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(Volume 1)

Lawrence Berkeley Laboratory

Contract 98, Appendix F

Self-Assessment Report for Fiscal Year 1994

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

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Self-Assessment Report
for
Fiscal Year 1994

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Contract 98, Appendix F

Self-Assessment Report
for
Fiscal Year 1994

Approved by:	Laboratory Director	Date:	9/26/94
Approved by:	Laboratory Deputy Director (optional)	Date:	
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Table of Contents

I. MANAGEMENT OVERVIEW

II. FUNCTIONAL AREA SELF-ASSESSMENTS

Environment, Safety, & Health

PERFORMANCE OBJECTIVE #1 ..... ES&H-3

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-21

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-34

INTEGRATION AND ACCOUNTABILITY: The Laboratory line management is accountable for integration of ES&H programs in all operations.

PERFORMANCE OBJECTIVE #4 ..... ES&H-46

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

PERFORMANCE OBJECTIVE #5 ..... ES&H-51

PUBLIC PARTICIPATION: The Laboratories will establish an open and honest public participation program to earn public trust, develop credibility and assure public involvement in its decision making process through open communications and participation in state, national and international activities.

ENVIRONMENT, SAFETY, & HEALTH EVALUATION (follows tab)

Facilities Management

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

The Laboratory will effectively manage Real Property.

PERFORMANCE OBJECTIVE #2 ..... FAC-8

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

PERFORMANCE OBJECTIVE #3 ..... FAC-10

The Laboratory will complete construction projects within approved budgets and schedules.

PERFORMANCE OBJECTIVE #4 ..... FAC-20

The Laboratory will maintain capital assets to ensure reliable operations in a safe and cost-effective manner.

PERFORMANCE OBJECTIVE #5 ..... FAC-26

The Laboratory will maintain a reliable utility system and conserve energy.

PERFORMANCE OBJECTIVE #6 ..... FAC-31

The Laboratory will effectively manage capital assets (Real Property and Installed Equipment).

FACILITIES MANAGEMENT EVALUATION (follows tab)

Table of Contents

Financial Management

PERFORMANCE OBJECTIVE #1 ..... FIN-2
Meet DOE requirements for content, format, and timing in the submission of required budgets, financial data, and reports.

PERFORMANCE OBJECTIVE #2 ..... FIN-5
Provide effective management of DOE funds to ensure their appropriate use and to preclude use of funds beyond authorized levels.

PERFORMANCE OBJECTIVE #3 ..... FIN-18
Financial systems operate to provide accurate output on a timely basis.

PERFORMANCE OBJECTIVE #4 ..... FIN-31
Establish and operate efficient systems.

FINANCIAL MANAGEMENT EVALUATION (follows tab)

Human Resources

PERFORMANCE OBJECTIVE #1 ..... HR-2
The Laboratory will comply with affirmative action requirements.

PERFORMANCE OBJECTIVE #2 ..... HR-14
The Laboratory will develop and maintain work force excellence.

PERFORMANCE OBJECTIVE #3 ..... HR-24
The Laboratory will deliver HR systems in a cost effective manner following the principles and philosophy of the Preamble to Appendix A.

HUMAN RESOURCES EVALUATION (follows tab)

Procurement

PERFORMANCE OBJECTIVE #1 ..... Proc.-6
The Laboratory will have an effective program for managing Government-Furnished Property (GFP) and Subcontractor-Acquired Property (SAP).

PERFORMANCE OBJECTIVE #2 ..... Proc.-12
The Laboratory will have an effective advanced acquisition planning system in place.

PERFORMANCE OBJECTIVE #3 ..... Proc.-18
A documented review is made that includes CPSR Criteria.

PERFORMANCE OBJECTIVE #4 ..... Proc.-22
The Laboratory shall make good faith efforts in supporting and promoting socioeconomic subcontracting programs including establishing mutually acceptable annual goals.

PERFORMANCE OBJECTIVE #5 ..... Proc.-27
The Laboratory shall make good faith efforts in supporting and promoting competitive subcontracting including establishing a mutually acceptable annual goal.

PERFORMANCE OBJECTIVE #6 ..... Proc.-31
A comprehensive procurement-related training program that encompasses all Laboratory personnel with procurement-related duties is established and functioning effectively.

PERFORMANCE OBJECTIVE#7 ..... Proc.-40
The Laboratory shall provide for timely settlement and close-out of all subcontracts.

PERFORMANCE OBJECTIVE#8 ..... Proc.-46

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#9 ..... Proc.-50

The Laboratory will continue the quality management program, for assuring efficiency, effectiveness and compliance of its purchasing policies, procedures, practices, execution and administration of subcontracts, that was established under Performance Objective #4 in the FY 1993 Appendix F.

PROCUREMENT EVALUATION (follows tab)

Property Management

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

The Laboratory will achieve accountability for government property.

PERFORMANCE OBJECTIVE #2 ..... Prop.-13

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).

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.-23

The Laboratory will have an effective Property Management training program for Laboratory Personnel.

PERFORMANCE OBJECTIVE #6 ..... Prop.-27

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

PROPERTY MANAGEMENT EVALUATION (follows tab)

III. APPENDICES

Appendix 1: Areas for Improvement Tables

Appendix 2: Performance Measure Assumptions for FY94

PART I

MANAGEMENT OVERVIEW

Summary of Accomplishments and Deficiencies

INTRODUCTION

The FY 1994 self-assessment indicates the Lawrence Berkeley Laboratory, overall, has improved its performance since FY 1993. The long-term commitment of more resources to ES&H activities has resulted in continued improvement. The Laboratory has committed to major system improvements in the Procurement and Human Resources areas, where we received low ratings from the Department of Energy (DOE) in FY 1994. The Laboratory has also committed to process improvements in key administrative areas. Further, Laboratory management has provided leadership in quality initiatives and has provided training on quality to managers and supervisors. These actions collectively have created an environment that fostered performance improvements in FY 1994 and laid the groundwork for performance improvements in the future.

