. Second, the termination process does not effectively handle the transfer of accountability for employees leaving the Laboratory.

Barriers to Improvement	Many employees do not realize they have accountability and responsibility for the use of government property. The termination process does not ensure terminated employees and their supervisors recognize their obligation to transfer responsibility for government property.
Performance Measure Result	25% of the property items selected from the sample were verified as being used by someone other than the custodian of record. This represents a 75% accuracy rate.
Successes/ Shortfalls	The amount of time required for the inventory was reduced by using the same statistical sample for two measures. Based on Lessons Learned from the FY94 Self-Assessment, the total number of samples selected was increased by a 5% factor. The use of documents previously signed by the custodian reduced the number of items that needed to be verified in the field.
Supporting Data	Not applicable.
Areas for Improvement	Increase custodians' awareness of their responsibilities as custodians of government property. Determine what kind of legal ability the Laboratory has to hold employees financially liable for missing property. Work with the Personnel Administrators to resolve the existing records for terminated employees, and develop a new termination process that ensures full accountability for all property in a custodian's name. Distribute the Custodian Report semiannually. Include a statement identifying the custodian's responsibility for the control and use of property with the Receiving documents.

Objective #1
Criterion 1.2

Attractive Property Inventory: *A successful attractive (sensitive) property inventory is conducted every year. Any resulting inventory write-off of the financial records shall be done in accordance with the approved personal property management policies and procedures. Property and financial records shall be reconciled within 180 days after conclusion of the inventory.* **(Weight = 20%)**

Objective #1
Criterion 1.2
Performance Measure 1.2.a

Inventory Results: *Percentage of attractive (sensitive) property accounted for, by value, in the most recent attractive (sensitive) property inventory conducted.*

Assumptions:

Gradient—percentage of property, by value, accounted for:

- 99.4 to 99.5% = Meets
- 99.6 to 99.7% = Exceeds
- 99.8% & Up = Far Exceeds

Summary

The following summarization is in reference to Measure 1.2.a, which is regarding the sensitive property inventory.

An extensive effort was expended to account for all sensitive property not inventoried during the normal cycle. Due to the high mobility of sensitive property, frequent swapping of systems, trade-ins and upgrades for newer technology, and lack of concern for older PC type computers it was very difficult to account for all of the sensitive property. The Laboratory achieved a 98% accountability for sensitive property. Even though this level is below the "meets" criteria, the 2% is equal to 0.001% of the total property assets of the Laboratory.

The Laboratory recognizes that continuing to do business in the existing format is not acceptable, and that LBNL must pursue alternative approaches to be more successful.

The property records were adjusted according to approved property management policies and procedures. Each Division Director was provided a copy of the property retired from his or her division and was requested to sign off on the document.

The root cause for this poor performance is based on several factors. They are being addressed in the following actions. Tightening up the termination process is being worked on with the Division Personnel Administrators. Steps to build a higher level of control and accountability by both divisions and custodians are also being worked on.

Barriers to Improvement

Lack of the custodians' awareness that they are responsible for all property provided to them and that even though sensitive property, such as, PCs, VCRs, laser printers, etc., have a significant turnover rate they are responsible until the item has been reassigned.

Lack of support from Division Directors to hold employees accountable for the property provided to them and Divisional resources to reconcile property that is not accounted for.

Performance Measure Result

98% of the Laboratory's sensitive property, by acquisition value, was accounted for.

Successes/ Shortfalls

The Laboratory achieved the 98% level within the six-month reconciliation time period. Last year we only achieved a 95% level at the close of the six-month reconciliation time period.

Regular status reports were provided to the divisions to assist them in optimizing their resources. They were instructed to concentrate their efforts on high dollar value capital equipment and on sensitive property. Divisions were also instructed to contact listed custodians of unaccounted-for property since custodians frequently knew who was using the property.

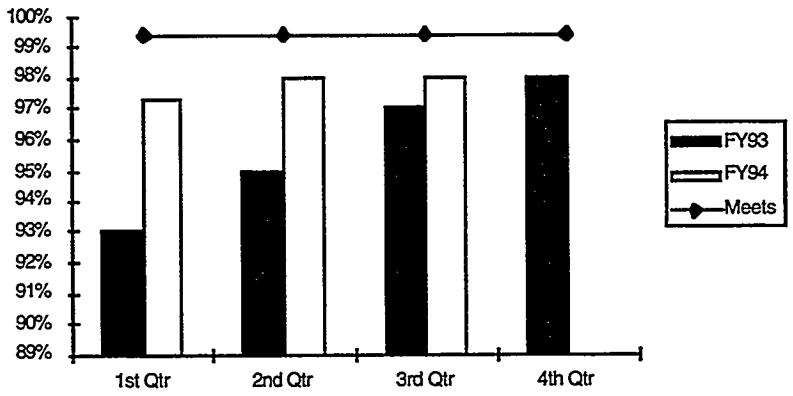
Several different division staff members utilized our bar code readers to perform their division's reconciliation. This resulted in approximately 500 individual inventory transactions being processed.

Some divisions requested a one week delay in the cutoff date since the UCB campus was on holiday. This extension was approved by DOE/OAK. During this one week over a $1M worth of property was accounted for.

Since the cutoff date, April 7, 1995, an additional $117K of sensitive property has been accounted for. We anticipate accounting for more of the unlocated property during the remainder of the FY95 inventory.

Supporting Data

Sensitive Property



Performance Measure 1.2.a

Areas for Improvement

Divisions have requested that the Unaccounted For Property report be formatted in Excel to enable them to work more effectively with it. Attempts were made to do this but, they were unsuccessful. However, the Information Support Systems Department has been formally requested to provide this capability.

The Laboratory is currently performing a Cost Benefit analysis on an alternative ORACLE-based property system.

Objective #1
Criterion 1.3

Capital Property Inventory: *A successful capital property inventory is conducted every two years. Any resulting inventory write-off of the financial records shall be done in accordance with the approved personal property management policies and procedures. Property and financial records shall be reconciled within 180 days after conclusion of the inventory.* **(Weight = 15%)**

Objective #1
Criterion 1.3
Performance Measure 1.3.a

Inventory Results: *Percentage of capital property accounted for, by acquisition value, in the most recent capital property inventory conducted.*

Assumptions:

Gradient—percentage of property, by value, accounted for:

- 99.4 to 99.5% = Meets
- 99.6 to 99.75% = Exceeds
- 99.8% & Up = Far Exceeds

Summary

The following summarization is in reference to Measure 1.3.a, which is regarding capital equipment inventory.

The capital inventory reconciliation was more successful than in previous years. We achieved a 99.6% accountability rate. This was primarily based on Divisional staff taking a positive interest in accounting for the property.

The Laboratory uses an Inventory-By-Exception methodology, which reduces the total number of property items required to be inventoried based on the following logic: if a capital property item has been "touched," then its survey date is updated. Examples of documents that meet this "touched" criterion are: Equipment Movement Record forms, Shipping and Receiving documents. The programming logic determines the date of the last survey, and based on that date it defines when the item is required to be inventoried.

Capital property is typically less mobile than sensitive-type property, frequently bolted down, and of more significant value. It is therefore easier to track.