PROCESS

Under the direction of the responsible functional managers, this self-assessment was conducted by the managers responsible for the specific areas assessed. The evaluation of each functional self-assessment was conducted by independent evaluation teams. Each evaluation team contained members familiar with the area under assessment and other members knowledgeable in audit or assessment methodology. Evaluations were carried out using the checklist reproduced at the end of this Management Overview. UC Laboratory Administration Office observers participated in all of the assessments. DOE observers participated in some assessments.

Laboratory senior management participated in this process. Responsible Associate Laboratory Directors were briefed at the conclusion of the initial self-assessment and at the conclusion of the evaluation. The Laboratory Director was briefed at the conclusion of the assessment process.

ACCOMPLISHMENTS

Individual activities in support of specific Performance Measures are described in detail in later sections of this report. To the extent we have been more successful in the FY 1994 assessment, it is appropriate to discuss some of the fundamental causes of this success. This summary will therefore address broader institutional activities that have affected performance. These institutional activities can be categorized as corrective actions, major systems enhancements, institutional support, and senior management involvement. Each of these areas is discussed below.

Corrective Actions

At the conclusion of the FY 1993 self-assessment the Laboratory committed to a corrective action program. Individual corrective actions were identified based upon identified weaknesses. Corrective action plans that included milestones were entered into the Laboratory corrective action tracking system. Responsible functional managers reported progress against milestones. As a result, of 33 identified corrective actions, 18 have been completed and the remainder are progressing on schedule. An institutional finding in the FY 1993

Summary of Accomplishments and Deficiencies (Continued)

self-assessment was that the Laboratory had not made full use of the advances in automation. Development of these systems, described below, as well as development of other systems—such as the Laboratory electronic time system and the automation of the account authorization system—do, however, clearly demonstrate LBL's progress in addressing automation issues. The 1993 self-assessment had another institutional finding—that the Laboratory had been slow to respond to a changing environment. The continuing emphasis on ES&H evidenced by the results of the 1994 Performance Measures is evidence of responsiveness to change in that area. Further, the training activities, process improvement activities, and efforts to improve our relationship with DOE—all discussed below under Institutional Support—are further evidence of LBL efforts to introduce desirable change.

Major Systems Enhancements

Two areas for improvement—Procurement and Human Resources—were identified in the FY 1993 self-assessment. The Laboratory committed resources to a major new automated procurement system that became operational this year. The availability of this system will clearly enhance our ability to deal with Procurement Performance Measures. It will also enhance our ability to deal with Performance Measures in both Property Management and Financial Management.

In addition to the procurement system, the Laboratory has committed resources to a Human Resources/payroll system, which will become operational next year. This system will enhance our ability to deal with Human Resources Performance Measures as well as Performance Measures in Financial Management.

While major systems improvement will directly contribute to meeting Appendix F Performance Measures, these improvements will also contribute to enhanced performance in other areas. For example, the procurement system is expected to reduce purchasing cycle time.

It is important to note that it is not always possible to directly correlate major systems' deployment with specific Performance Measures. Major systems often require several years to progress from inception to full operation. Performance Measures, on the other hand, are negotiated and measured on an annual basis.

Institutional Support

A fundamental prerequisite to success with Performance Measures is the creation of an institutional environment that facilitates and fosters continuous improvement. Development of such an environment often requires cultural change. To this end, the Laboratory has communicated a vision and a mission for the Laboratory that calls for high levels of performance throughout the institution. The Laboratory has also taken the initiative in efforts to reestablish trust with DOE and to join with DOE in solving common problems. The Laboratory has also instituted a comprehensive training program for managers and supervisors that includes specific quality training. Further, the Laboratory has instituted other quality measures, notably the use of institutionally sponsored process improvement teams. These institutionally supported activities have created an environment where Performance Measures are

Summary of Accomplishments and Deficiencies (Continued)

understood and accepted, where continuous improvement is fostered, and where the keeping of contractual commitments is expected.

The effectiveness of this improving institutional environment is evidenced by the improvement in cross-cutting Performance Measures. A number of Performance Measures reaching across all functional areas require the active participation and support of individuals throughout the Laboratory. Improved overall performance in virtually all of these areas is clear evidence of an institutional commitment to the Performance Measures.

Senior Management Involvement

A final basic success factor for FY 1994 is the high level of senior management support for quality activities at LBL. Tangible evidence of this support is the large display of Performance Measure graphs in the LBL Director's Office. Senior management has also allocated resources essential to the meeting of Performance Measures. Examples of this are the long-term commitment of additional resources to ES&H activities and the commitment of resources necessary to implement the Procurement and Human Resource systems discussed above. Further, the Director and senior managers have publicly and repeatedly expressed a commitment to quality and continuous improvement and have specifically expressed commitment to these Performance Measures.

Finally, the Director and senior managers have been personally involved in the formation of corrective actions in areas of noted deficiencies in last year's self-assessment.