Barriers to Improvement

Even though we have been more successful in accounting for capital property compared to sensitive, some of the same issues are prevalent. Custodians need to be aware of their property responsibilities, and Property Services must work with the Division Directors to ensure accountability.

Performance Measure Result

The Laboratory had accounted for 99.6% of all capital property, by acquisition value, by the end of the reconciliation time period.

Successes/ Shortfalls

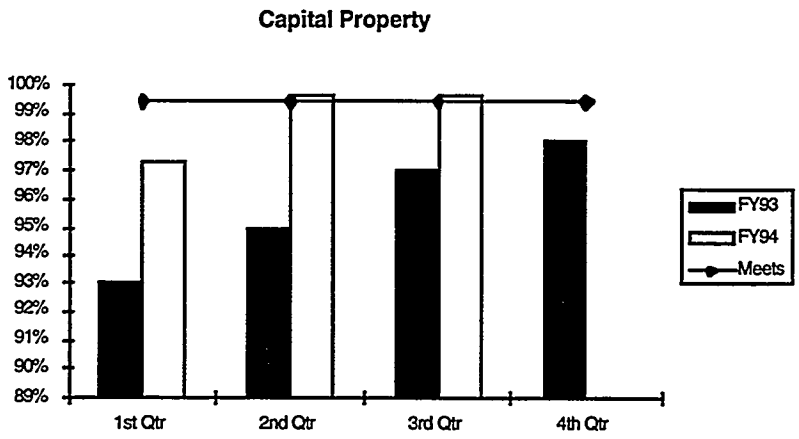
The Laboratory achieved the 99.6% level within the six-month reconciliation time period. Last year, we only achieved a 95% at the close of the six-month reconciliation time period.

Several different division staff members utilized our bar code readers to perform their division's reconciliation. This resulted in approximately 500 individual inventory transactions being processed. We also initiated the process for divisions to procure their own readers.

Several divisions requested a one-week delay in the cutoff date since the UCB campus was on holiday. This extension was approved by DOE/OAK. During this one week over a $1M worth of property was accounted for.

Since the cutoff date, April 7, 1995, an additional $243K of capital property has been accounted for. We anticipate accounting for more of this property during the remainder of the FY95 inventory.

Supporting Data



Performance Measure 1.3.a

Areas for Improvement

Divisions have asked that the Unaccounted for Property report be formatted in Excel to enable them to work more effectively. Attempts were made to do this but, they were unsuccessful. However, the Information Support Systems Department has been formally requested to provide this capability.

The Laboratory is currently performing a Cost Benefit analysis on an alternative ORACLE-based property system.

Performance Objective #2	**Walk-Through Program:** *The Laboratory will have an effective Walk-Through Program to identify idle equipment or equipment not properly protected.* **(Weight = 5%)**
Summary	The Laboratory prepared and submitted to the DOE/OAK Property Specialist the plan for the FY95 Walk-Through in a meeting onsite on November 22, 1994. The plan defined the month that each division would have the Walk-Through performed. All facilities were examined during the FY94 and FY95 Walk-Throughs. The DOE Property Specialist was advised of the specific dates for each Walk-Through and participated in several of them.
Barriers to Improvement	Future availability of Divisional staff and Property Services personnel to perform this function is questionable.

Objective #2 Criterion 2.1	**Laboratory Responsibilities:** *All organizational facilities are covered by a Walk-Through at least every two years.* **(Weight = 5%)**
Objective #2 Criterion 2.1 Performance Measure 2.1.a	**Quality of Program:** *The Laboratory will submit a comprehensive Walk-Through Plan by November 30, 1994 which reflects areas to be addressed during the FY95 performance period, and includes milestones for completion. The percentage of the milestones met will be calculated to assess compliance with the Walk-Through Plan. A baseline percentage will be established, a gradient will be developed, and a trend line will be generated for continuous improvement.* **Assumptions:** Meets = 95 % of Walk-Through plan milestones completed on schedule. Factors such as scheduling improvements, innovative approaches, cost reductions, etc. will be factors considered for Exceeds and Far Exceeds ratings.
Performance Measure Result	100% of the milestones were met on schedule.
Successes/ Shortfalls	Implementation of the DOE Revised Property Management Regulations significantly reduced the level of effort and associated costs for both Property Services and research staff, since only technical and laboratory areas were required to be Walked-Through. New procedures and methods to document the Walk-Throughs were developed based on Lessons Learned from the FY94 Walk-Through. They increased the effectiveness and reduced everyone's effort. During the Walk-Through, data was written onto a form, and then subsequently entered onto an Excel spreadsheet. This spreadsheet allowed the file to be transferred electronically between the divisions and Property Services staff. In this manner, updates were performed easily and allowed for verification on the specific action taken. A Lesson Learned from the FY94 effort was that it was important to quickly provide feedback to the divisions. Therefore, the results of the Walk-Through were submitted to the divisions every 30 days, during the 90-day time frame.

Supporting Data

FY95	1994			1995								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
2 — Walk-Through Program - 5%												
2.1.a — Walk Through Plan		Cmplted										
Update W-T inspect form		Cmplted										
Dir. Off.		Notify N/A	Perf. N/A									
Eng/Env			Notify Cmp.	Cmplted	30 day	60 day	Closed				Action Plan	
ICSD						Notify Cmp.	Cmplted	30 day	60 day	90 day		
Oper/Adm.					Notify Cmp.	Cmplted	30 day	60 day	90 day			
Oper/Fac.					Notify Cmp	Cmplted	30 day	60 day	90 day			
Mat. Sci.				Notify Cmp.	Cmplted	30 day	60 day	Closed			Action Plan	
Nuc. Sci			Notify Cmp.	Cmplted	30 day	60 day	Closed					

Performance Measure 2.1.a

Areas for Improvement

Planning further in advance will allow the divisions to select when it is most convenient for them to perform the Walk-Through. This is currently being done for the FY96 Walk-Throughs.

Objective #2
Criterion 2.1
Performance Measure 2.1.b

Laboratory Responsiveness (Timeliness): *Timelines of responsible organization actions to implement Walk-Through-documented recommendations. Resolution of walk-through actions will be accomplished within 90 days. After 90 days, unresolved issues will have a documented action plan.*

Assumptions:

100% completion of Walk Through action items completed within 90 days will result in Far Exceeds rating. The rating guidelines in the UC manual for "corrective actions" will apply for action items exceeding 90 days.

Summary

The Walk-Through program was completed on schedule, and 397 items were defined as being idle. Of that population, 117 items were not moved during the 90-day performance period. A total of six divisions were reviewed, and $1.1M of property was reallocated. Random samples of the property records have been reviewed to ensure the property has been reallocated. There are two divisions that have Action Plans in process, with a closure date of September 15, 1995. The Action Plans include weekly follow-up by Property Services and communication between the Property Manager and Division Administrator.

The majority of the Laboratory divisions have been very positive and responsive. The Laboratory would have achieved a 95% success rate, except for one division. This division had a large number of items determined to be idle and did not respond within the 90-day time frame. Because of this, the Laboratory's performance level dropped down to 71%.

Barriers to Improvement

A lack of coordination with transportation delays moving idle property. Coordination with Transportation will allow for quicker response time and assist divisions in moving idle property.