DEFICIENCIES

A very large portion of the FY 1994 Performance Objectives were met. In those areas where LBL needs improvement, the failure was largely at the margin rather than a fundamental failure. Among the institutional deficiencies is LBL's lack of systems, particularly automated systems. We are making progress in systematically replacing large systems. There is, however, a significant need to develop or improve a number of smaller systems. The lack of systems is in large measure the cause of failure to meet some Human Resources Performance Measures. Another deficiency is the need for improved communications, particularly between administrative organizations and the rest of the Laboratory community. Organizations that are responsible for cross-cutting Performance Measures must communicate effectively with others who affect performance. Progress is evident in this area but work remains to be done. A final institutional deficiency is the lack of a comprehensive integrated training program. Although there has been a dramatic increase in training activity at LBL, there remains a need to develop an integrated program to focus training activities upon the needs of the institution.

Barriers to Improvement

There are some fundamental barriers to uniform excellence. The first and most significant continues to be resource limitations. Given the desire and unlimited resources, it might be possible to achieve uniform excellence in a relatively short time. For the Laboratory to succeed as an institution, it must deal with a number of competing priorities. Performance Measures are only one priority. Even though the Laboratory is committed to achieving excellence in the

Barriers to Improvement (Continued)

Performance Measures, its progress is slowed by financial considerations that have resulted from flat operating budgets and the cost of increased regulatory requirements in many areas of operations.

Another barrier to improvement is the ponderous process of changing the culture of the Laboratory. Excellence requires more than management direction or even a consensus. It requires the dedication of the Laboratory community at all levels. This dedication is growing but has not yet become totally imbedded in the Laboratory culture.

An additional barrier to improvement is the nature of some of the Performance Measures. Measures that offer only grades of "Meets" or "Needs Improvement" provide little incentive for excellence. Further, the Measures have been designed to apply to all laboratories and are a result of a five-party negotiation. In may be time to recognize that the three laboratories are different in some ways and that some differentiation in Performance Measures may enhance performance.

Another apparent barrier to improvement is the short-term focus of the Measures. New Measures are negotiated each year and we are only in our second year of experience. Long-term success requires process change and systems improvement. Both of these activities require time to effect, even when resources are available. Thus, many improvement actions must extend beyond the year-to-year focus of the Performance Measures.

Areas for Improvement

Improvements are necessary in Financial Management, Human Resources, and Property Management. The improvement actions, including key milestones and dates as a whole for these functional areas, appear in Appendix 1. Details are provided at the Performance Objective level.

CHECKLIST FOR EVALUATING CONTRACT 98 PERFORMANCE MEASURES
Self-Assessment for Fiscal Year 1994

Functional Area: _____ Performance Measure No.: _____

Evaluator(s): _____
NAME TITLE ORGANIZATIONAL AFFILIATION

_____
NAME TITLE ORGANIZATIONAL AFFILIATION

Evaluation Checklist	Yes	No	Comments
1A. Is the Performance Measure addressed properly, completely, and accurately?			
1B. Are the source data appropriate to the Performance Measure?			
1C. If baselining is required by the Performance Measure, is the method used for baselining described/documented? (and appropriate? —group discussion)			
2A. Are barriers to improvement (if any) identified? Has root cause analysis been performed?			
2B. If improvements are needed, have the corrective actions been specified?			

Management Overview

Evaluation Checklist (Continued)	Yes	No	Comments
2C. Are corrective actions appropriate?			
3A. Is the self-assessment methodology consistent with other functional areas?			(N/A. Collect data or methods used for group discussion)
3B. Are results reported in accordance with the UCLAO format instructions?			
4A. Is the supporting documentation available?			
4B. Are the conclusions reached supported by the data and documents presented?			
5A. Are any assumptions used in development of results documented? [re: Appendix 2 to the Self-Assessment report which includes "Assumption Agreement"]			
5B. Are all assumptions used consistent with agreements reached by UC/DOE/LBL?			

Overall Evaluation: _____

_____

_____

_____

Recommendations: _____

_____

_____

_____

SUPPORTING DOCUMENTATION OF EVALUATION PROCESS

Interviews:

NAME	TITLE	ORGANIZATION	DATE

Documents Reviewed:

TITLE OF DOCUMENT	LOCATION	DATE

Evaluation Sampling Method (if any):

_____

_____

Evaluator Signatures:

_____
NAME DATE

_____
NAME DATE

PART II

FUNCTIONAL AREA SELF-ASSESSMENTS

Self-Assessment Report for Fiscal Year 1994

Environment, Safety, & Health

Lawrence Berkeley Laboratory

Performance Characterization

The Laboratory fully meets the objectives and criteria related to ES&H. Specific Performance Measures have presented some difficulty in our obtaining the data required to fully evaluate effectiveness and/or to prepare plans to effect improvements in the parameter(s) of interest. In all of these instances, the barriers to improvement have been artifacts of the Performance Measures. Self-Assessment indicates that a numerical score of 96.5 out of the available 100 would be appropriate, which gives an adjectival rating of "**far exceeds expectations**" when points are awarded based on results achieved with respect to the Performance Measures. However, using UCOP rating guidelines and rounding the percentages appropriately a numerical score of 86.5 is appropriate, as several of the Performance Measures are written such that performance can only meet expectations. This translates to an adjectival rating of "**exceeds expectations.**"

SPECIFIC PERFORMANCE MEASURE RESULTS OR BARRIERS TO IMPROVEMENT

Performance Measure 1.1.c, Accident Prevention

When analyzing data of such a small sample size, minor changes in figures contribute significantly to showing a negative or positive shift. These facts point out the difficulty in dealing statistically with a small diverse universe of events. This is an artifact of the Performance Measure in that it requires reporting and analyzing data using methodology that is appropriate for large organizations with high-risk operations, but not for organizations the size of LBL and with correlating low-risk operations.