A lack of assembly areas for small items delays moving idle property. Establishing assembly areas in advance will also allow for small items to be moved at the conclusion of the day's efforts.

When divisions are not responsive, it becomes very difficult to perform well.

Performance Measure Result

71% of the property identified as being idle was moved within the 90-day time frame. Four of the six divisions had a 100% response rate.

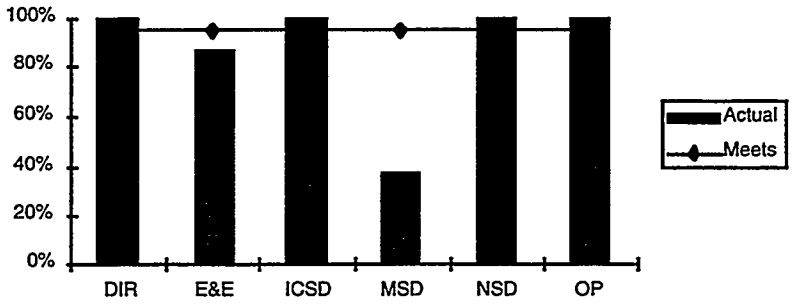
Successes/ Shortfalls

Development of a standard format in Excel provided an excellent basis for communication and standardization.

Divisions experiencing difficulty in moving idle property need to be recognized early in the process so more specific support can be provided within the 90 days.

Supporting Data

Walk Through Results



Performance Measure 2.1.b

Areas for Improvement

Work with Transportation to establish pick-up points for property identified as idle.

Obtain better support from Divisions. When Divisions appear unsupportive of the process or are unwilling to provide adequate support to complete the work, it may be appropriate to raise the issue with upper management.

Performance Objective #3	**Equipment Held For Future Projects:** *The Laboratory will have an effective management program for Equipment Held For Future Projects (EHFFP).* **(Weight = 5%)**
Summary	The review of the property in storage was initiated by the Manager of Materials and Site Logistics Department on April 13, 1995, when 604 Justification for Extended Storage Forms were distributed to the Division Administrators. This represents the majority of the property in storage. Items that had been placed in storage during the current fiscal year were not included as items can be stored for one year without justifying extended storage. The review of the EHFFP forms was completed on August 20, 1995. Of the total number of forms distributed, 29% were defined as being held for future projects. Only two of the forms were not signed by the appropriate level official (Division Director, the Deputy Division Director, or the Division Administrator). The majority of the Division Directors authorized the justification for continued storage.
Barriers to Improvement	Custodians store property at no cost, since Warehouse recharge for storing property has been dropped. It may become necessary to reinstate the recharge to provide a financial incentive for effectively utilizing storage space.

Objective #3 Criterion 3.1	**Laboratory Responsibilities:** *The Laboratory will evaluate whether continued EHFFP storage is appropriate at least once a year.* **(Weight = 5%)**
Objective #3 Criterion 3.1 Performance Measure 3.1.a	**Customer Satisfaction:** *Percentage of EHFFP justification records signed at the appropriate level and appropriately justified in accordance with approved DOE/UC policies and procedures. A baseline percentage will be established, a gradient will be developed, and a trend line will be generated for continuous improvement.* **Assumptions:** The following gradient will apply—percentage of records signed at appropriate level and justified in accordance with approved DOE/UC policies: • 95% = Meets • 97% = Exceeds • 100% = Far Exceeds For FY95, the requirement for a baseline percentage will be deleted.
Performance Measure Result	99% of the EHFFP forms were signed at the appropriate level and appropriately justified in accordance with approved DOE/UC policies and procedures.
Successes/ Shortfalls	Obtaining the attention of the Division Director or Division Administrator was difficult as personnel Performance Reviews were going on concurrently.
Supporting Data	None.
Areas for Improvement	Establishing a more progressive time schedule to allow completion by August 1. This may entail more frequent follow-up with the Division Administrators and/or periodically processing a portion of the Justification Forms.

Performance Objective #4	**Subcontractor Management of Government-Owned Property:** *The Laboratory will have an effective program for managing Government-Furnished Property (GFP) and Subcontractor-Acquired Property (SAP).* **(Weight = 5%)**
Summary	The Laboratory has an established program for managing GFP or SAP property at subcontractors' locations. The procedures have been accepted by the DOE/OAK field office without comment. The procedures incorporate and accept the subcontractor review by other National Laboratories, as well as Federal agencies, such as the Office of Naval Research (ONR).
Barriers to Improvement	Even though copies of subcontracts involving GFP or SAP property are submitted to our office, it is often difficult to understand what the actual property item is, much less its value. Tooling is an especially difficult area.

Objective #4 Criterion 4.1

Laboratory Responsibility: *The Laboratory will ensure annual property management reviews of subcontractors with GFP and/or SAP either by self-evaluation, inventory, onsite reviews or delegation of this responsibility for all subcontracts that have been identified to Personal Property Management by Procurement as having GFP and/or SAP.* **(Weight = 5%)**

Objective #4 Criterion 4.1 Performance Measure 4.1.a

Customer Satisfaction: *Percentage of identified subcontractors with GFP and/or SAP reviewed annually in accordance with approved DOE/UC policies and procedures. A baseline percentage will be established, a gradient will be developed, and a trend line will be generated for continuous improvement.*

Assumptions:

Gradient—percentage of contractors reviewed:

- 90% = Meets
- 95% = Exceeds
- 98% = Far Exceeds

For FY95, the requirement for a baseline percentage will be deleted.

Performance Measure Result

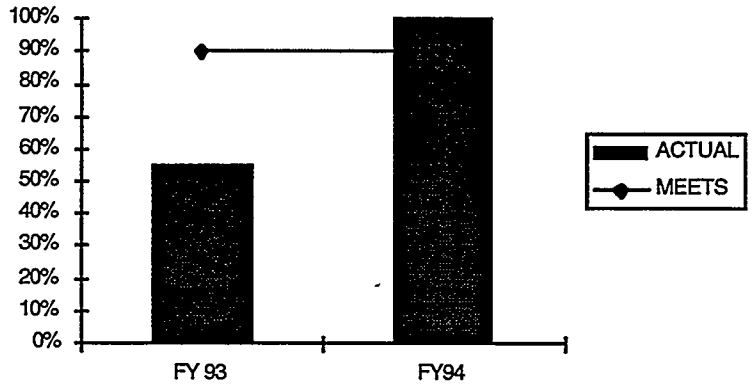
100% of all our subcontractors holding GFP or SAP as of October 2, 1994, have been reviewed in accordance with DOE/UC-approved policies and procedures.

Successes/ Shortfalls

Inventory reports were sent out listing the property known to be at subcontractor locations. This did not test a subcontractor's awareness of the GFP. However, several contractors did define property in their possession that Property Services had not been informed was at their facility. The inventory for FY96 will be in a blind format.

Supporting Data

Subcontracts Reviewed



Performance Measure 4.1.a

Areas for Improvement	Methodology used to perform inventory will be improved by using a blind format.

Objective #4
Criterion 4.1
Performance Measure 4.1.b

Program Effectiveness: *Number of discrepancies found during annual GFP/SAP inventories will be recorded as inventories are completed. A baseline percentage will be established, a gradient will be developed, and a trend line will be generated for continuous improvement.*

Assumptions:

The number of discrepancies will be the number of instances/occurrences where Laboratory data base records of GFP and/or SAP were different than GFP and/or SAP found during required subcontractor inventories and the difference was not due to subcontractor loss or record keeping error.

Percentage will be developed by calculating the number of deficient items of property found during annual and close-out inventories compared to the total number of capital and sensitive items inventoried by subcontractors. The following gradient applies:

- 95 to 97.4 % = Meets
- 97.5 to 99.4% = Exceeds
- 99.5% & Up = Far Exceeds

For FY95, the requirement for a baseline percentage will be deleted.

Summary

There are two Performance Measures within this one objective. The following summarization is in reference to Measure 4.1.b, which relates to defining the number of property discrepancies:

There were no capital or sensitive discrepancies found based on the inventory of all subcontractors during FY95. One contractor reported what appeared to be a discrepant capital item, but in reviewing the records we determined that a different nomenclature was originally used by the Laboratory requester. The requester had not submitted the property number when the property had been shipped out.

Barriers to Improvement

Communication between Principal Investigators and Property Services to ensure all property is accounted for.

There is a potential risk that Procurement will not provide a subcontract to Property Services that involves GFP or SAP.

Performance Measure Result

100% compliance was achieved and no discrepancies were found on any of the inventories performed by the 20 subcontractors.

Successes/ Shortfalls

Inventory methodology used in FY95 was to mail the listing of GFP or SAP to contractors. The contractors could then respond without determining if additional property items were in their possession.

Successes/ Shortfalls (Continued)	However, several contractors did identify property in their possession that Property Services was not aware of. This was because custodians had not notified Property Services that the items had been transferred to contractors. However, these items were not capital or sensitive property items.
Supporting Data	None.
Areas for Improvement	Need to use blind inventory format in the future.

Performance Objective #5	**Training:** *The Laboratory will have an effective property management training program for Laboratory Personnel.* **(Weight = 10%)**
Summary	The Laboratory has developed and implemented a training program in several areas. First, for staff members in Property Services there has been a structured approach to ensure that they were properly trained, and they were given the opportunity to participate in a variety of curriculum. Second, training has been offered to Property Custodians, Property Coordinators, and all other employees on how to use the Electronic Equipment Movement Record system.
Barriers to Improvement	A lack of interest by Division Administrators, Property Coordinators, and property custodians in becoming aware of the property tools available to them and their associated responsibility.

Objective #5
Criterion 5.1

Laboratory Responsibility: *The Laboratory will ensure that property management personnel participate in training.* **(Weight = 5%)**

Objective #5
Criterion 5.1
Performance Measure 5.1.a

Effectiveness of Program: *The Laboratory will maintain an on-going training plan that includes targeted areas of training and milestones. The goals of the plan are: (1) to assure that all property management personnel receive appropriate training in property management, and (2) to assure that Personal Property personnel's job-related skills are updated.*

The number of milestones met on schedule will be measured and results will be trended.

Assumptions:

Training goals will not be identified by individual employee. Measure will be number of milestones met versus plan.

- Meets = 100% of training goals achieved with consideration given to funding cuts and unavoidable disruptions outside of property management's control. (The training plan may be revised with the concurrence of DOE.)
- Exceeds and Far Exceeds = 100% of training goals achieved plus such factors as additional courses given, needs assessments conducted, inclusion of individual training plans and other innovative actions that increase the effectiveness of the training and/or reduce the cost.

Performance Measure Result

100% of the planned training has been completed per the schedule during the year.

Successes/ Shortfalls

Advertising of the courses offered to the Laboratory community was not as extensive as was needed. Once we realized the courses were inadequately advertised, we corrected this problem by increasing our advertising.

In addition to Laboratory-sponsored training curriculums, several staff members are participating in certification through the National Property Management Association.

The Training Plan for next year will be cross-training Property Management and Property Accounting personnel, as the Property Management and Property Accounting functions are combined into one function called Property Services.

Supporting Data

	1994			1995								
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept
5 — Training – 10%												
5.1 — PM Training	Cmplted		Cmplted						Cmplted			
5.2 — LBL Property Awareness Program												
Survey Customers						Cmplted						
Newsletter	Cmplted		Cmplted		Cmplted		Delayed			Cmplted		
PM Brochure				Distrbtd								
Training – LBL Community				Dev. Plan	Implmtd Plan					Implmtd Plan		
EEMR Training							Cmplted					Pending
Custodian— Awareness										Cmplted		
Coordinators					Cmplted					Cnclled		

Performance Measure 5.1.a

Areas for Improvement

Assess the training needs of the Laboratory community to assure we provide appropriate and needed training.

Continue to work with Human Resources to ensure Property Services is represented at New Employee Orientation.

Objective #5
Criterion 5.2

Laboratory Awareness: *The Laboratory will conduct an effective property accountability awareness program.* **(Weight = 5%)**

Objective #5
Criterion 5.2
Performance Measure 5.2.a

Customer Survey: *A random survey of the general Laboratory population will be conducted to assess employee knowledge of personal property management responsibilities. Any resulting planned corrective actions will be developed by March 30, 1995, and the number of milestones met on schedule will be measured.*

Assumptions:

The survey will be jointly developed by the three Laboratories.

The customer survey can be site specific and can be written or of a personal interview type. The following factors should be covered :

- Custodial reassignment, property at home, misuse of property, property movement, personal accountability and liability, personal use, report of loss or theft. Scoring will be based on the corrective action guidelines in the UC manual.
- Any sampling methodology required should be based on the DOE CPPSR guidelines.
- It is recognized that initial survey development will be a Tri-Lab effort with final development on an individual Lab basis to account for site differences.

Summary

There are two Performance Measures within this one objective. The following summarization is in reference to Measure 5.2.a., which relates to performing a survey:

A random survey of general property custodians was performed using the DOE/OAK software application. The base population was 2,254 records. From that 63 records were selected based on two factors: the CPPSR Guide indicated 60 records were required; an additional 5% was added based on last year's Self-Assessment.
A series of eight questions was developed to determine awareness in the following areas:

- Knowledge of property procedures.
- Responsibility over the control and use of property.
- Documentation required for the removal of property.
- Procedures for reporting lost or stolen property.
- Use of automated data input system.
- Personal use of government property.
- Knowledge of the difference between capital and sensitive property.
- Where did employees obtain their property information.

Summary (Continued)

The results of the survey identified two primary needs for corrective actions:

1. The online Electronic Equipment Movement Records system was not working correctly.
2. Information regarding property issues was not being disseminated effectively.

To resolve Corrective Action No. 1., a modification to the existing system was requested that would ensure verification of EEMR transactions. This was completed on July 11, 1995.

The resolution to Corrective Action No. 2 was to increase the distribution of *Property Talk*. It is now distributed to all employees. This was completed on August 10, 1995.

Barriers to Improvement

A lack of communication to all levels of employees, especially to employees who have dual appointments with the Laboratory and the campus.

Performance Measure Result

A random survey of the general Laboratory property custodians was conducted to assess employees' knowledge and level of understanding of their responsibility for property. This survey was conducted during the first two weeks of April. DOE/OAK agreed to this schedule.