Performance Measure 1.1.d, Waste Minimization

The Performance Measure requires that, "In addition, the Laboratory will decrease the aggregate weight of all waste generated site-wide by 10% in FY 1994." The aggregate comparison is not exact for LBL since only commingled data from 1993 are available from which to make a comparison. This is an artifact of the Performance Measure in that the provision quoted above neglects to consider that LBL and UC Berkeley commingle solid waste as a cost-saving measure.

Performance Measure 3.3.a, Accountability

LBL uses many means to document roles and responsibilities. Implementation and Self-Assessment results indicate that LBL's performance in this area meets expectations with respect to the Performance Measure and that improvement is ongoing.

Performance Measure 4.1.a, Risk Assessments

The Performance Measure requires a schedule to be agreed to by DOE. Although LBL made required submittals on schedule, DOE responded with nine days left in the performance period. This lack of performance is an artifact of the Performance Measure because LBL has no influence on DOE actions.

Performance Characterization (Continued)

Performance Measure 4.2.a, Operating Parameters

The Performance Measure is not applicable to LBL. (It was written to be applicable to LLNL and LANL.)

PLANNED IMPROVEMENT ACTIONS

No additional improvement actions are warranted as a result of this Self-Assessment.

Performance Objective #1

The Laboratory will conduct operations in a safe manner that protects human health, the environment, and the public and prevents adverse impacts thereon. ***(Weight = 35%)***

Summary

The Laboratory fully meets the objective and criteria. That is, the Laboratory fully protects the workers and the public, and prevents environmental releases. Specific Performance Measures have presented some difficulty in our obtaining the data required to fully evaluate effectiveness and/or to prepare plans to effect improvements in the parameter(s) of interest. Self-Assessment indicates that a numerical score of 31 out of the available 35 would be appropriate when using the UCOP rating guide. However, when point award is based on results achieved, then it would be appropriate to award 34 points out of the available 35.

Barriers to Improvement

PERFORMANCE MEASURE 1.1.c, ACCIDENT PREVENTION

When analyzing data of such a small sample size, minor changes in figures contribute significantly to showing a negative or positive shift. These facts point out the difficulty in dealing statistically with a small diverse universe of events. This is an artifact of the Performance Measure in that it requires reporting and analyzing data using methodology that is appropriate for large organizations with high-risk operations, but not for organizations the size of LBL and the correlating low-risk operations.

PERFORMANCE MEASURE 1.1.d, WASTE MINIMIZATION

The Performance Measure requires, "[i]n addition, the Laboratory will decrease the aggregate weight of all waste generated site-wide by 10% in FY 1994." The aggregate comparison is not exact for LBL because only commingled data from 1993 are available from which to make a comparison. This is an artifact of the Performance Measure in that the provision quoted above neglects to consider that LBL and UC Berkeley commingle solid waste as a cost-saving measure.

PLANNED IMPROVEMENT ACTIONS

No improvement actions are warranted at this time.

Objective #1
Criterion 1.1

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 = 35%)***

Objective #1
Criterion 1.1
Performance
Measure 1.1.a

RADIATION PROTECTION: Public and occupational radiation doses from DOE operations will be measured or calculated to assure that applicable Federal limits are not exceeded. The collective occupational radiation dose[a] will not exceed 95% of the 5 -year running average of the collective occupational dose for LBL and LLNL. The collective occupational radiation dose[a] will not exceed 85% of the 2 -year running average of the collective occupational dose for LANL. Any actual or anticipated significant[b] change in workloads will be brought to the attention of the UC as soon as possible and an appropriate change is to be made in this goal. The Lab in cooperation with the UC and DOE will establish a de minimis value for collective dose.

[a] *The sum of the whole-body doses equivalent from external sources and the committed effective doses equivalent from internal sources received from DOE-related activities during the year.*

[b] *For purposes of this goal, significant should be interpreted to be a change of 10% (or more) in workload that would affect radiation dose or toxic exposures.*

Performance
Measure Result

The five-year average collective personnel exposure (1989 through 1993) at LBL was 101 mSv (1 millisievert equals 0.1 rem). The resulting Appendix F Performance Measure for January to June 1994 is 95% of this five-year average, times 0.5. The six-month Performance Measure value is 48 mSv. The following graph (see Supporting Data section, below) summarizes the January–June Appendix F Performance Measure, ALARA (As Low As Reasonably Achievable) goal for monthly and cumulative personnel exposures.

LBL ALARA Committees have established an internal goal equivalent to 40 mSv for reducing collective exposure during this time period. This goal was set by starting with an established annual base level (*de minimis*) of 60 mSv, and adjusting for anticipated changes in work scope (+ 20 mSv) for 1994. Activities at Buildings 6, 55, and 88 were the main components of this adjustment. Pro-active work by the ALARA Committees has allowed timely evaluation of this increase in work scope, and communications with the University of California to ensure that the bases for this Performance Measure accurately reflect work in progress at the Laboratory. The ALARA Committees have documented internal bases for this 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.

Public dose is calculated and reported in the Annual Site Environmental Report and is below Federal Limits. Public dose attributable to penetrating radiation from accelerator activities is calculated to be 0.030 mSv for 1993 (as compared

Performance Measure Result (Continued)

to the DOE limit of 1 mSv). Public dose attributable to airborne dispersible radionuclides is calculated to be 0.001 mSv for 1993 (as compared to the DOE and EPA limit of 0.1 mSv).