Primary Corrective actions were identified and resolved. However, one item was resolved later than the projected completion date.

Successes/ Shortfalls

Established an opportunity to communicate with employees and find out some of their concerns.

Supporting Data

Survey result provided with supplemental data.

Areas for Improvement

Recognize the actual needs of employees, and develop systems that support those needs while diminishing the amount of time and effort required to support them.

Performance Objective #6	**Response to Audits, Assessments, Reviews, etc.:** *Findings and recommendations from formal, written audits, assessments, and reviews, etc., regarding Property Management are resolved in a timely and appropriate manner.* **(Weight = 25%)**
Summary	LBNL had no formal, written audits, assessments, and/or reviews during the FY95 time frame. The DOE IG did perform a "Fact Finding" mission on the donation and excess process, but it has not resulted in a report.
Barriers to Improvement	Not applicable.

Objective #6 Criterion 6.1	**Resolve Findings:** *All findings and recommendations regarding Property Management are tracked and completed (exclusive of DOE validation) in accordance with the mutually agreed upon corrective action plan.* **(Weight = 25%)**
Objective #6 Criterion 6.1 Performance Measure 6.1.a	**Continuous Improvement:** *Compare the number of milestones completed against the milestones scheduled for completion during the performance period. Develop a baseline and a trend to assess continuous improvement for completing milestones.* **Assumptions:** Scoring will be based on the corrective action guidelines contained in the UC manual.
Performance Measure Result	There were no milestones defined. Since there were no reviews, UC and DOE/OAK have decided to distribute the weight of this Measure across the other measures.
Successes/ Shortfalls	Not applicable.
Supporting Data	Not applicable.
Areas for Improvement	Not applicable.

Performance Objective #7

Quality Management: *The Laboratory will maintain a quality management program for assuring continuous efficiency, effectiveness, and accountability in its personal property management responsibilities.* **(Weight = 10%)**

Summary

Property Services has pursued positive and creative approaches to our work. We are constantly seeking new ways of being more cost efficient, while producing a higher quality product. The recent combining of organizations will build in a synergetic manner to create an even more effective organization.

The Laboratory selected the inventory reconciliation process for continuous improvement on December 23, 1994. The selection was based on several factors. They are:

- Recommendation by LBNL's Government Property Specialist.
- Results of the previous year's level of accountability for capital and sensitive property needed improvement.
- Need to enhance our effectiveness by working with the division personnel.
- Recognition that LBNL could no longer support the level of costs required to perform the reconciliations in the previous manner.

A Process Improvement Team (PIT) leader was selected from the Property Services staff and a divergent set of team members were selected from within the property organization. The PIT Team was given the task to evaluate and improve upon the existing inventory reconciliation process.

The Leader provided training material to the members and evaluated a software application on Project Management to determine if it would be of benefit to the team. The PIT Team met from January through March, 1995 and produced a report documenting their twelve (12) Recommendations. They are defined in the Supporting Data area of Section 7.1.b.

The cost efficiency gained by following the recommendations is currently being assessed. We are comparing the previous cycle of the Inventory-By-Exception against the most recent cycle to determine the results. Several recommendations require support from external organizations; therefore, we do not have control over those issues and can only facilitate their implementation.

One recommendation is still open until September 1995.

Barriers to Improvement

Lack of a customer representative on the PIT team. Potential customers would include Divisional staff members and the DOE Government Property Specialist.

Objective #7 Criterion 7.1	**Leadership:** *Laboratory personal property management will identify critical property management processes for continuous improvement.* **(Weight = 10%)**
Objective #7 Criterion 7.1 Performance Measure 7.1.a	**Establishing Goals:** *Laboratory personal property management will select by Jan. 1, 1995 at least one critical property management process for continuous improvement where there is opportunity for cost or efficiency savings or added accountability.* **Assumptions:** Factors to be considered in scoring this Measure include the opportunity for cost reduction and/or improved customer service and/or improved accountability as well as the approach used to select the subject process and the methods used to conduct the continuous improvement activity (team training, structured approach, charting, etc.).
Performance Measure Result	On December 23, 1994, a critical property management process was selected for continuous improvement.
Successes/ Shortfalls	It provided an opportunity for a nonsupervisory staff member to lead a PIT team and for various staff members to work together. This was beneficial to the leader and all other team members. If customer participation had been obtained different recommendations might have resulted.
Supporting Data	None applicable.
Areas for Improvement	Ensuring customer participation in future PIT activities is a Lesson Learned from this PIT process.

Objective #7
Criterion 7.1
Performance Measure 7.1.b

Progress of Improvement: *An appropriate quality improvement team will establish a process for continuous improvement for the performance objective(s) selected in 7.1.a. The quality improvement team will determine appropriate performance measures and a baseline to Measure performance for the objective(s) selected under 7.1.a by March 31, 1995. Progress against selected quality improvement milestones will be measured.*

Assumptions:

Meeting at least 90% of planned milestones = Meets. Exceeds and Far Exceeds can be attained based on the improvements achieved (savings, accountability improved service, etc.). Modifications to milestones and schedules can be negotiated with DOE approval.

Summary

There are two Performance Measures within this one objective. The following summarization is in regards to Measure 7.1.b:

The PIT Team defined the areas where they expected their recommendations would improve performance. The most immediate and effective was obtaining a Grand Master Key, to be used by the primary inventory staff member. This allowed immediate access into most of the locked rooms. This increased efficiency by avoiding the need to find someone to unlock a door.

The other areas where efficiency should be increased are in the comparison between the data from two inventory cycles, and the resulting inventory reconciliation performed by the divisions. This activity is still in process.

The team developed twelve (12) recommendations, and all have been completed on time, with the exception of a modification of the programming logic in the property master. This was requested in April, but is still part of a list of system support changes required by the CFO organization.

Barriers to Improvement

A lack of programming support limits our ability to implement more efficient work methods.

Performance Measure Result

The report identifying the recommendations was submitted to DOE and UC on March 31, 1995.

100% of the milestones scheduled to be completed to date have been completed.

The milestone for training Divisional staff to use bar code readers is scheduled for completion in September 1995. The readers have been received and the program is being loaded.

However, the change to the programming logic to be performed by ISS is still an outstanding item outside of our control.

Successes/ Shortfalls

This effort initiated our first efforts at benchmarking our inventory process. This experience will benefit our analysis of future methodologies.

Lack of customer participation is recognized. We are addressing this issue in the secondary PIT team, which is evaluating the inventory process.

Supporting Data

	Apr-95	May-95	Jun-95	Aug-95	Sep-95
Master Key	Completed 4/4				
Mod. sort criteria	Completed 4/10				
Present plan to Div.	Completed 4/19				
Modify desk proced.		Completed 5/1			
Create a log		Completed 5/1			
Review position desc		Completed 3/31			
Redistribute mail		Completed 5/1			
Modify program			Delayed*		
Dev. training schedule			Completed 6/1		
Dev. course syllabus			Completed 6/1		
Div. acquire readers				Completed 8/18	
Train on use of readers					In process

*Pending ISS support.