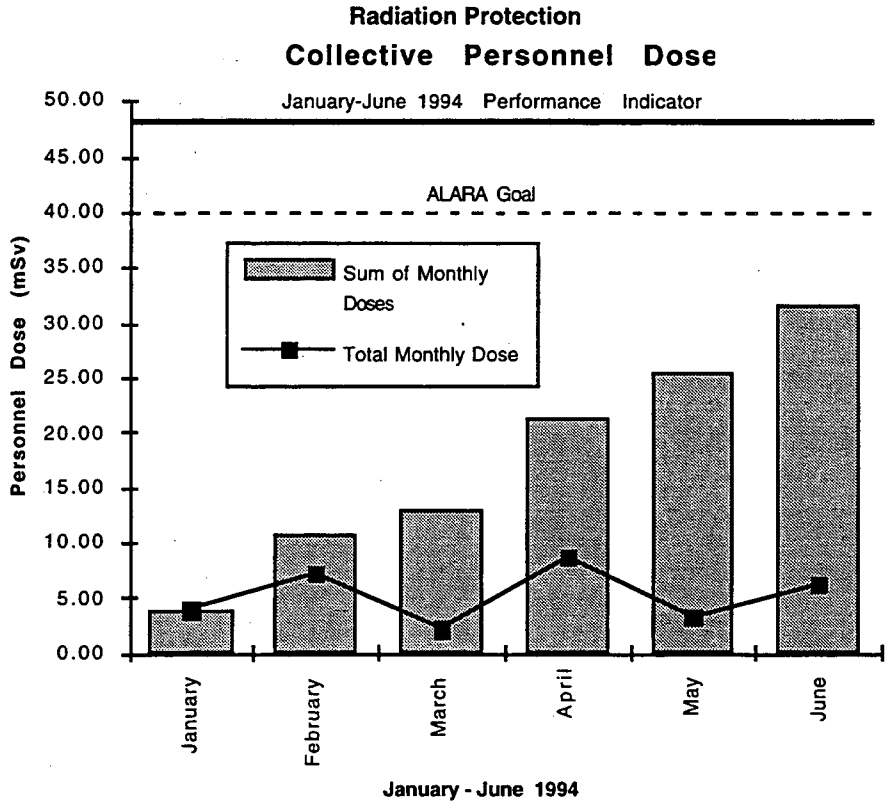
Successes/ Shortfalls

It is evident that LBL's ALARA results significantly exceed the standards of performance ("far exceed expectations"). The average occupational exposure for a radiation worker at LBL has consistently averaged less than 1% of the Federal Limit (50 mSv). The highest individual dose received in 1993 was approximately 10% of this limit. Even though these exposures are very low, LBL is committed to a pro-active management strategy, or ALARA Program, to help ensure that all reasonable efforts are taken to minimize the amount of occupational radiation exposure received at LBL.

The dose that a maximally exposed hypothetical neighbor could receive from our operations is about 3% of the allowable Federal Limit. We make very conservative assumptions in this calculation, and the results indicate about the same additional dose is acquired from one year of living next to LBL as is acquired from three days of natural background radiation.

Using a point-award system that awards points commensurate with results achieved, it would be appropriate to award 5 points out of the available 5. Using the UCOP rating guide, it would also be appropriate to award points in the Far Exceeds Expectations (5 of the 5) category, as LBL's internal ALARA goal is 17% less than the Performance Measure goal, and the actual performance during the period is 20% better than the ALARA goal.

Supporting Data



Performance Measure 1.1.a

Data Source: LBL Dosimetry Records.

Objective #1
Criterion 1.1
Performance Measure 1.1.b

EXPOSURE PREVENTION: The number of ORP reportable occurrences of radiation and toxic chemical exposure will be tracked.
A decreasing trend is expected.

Performance Measure Result

AGREEMENTS

Toxic chemical exposure is defined as airborne concentrations of hazardous chemicals exceeding OSHA PELs and/or ACGIH TLVs to which personnel are exposed for periods of time that would constitute an actual risk (i.e., use of Time Weighted Averages). Information on number of samples collected should be included in the FY94 report. Reportable occurrences of radiation exposure include both internal and external personnel radiation exposures that exceed the threshold levels established by the LBL ORP. The number of reportable ORPS occurrences of radiation and toxic chemical exposures will be based on the rating year. LBL/DOE team J. Rosen/A. Sy.

RESULTS/COMMENTS

No Occurrence Reports (since January 1992) remotely fit this category. Additionally, there have been no Occurrence Reports in this category for the period of October 1993 to the present. This exemplary performance is a result of having a low-risk site as well as implementing management programs (reflective of LBL's low risk), both of which serve to mitigate what risks there are.

The IH (Industrial Hygiene) Group performs site-wide evaluations of the various IH risks and promulgates 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 LBL operations).

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) 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 LBL operations).

Successes/ Shortfalls

There are no occurrences to report (since January 1992) that significantly exceed the standard of performance. There are management programs to address the risks involved, and additional checks (see Performance Measure 3.1.a, Integration) provide feedback for improvement. It would be appropriate to award 5 points out of the available 5, using UCOP rating guidelines as well as basing the point award on performance achieved.

Supporting Data

With respect to measurements for toxic exposures for the period October 1, 1993 through June 30, 1994:

- Evaluations of potential exposure to hazardous agents (initial determinations) = 310.
- Measurements/sampling related to exposure evaluation = 170.

Data Source: Industrial Hygiene Records.

With respect to measurements for radiation exposures, October 1, 1993 through present: LBL routinely monitors about 2,000 employees for external radiation exposure, 200 personnel for internal exposure, and 31 areas for possible airborne radioactive contamination.

Data Source: Radiation Assessment Records.

Objective #1
Criterion 1.1
Performance Measure 1.1.c

ACCIDENT PREVENTION. Severity, frequency and lost work time of accidents over the past 3 years will be analyzed to identify the top 3 personnel accident types in each area. The number of Bureau of Labor Statistics reportable occurrence of these accidents will be tracked. A downward trend is expected.

Performance Measure Result

LBL's Occupational Safety Group reviewed the 1991–1993 data related to Bureau of Labor and Statistics (BLS) occurrences of injuries to LBL personnel. The LBL/DOE subteam (M. Kotowski/A. Sy) agreed that RMI, Strains/Sprains, and Lacerations/Punctures are the target accident types.

During the Performance Measurement period, LBL 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 & 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.

The Injury and Illness Coordinator of the Occupational Safety Group accesses the SAAR database daily to search for new cases. Once a new case has been identified, a copy of the SAAR is forwarded to the affected employee's supervisor for investigation of the injury or illness. Upon completion of this investigation, the supervisor returns the SAAR to Occupational Safety, and the database is updated to the reflect root causes(s) of the accident, corrective action, and lost time, if any.

With the SAAR database now containing a comprehensive record of an injury, the Injury and Illness Coordinator can perform trending and analysis electronically. This capability not only helps to minimize the possibility for human error when performing manual calculations, but also allows the calculations to be done in a fraction of the time.

Safety Engineers have recently been given limited access (read-only) to the database, allowing them to perform more detailed analysis of their respective division responsibilities. Specific employee groups, buildings, or activities can be focused on, which may yield overall improvement.

During the Performance Measurement period, LBL developed statistical databases that allowed better analysis capability. This improved analysis capability may help reduce the frequency and severity rate of each of the accident types. The data, as presented below, show some decrease in the severity rate of strains/sprains in the first half of 1994 , as compared to the overall 1993 severity rate. The data also show a slight increase in severity rate for RMI and Lacerations/Punctures. The frequency rate for all three categories shows improvement.

Performance Measure Result (Continued)

ANALYSIS OF FIRST HALF OF 1994

An analysis of each accident category for the first half of 1994 revealed the following:

RMI

14 cases: Frequency Rate – 1.08
Lost Work Days – 58
Severity Rate – 4.48

Strain/Sprain

27 cases: Frequency Rate – 2.08
Lost Work Days – 234
Severity Rate – 18.10

Laceration/Puncture

3 cases: Frequency Rate – 0.23
Lost Work Days – 10
Severity Rate – 0.77

Note: 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.

COMPARISON TO 1994 TOTALS

Calculating the current figures over the entire year, we can project having lower frequency rates in all three categories. The severity of cases calculated over the same period will reflect a lower severity rate in all categories except Lacerations/Punctures. The increase in this category would represent three additional Lost Work Days.

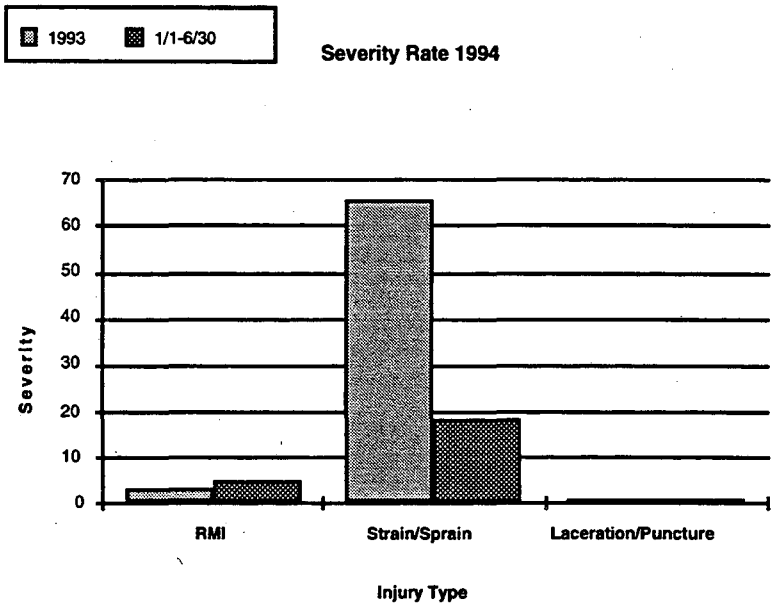
IDENTIFICATION OF BARRIER TO IMPROVEMENT

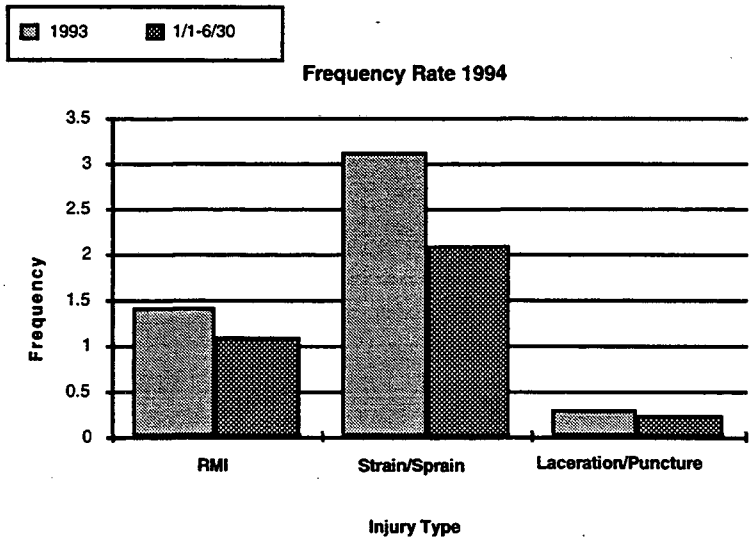
With respect to this Performance Measure, when analyzing data of such a small sample size, minor changes in figures contribute significantly to showing a negative or positive shift. These facts point out the difficulty in dealing statistically with a small diverse universe of events. It is recommended that this Performance Measure be revised so that emphasis can be placed in areas that are amenable to management actions.