Performance Measure 7.1.b

Areas for Improvement

Increasing the representation on the PIT team to other non Property service employees may have been helpful and established an alternative perspective. By limiting the participation we may have created "blinders" on our work without realizing it.

Improvement Actions for Property Management				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates

(None.)

PART III

LABORATORY-DIRECTED INDEPENDENT EVALUATIONS

LAWRENCE BERKELEY LABORATORY

Protocol for FY 95 Evaluation of Appendix F Self-Assessment

Prepared by: _____

Irene Kan, Office of Assessment and Assurance

Approved by: _____

Otis Wong, Acting Head, Office of Assessment and Assurance

LAWRENCE BERKELEY LABORATORY

Protocol for FY 95 Evaluation of Appendix F Self-Assessment

1. PURPOSE

This protocol describes the roles and responsibilities and methods by which an independent, LBL-directed evaluation will be performed for the Laboratory's Appendix F Self-Assessment. The evaluation assures that the functional self-assessments are credible and that the conclusions are supported by documented data. The evaluation is performed in accordance with guidance from the University of California, Office of the President (UCOP).

This protocol applies to the evaluation teams, the Functional Managers, and the UCOP and DOE observers. One two-person evaluation team is designated for each of the Functional Areas: Laboratory Management, Environment,Safety and Health (ES&H), Facilities Management, Financial Management, Human Resources, Procurement, Property Management, and Information Management.

2. ROLES AND RESPONSIBILITIES

Office of Contract Management

- Prepares, in coordination with the Office of Assessment and Assurance (OAA), the Appendix F Self-Assessment Schedule.

Office of Assessment and Assurance

- Designates and notifies teams. Team members must be independent from the functional areas they evaluate.
- Prepares the evaluation schedule, LBL protocol, checklist, and template for the team evaluation report .
- Provides orientation to the Functional Managers, evaluation teams, UCOP observers, and DOE observers on the LBL protocol.
- Coordinates the evaluation activities of the Office of Contract Management (OCM), Functional Managers, evaluation teams, UCOP observers, and DOE observers.
- Submits an overall evaluation report to the OCM.

Functional Managers:

- Designate points of contact to meet with the evaluation teams and notify OAA.
- Brief the evaluation teams and the observers on:
  - Appendix F performance objectives, criteria, and measures (including the assumptions and agreements)
  - Methods and data used to measure performance
- Provide draft self-assessment reports to the evaluation teams no later than August 15; advance distribution of reports is encouraged.

- Respond to evaluation team questions and recommendations in a timely manner.
- Request feedback from observers, where desired.
- Notify and coordinate with OAA if there are any problems (e.g. regarding logistics, the evaluation guidelines, conflicts in interpretation of the assumptions and agreements).

Evaluation Team Leaders:

- Schedule teams to meet with Functional Managers for a briefing on the performance measures and methods of measurement.
- Notify the UCOP and DOE observers of briefing times and locations to provide them the opportunity to observe.
- Schedule the evaluation meeting(s) with the Functional Manager and the observers.
- Notify and coordinate with OAA if there are any problems (e.g. regarding logistics, the evaluation guidelines, conflicts in interpretation of the assumptions and agreements).
- Ensure adherence to the evaluation schedule.
- Submit draft evaluation reports to the Functional Managers for factual accuracy reviews.
- Submit final evaluation reports (using the OAA template) to OCM and OAA; and submit completed checklists to OAA.

Evaluation Teams:

[Note: The evaluations are not audits of the Functional Areas; they are LBL management reviews. Their value is to ensure that the self-assessments adequately and accurately address the performance measures, assumptions, and agreements.]

- Evaluate the self-assessments for the following:
  - The performance objectives, criteria, measures, assumptions and agreements documented in the Contract are addressed properly, completely, and accurately
  - Supporting documentation is included or referenced
  - Conclusions are supported by the data presented
  - Methods used to assure data accuracy and validity are sound and adequate
  - Barriers to improvement (i.e., root causes) are identified
  - Improvement actions are specified where required and appropriate
- Recommend to the Functional Managers ways to improve the quality or correct deficiencies in the draft self-assessment reports.
- Document the team's findings using the OAA-generated checklist.
- Generate draft and final evaluation reports.

Observers:

[Note: UCOP and DOE observers participate as witnesses. They verify that the LBL evaluation, an internal management process, is indeed an independent and valid activity. Observers actively participate in the evaluation process at the request of LBL participants.]

- Receive OAA orientation on the LBL evaluation process.
- Attend the evaluation team meetings (including briefings, where feasible) with the Functional Area representatives.
- Provide feedback to LBL teams or Functional Managers, where requested.
- Notify OAA of any observed problems in the evaluation proceedings.

3. PROCEDURE AND SCHEDULE

3.1 **OAA Orientations:** OAA provides individual orientations to the Functional Managers, evaluation teams, UCOP observers, and DOE observers on the LBL evaluation protocol, calendar, and deliverables (June).

3.2 **Functional Manager Briefings:** Each Functional Manager briefs the evaluation team and observers (where feasible) on the performance objectives, criteria, and measure (July).

3.3 **Evaluation Process Kick-Off Meeting:** OAA meets with evaluation team members prior to commencing the formal evaluation process. The purpose of the meeting is to ensure that issues or questions are resolved and to review the evaluation protocol, calendar, and deliverables (early August).

3.4 **Formal Evaluation Process:**

3.4.1 Functional Managers provide **draft self-assessment reports** to the evaluation team members for their review (by August 15).

3.4.2 Each team leader schedules the **first evaluation meeting** with the Functional Manager and the observers. Questions or requests for additional information as a result of the team's initial review of the draft self-assessment report should be communicated to the Functional Manager in advance of the first meeting, where possible. Any subsequent exchange(s) of information should be handled through a follow-up meeting or other mutually agreed upon means of communication. (August 21 - September 1).

3.4.3 Each team evaluates the self-assessment material using the checklists and completes a **draft evaluation report** (August 21 - September 1).

3.4.4 Each team leader schedules a **factual accuracy meeting** with the Functional Manager to review the draft evaluation report. The team leader notifies OAA and the observers of the meeting time and location (August 21 - September 1).

3.4.5 Each team leader **submits** to OCM and OAA **the evaluation report** and submits to OAA the completed checklists (by September 1).

3.5 **Evaluation Report Submittal:** OAA submits a summary evaluation report to OCM for inclusion in the *LBL Self-Assessment Report* (September 5).

3.6 **Evaluation Debriefing:** OAA meets with the evaluation teams and Functional Managers to identify noteworthy evaluation or self-assessment techniques, areas for improvement, lessons learned, and institutional perspectives (September 28).