Successes/ Shortfalls

LBL has met the intent of the Performance Measure in most respects (i.e., reducing the frequency or severity of accidents). In addition, LBL has met the first two requirements of the Performance Measure and is working on improvement. Consequently, a rating level of "exceeds expectations" is appropriate using UCOP rating guidelines as well as the point award on the results achieved. This would translate to an award of 4 points out of the available 5.

Supporting Data





Performance Measure 1.1.c

Data Source: Occupational Safety Records.

Objective #1
Criterion 1.1
Performance Measure 1.1.d

WASTE MINIMIZATION: Jointly, DOE and the Laboratory will select 3 of 5 process waste streams that were the highest generators of waste (hazardous, LLW, TRU or mixed) for 1993. The Laboratory will reduce the rate of production of these wastes by an average of 5% per year. In addition, the Laboratory will decrease the aggregate weight of all waste generated site-wide by 10% in FY1994. Any actual or anticipated significant[a] change in workloads will be brought to the attention of the UC as soon as possible and an appropriate change is to be made in this goal.

a For purposes of this goal, significant should be interpreted to be a change of 10% (or more) in workload which would affect waste generation rates.

Performance Measure Result

LBL has implemented a waste-minimization and pollution-prevention program since the fall of 1991. Within this overall program, specific programs provide for reduction in the generation of solid, hazardous, radioactive, and mixed waste streams through reduced generation at the source, process change, employee awareness, administrative controls, and increased recycling. The programs have been successful. In 1992 the goal of a 5% increase in the recycling of solid waste was achieved (and exceeded in some months). LBL was recognized by DOE-HQ for these efforts through an award in 1993 for Solid Waste Recycling and Affirmative Procurement.

A variety of programs and trainings have been initiated to promote waste reduction Lab-wide. A key element is the LBL Chemical Exchange Database. Through this database, surplus chemicals can be made available for free to all interested parties. This exchange commitment reduces not only the materials being sent for disposal, but also the procurement costs. Successful interface with LLNL for exchanges between sites has enhanced the versatility of the waste-reduction programs.

Recycling contracts continue to be established for a variety of waste streams. A Process Waste Assessment Training was held at LBL on "How to Perform a PWA." Employee Awareness Campaigns are a yearly event at LBL. The theme for FY94 is Pollution Prevention, with numerous activities occurring throughout the year.

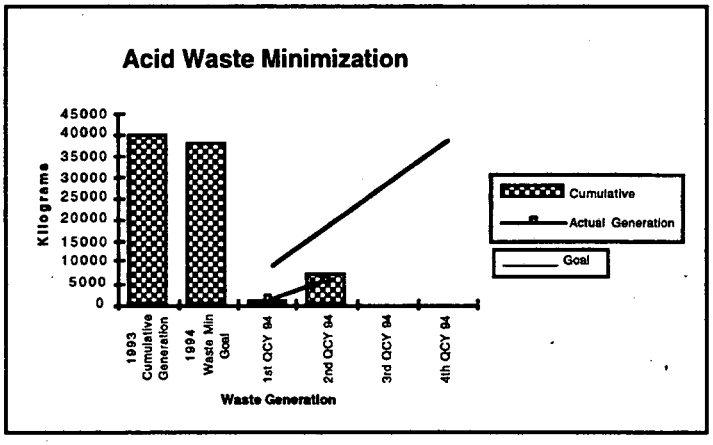
After the institution of this Performance Measure in 1993, LBL focused its efforts on acquiring and analyzing the data needed to provide evidence of LBL's successes in waste minimization, pollution prevention, and recycling. The data acquired are given on the Acid Waste Minimization graph below, showing that LBL has achieved the minimization goals in all three waste categories.

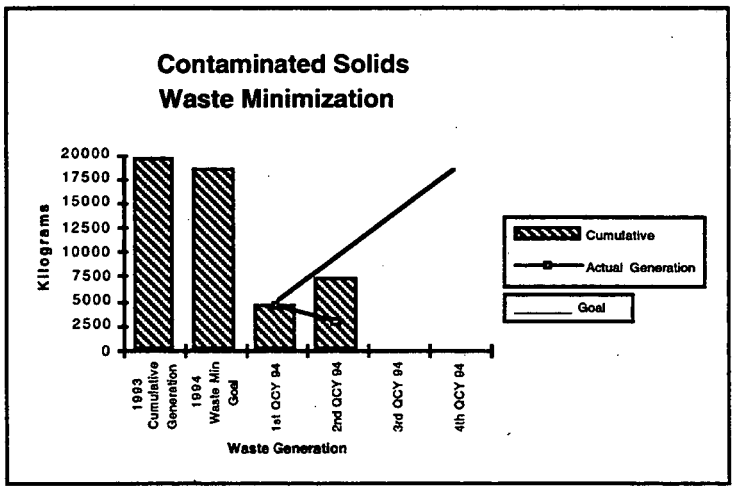
Relative to aggregate waste stream reduction, we have provided estimated data because all nonhazardous solid waste that was generated was commingled with similar waste from UC campus in 1993. As a result of this Performance Measure, LBL renegotiated contracts with the waste collection agency to provide means for creating a baseline.