4. REFERENCES

UCLAO Self-Assessment and Annual Review Manual, Rev. 1
Contract 98

5. ATTACHMENTS

FY 95 Evaluation Team Assignments, Observers, and Functional Managers
Evaluation Report Template
Evaluation Checklist

List of Evaluators and Observers
Lawrence Berkeley National Laboratory FY95 Independent Evaluation of the Appendix F Self-Assessment

Functional Area	LBNL Evaluators				External Observers	
	Lead		Secondary		UC LAO	DOE OAK
Laboratory Management	Bert Schleifer	Facilities	Bill Carroll	EED	Buck Koonce	Stephanie Taylor
ES&H	Don Rondeau	ENG	Dick Dicely	AFRD	Howard Hatayama	Hattie Carwell
Facilities Management	Ron Yourd	ENG	Otis Wong	Operations	Steve McGrath	Diana Ramirez
Financial Management	El Reyes	Internal Audit	Barbara Thibadeau	AFRD	Sergio Nevel	Lee Ellster
Human Resources	Suzanne Stroh	Operations	Kathie Hardy	PD	Marissa Verceles	Bill Lambert
Procurement	Adel Flores	Internal Audit	Linda Maio	CSD	Chuck McDonald	Ronna Promani
Property Management	Gerald Basel	Finance	Andre Bell	ESD	Chuck McDonald	Lee Williams
Information Management	Richard Humes	Internal Audit	Bill Carroll	EED	Buck Koonce	Dwayne Ramsey

LBNL Contact:

Irene Kan, Office of Assessment and Assurance, Mailstop 50A-5104, Phone: (510) 486-6122, e-mail address: IFKan@lbl.gov, Fax: (510) 486-6060

LBNL Appendix F Self-Assessment Independent Evaluation Report - FY 1995

Functional Area: Laboratory Management

Evaluation Team (name, title, organizational affiliation):

William L. Carroll, Staff Scientist, Energy and Environment Division
Bert H. Schleifer, Associate Facilities Manager, Facilities Department

Overall Evaluation:

The evaluation team concluded that in FY95 Laboratory Management has met or exceeded the three stated performance objectives and their associated performance measures.

Accuracy and Completeness:

The evaluation team verified the factual accuracy and completeness of the report through direct interaction with the reporting team, review of the supporting documentation, and by personal experience. The evaluation team concluded that the report represents a fair and comprehensive description of the FY95 Laboratory Management activities.

Adequacy of Supporting Documentation:

Excellent and complete.

Recommendations (if any):

All evaluation team recommendations have been addressed and incorporated in the final report.

Signatures:

Name (Team Leader) Date

Name Date

LBNL Appendix F Self-Assessment Independent Evaluation Report - FY 1995

Functional Area: Environment, Safety & Health

Evaluation Team (name, title, organizational affiliation):

Richard S. Dicely, Accelerator & Fusion Research Division ES&H Administrator, LBNL

Donald J. Rondeau, Engineering Division Head, Division Technical Resources Department, LBNL

Overall Evaluation:

The final ES&H Performance Measure Self Assessment Report provided by Thom Davis was complete and accurate as best as we could ascertain. He incorporated the necessary changes that were recommended by the DOE POC, UCOP POC, EH&S Director, and the Evaluation Team.

Accuracy and Completeness:

Most of the supporting data was supplied with the initial report. Concerns about some of the data and missing data were addressed in individual Performance Measure meetings. In all cases concerns, missing or vague data, or incomplete Self Assessment Statements were corrected for the final report. The few incomplete items in the Self Assessment Statements were in the area of not taking complete credit for accomplished that LBNL made during the year.

Adequacy of Supporting Documentation:

Generally speaking the Supporting Documentation was relevant, sufficient, and accurate. We were informed of other Supporting Documentation that we could access if needed.

Recommendations (if any):

The procedure that Thom implemented this year made for a very effective evaluation from the point of view of the reviewers. He wrote an initial report that was well laid out with respect to the Performance Measures Criteria, Assumptions, Results, Supporting Data, and Self Assessment. He then held meeting(s) on each Performance Measure with the Sub-Team, LBNL Data Team, DOE POC, UCOP POC, and the Evaluation Team. In the meetings there was a free exchange of concerns and questions allowing the Evaluation Team the ability to property evaluate the Performance Measures and the supporting data. We would recommend that this format be followed for future evaluation of the Contract 98 Performance Measures.

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Name (Team Leader) — 28 August 1995 Date

Name — 28 August 1995 Date

LBNL Appendix F Self-Assessment Independent Evaluation Report - FY 1995

Functional Area:

Facilities Management

Evaluation Team (name, title, organizational affiliation):

Ron Yourd, Senior Engineer, Engineering Division

Otis Wong, Acting Head, Office of Assessment and Assurance

Overall Evaluation:

The evaluation team reviewed each performance measure addressed in the Facilities Management Functional area. Overall, the measures are addressed objectively. Two of the measures were assessed as needing improvement. All other measures met, exceeded, or far exceeded expectation. Based on the supporting data for each measure, the evaluation team is in agreement with the conclusions.

Although some supporting data is not identified in the Facilities Management Self-Assessment Report, all data is available with the functional managers to backup the conclusions reached. The process used to collect and analyze the data is satisfactory and the results are presented in the format specified by the UCLAO *Appendix F Part A Self-Assessment and Annual Review Manual* dated June 30, 1995.

Accuracy and Completeness:

The evaluation team evaluated the data for each performance measure. For each measure, the supporting data addressed the issue(s) required by the measure and appeared to be accurate and complete. All questions asked by the evaluation team were appropriately answered with additional facts and/or supporting documents.

Adequacy of Supporting Documentation:

The Facilities Department provided supporting documentation for each measure. Generally, the documentation was straightforward and clear. The sources for the supporting data appeared to be appropriate and adequate for the measurement of performance. All documentation is available with the concerned functional managers. Copies have also been made available to the evaluation team and observers.

Recommendations (if any):

None

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9-8-95

Name (Team Leader) Date

9-8-95

Name Date

LBNL Appendix F Self-Assessment Independent Evaluation Report - FY 1995

Functional Area: Financial Management

Evaluation Team (name, title, organizational affiliation):

El Reyes, Internal Auditor, Internal Audit Services
Barbara Thibadeau, Budget Administrator, Accelerator Fusion And Research Division

Overall Evaluation:

We have reviewed the Financial Management Self-Assessment of their performance against the performance objectives, criteria, and measures in Appendix F, Part A of Contract 98. Our review and evaluation included interviews with Financial Management personnel and examination of supporting documents. Our independent evaluation was observed by representatives from both the Department of Energy and the University of California Laboratory Administration Office. In our opinion, the FY95 Financial Management Self-Assessment addressed properly, completely, and accurately the performance objectives, criteria, and measures. Barriers to improvements and improvement actions,where appropriate, have been identified.

Accuracy and Completeness:
Adequacy of Supporting Documentation:

Using the DOE Financial Management Systems Improvement Council (FMSIC) assumptions, we selected the graph presented for the month of May by tracing the amounts to source documents and recalculated the percents, if applicable, for the measures related to discounts, cost, cycle time, receivable aging, and suspense account reconciliation. We also selected certain documents supporting the narrative described in each performance measure for verification. No exceptions were noted in this review.

Recommendations (if any):

None

Signatures:

El Reyes	September 1, 1995
Name (Team Leader)	Date
Barbara Thibadeau	September 1, 1995
Name	Date

LBNL Appendix F Self-Assessment Independent Evaluation Report - FY 1995

Functional Area: Human Resources

Evaluation Team (name, title, organizational affiliation):

Suzanne Stroh, Manager, Administrative Systems, OPs- Lead
Kathie Hardy, ES&H and QA Administrator, Physics Division

Overall Evaluation:

We believe that the Human Resources Department has done a credible job of addressing the Appendix F performance objectives, criteria, measures, and agreements properly, completley, and accurately. Initial difficulties in relating measures to the appropriate objectives were adequately resolved as were questions about the appropriate conclusions to be drawn from the data presented. Although we believe that the text of the report is uneven in quality from section to section at this time, we realize that we are seeing it before it receives a professional edit . Aside from problems with presentation, we are convinced that the Human Resources Department has demonstrated that it has met all of the FY 95 performance measures and its Self-Assessment Report is a reasonable representation of its performance. Improvements from FY 94 were also noted.

Accuracy and Completeness:

The information presented in the Human Resources Self-Assessment appears to be accurate and complete. Problems in early drafts with excessive detail and extraneous information were resolved. Barriers to improvement were identified.

Adequacy of Supporting Documentation:

The supporting documentation provided for the Human Resources Self-Assessment is appropriate and provides adequate relevant information. We believe that this more spare approach is an improvement over the FY 94 product.

Recommendations (if any):

In our opinion, some of the problems we saw in early drafts of the Human Resources Self-Assessment stemmed from unclear or redundant performance measures and agreements . Others arose from lack of clarity about what was expected under the various headings in the report format. The latter lead to redundancy, missing information, and mis-placed information which was corrected in later drafts.

The former problem is one to be addressed by the Human Resources Functional Team. UC-LAO might want to consider addressing the latter by also having the teams discuss its expectations of the report's content more extensively, perhaps providing a checklist to help ensure that the appropriate content appears and appears where it is expected to be.

Another point regarding presentation: We believe that the presentation of the material would have been improved if work on sections where early data were available could have been started earlier. This would have reduced the deadline pressure for producing the report as a whole and perhaps reduced the number of drafts that were required.

Finally, we noticed that the performance measures related to performance objective #1 used a variety of different sample sizes and definitions. It would have helped us to have these summarized in a table as part of the performance objective Summary. We also feel that in general the graphics chosen to support the performance measures could be improved by incorporating more pertinent information and by better linkage to the performance described.

Signature:

Name (Team Leader) Date 8/31/95

Name Date 31 August 1995

LBNL Appendix F Self-Assessment Independent Evaluation Report - FY 1995

Functional Area: Information Management

Evaluation Team (name, title, organizational affiliation):

Richard W. Humes, Manager, Internal Audit Services - Team Leader
William Carroll, Senior Scientist, Energy and Environment Division

Overall Evaluation:

We have reviewed the ICSD Self-Assessment of their performance against the performance objectives, criteria, and measures in Appendix F, Part A of Contract 98. Our review and evaluation incuded internviews with ICSD personnel and examination of supporting documents. Our independent evaluation was observed by representatives from both the Department of Energy and the University of California Laboratory Administration Office. In our opinion, based on interviews with the Assistant to the Director of ICSD and review of all relevent documentation, we conclude that all Performance Objectives and Criteria (1.1a - 1.3b), as outlined in Appendix F of Contract 98, have been successfully met in the first year.

Accuracy and Completeness:

ICSD initiated systematic processes in the first year, which will lead to implementation of a detailed plan in successive years. Our examination of supporting documentation noted no exceptions for accuracy and completeness for the first year strategic plan.

Adequacy of Supporting Documentation:

The Self-Assessment Implementation Plan which refers to the Institutional Plan and approved Laboratory self assessment procedures is adequate.

Recommendations (if any):

No recommendations are necessary at this time.

Signatures:

Richard Humes 9-20-95
Name (Team Le Date

William Carroll
Name Date

LBNL Appendix F Self-Assessment Independent Evaluation Report - FY 1995

Functional Area: Procurement

Evaluation Team (name, title, organizational affiliation):

Linda Maio Division Administrator, Chemical Sciences Division

Adel Flores Internal Auditor, Internal Audit Services

Overall Evaluation:

We have reviewed the Procurement Self-Assessment Report for FY 1995, which include results up to June 30, 1995, as part of the Laboratory-directed evaluation in accordance with guidance from the University of California, Office of the President (UCOP). As part of our evaluation process, we interviewed Procurement personnel and verified, on a test basis, data presented in the report. We held several meetings with Procurement in which we reviewed each of the performance measures together with their assumptions, results, and conclusions. Observers from DOE-Oakland and UCOP also attended these meetings. From these meetings, we reached a consensus on some clarifications and revisions in the presentation of data which were incorporated in the report.

We note the continuous improvements in the Procurement functional area especially in two aspects: piloting of the credit card and Just-In-Time purchasing programs simultaneous with the Laboratory's implementation of dispersed low-value buying as well as the Oracle Procurement System. Procurement has also performed very well in addressing issues from prior performance reviews.

In our opinion, the Procurement Self-Assessment Report for FY 1995 addressed properly, completely, and accurately the performance objectives, criteria, and measures as specified in Contract 98. We concur with Procurement's performance results and conclusions as presented in their Self-Assessment Report. In our interactions with Procurement we found the staff to be well-prepared and precise in their responses both in written materials and in discussions. We appreciate the cooperation and assistance we received from the Procurement staff throughout the evaluation process.

Accuracy and Completeness:

The report's performance results and conclusions were deemed accurate and complete. Performance measures were addressed properly. The report presented information clearly in the narratives which were further illustrated through graphs and schedules. Comparison of performance results to their goals could easily be seen through the graphs.

Adequacy of Supporting Documentation:

Documentation used to support the performance measure results were deemed adequate and reliable. Performance results and conclusions reached were supported by data and documents presented to the evaluation team. The source data used were appropriate to the performance measures.

Recommendations (if any):

None.

Signatures:

Adel Flores (Team Leader)	September 1, 1995 Date
Linda Maio	September 1, 1995 Date

LBNL Appendix F Self-Assessment Independent Evaluation Report - FY 1995

Functional Area: Property Management

Evaluation Team (name, title, organizational affiliation):

1. Gerald Basel, Manager - Accounts Payable, CFO/Finance

2. Andre Bell, Business Coordinator, Earth Sciences Division

Overall Evaluation:

Each of the performance objectives in the FY 1995, Property Management, Self Assessment Report meet the criteria as outlined in the evaluation checklist. Each objective was presented in a clear, complete and accurate manner. Supporting documentation and graphs are included or referenced as needed. Conclusions and methods are logical and well documented. The format is very readable. It clearly identifies, by separate sections, the barriers to improvements and improvement actions.

Suggested changes by the University of California and the Department of Energy observers, during the two review sessions, have all been incorporated into this document.

Accuracy and Completeness:

As far as can be determined within the scope of this review, the data included in this report is accurate. Each measure is presented both at the summary objective level as well as at the specific criteria level making the document quite complete.

Adequacy of Supporting Documentation:

Assumptions were identified where appropriate. The supporting data and graphs are complete.

Recommendations (if any):

Active participation by the University of California and the Department of Energy observers in the review process was beneficial. Their feedback about the intent of each objective and their guidance on the best way to present the results strengthened the report. We recommend this format for future reviews.

Signatures:

8/31/95

Name (Team Leader) Date

8/31/95

Name Date