Successes/ Shortfalls

The process waste stream reductions so far achieved have significantly exceeded the standard of performance outlined in the Performance Measure ("far exceeds expectations"). Although the aggregate waste reductions identified are estimates only, these estimates delineate performance that far exceeds expectations. (LBL took a pro-active step in renegotiating the contract with the waste collection agency and the results indicate that an improvement greater than 10 percent was achieved.) Consequently, using a point-award system based on results achieved as well as UCOP rating guidelines, an overall assessment of "far exceeds expectations" is appropriate, which translates into an award of 5 points out of the available 5.

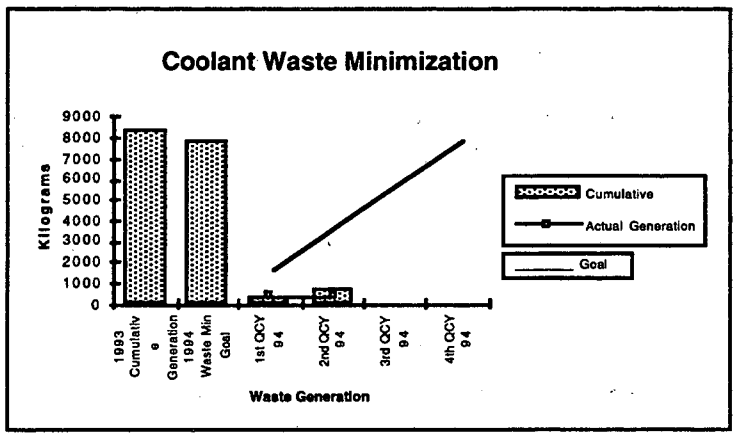
Supporting Data

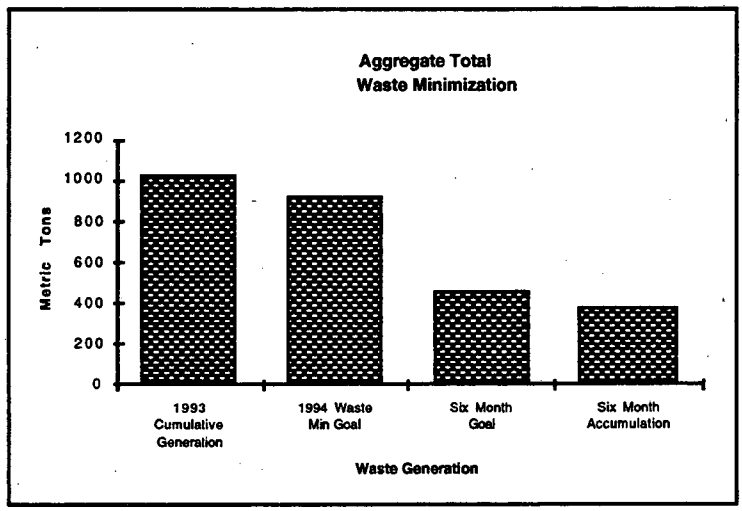




Performance Measure 1.1.d

Supporting Data (Continued)





Performance Measure 1.1.d

Data Source: Waste Management Records.

Objective #1
Criterion 1.1
Performance Measure 1.1.e

LESSONS LEARNED: By July 1, 1994, the Laboratory will establish and implement a Lessons Learned Program that includes at a minimum:

1.1.e.1 *Identification of relevant information sources internal (self-assessments, reportable occurrences, appraisals) and external (DOE-ES/ONS/DP, DOE/UC Laboratories, or other similar organizations) to the Lab.*

1.1.e.2 *Timely communication of Lessons Learned (including near misses) throughout the appropriate elements of the Lab and to DOE.*

1.1.e.3 *Follow-up to ensure utilization of applicable Lessons Learned which require action.*

Performance Measure Result

AGREEMENTS

This measure will be treated as either a "meets expectation" or "needs improvement" evaluation, based on whether or not a program with the required elements has been implemented by July 1, 1994.

RESULTS/COMMENTS

Occupational Safety completed the revision to the Lessons Learned Program (effective date July 1, 1994). The Lessons Learned Program was revised for the new PUB-3000, Health & Safety Manual. The revised Chapter, *Lessons Learned,* describes the scope and purpose of the Lessons Learned Program and the three different types of lessons learned deliverables available at LBL, and delineates the lessons learned procedures for the LBL community to follow.

The Lessons Learned Program uses various materials and events as sources from which to draw timely and appropriate lessons. The sources include Occurrence Reporting, Safety Performance Measurement System input, LBL Self-Assessment, input from LBL staff, reports of near misses, Fire Department notification reports, professional materials, and those materials provided through DOE Facilities and Headquarters.

By utilizing three types of deliverables at LBL, the timeliness of a lesson is ensured. The most serious type of deliverable is the Safety Alert, which requires trackable corrective actions, target dates for completion, and follow-up. This type of lesson can be completed and distributed within several days of the event. Another of the deliverables is the Safety News Bulletin, which is an informational announcement, issued on a need-only basis, that addresses a single subject. The third deliverable is the Quarterly Lessons Learned Report, which covers a variety of safety-related subjects that are of interest to the general Lab population.

Lessons Learned deliverables are distributed to Division Directors, Deputy Division Directors, Safety Committee Chairs, Building Managers, Group Leaders, Principal Investigators, and Program Managers. Current distribution covers approximately 600 staff per quarter.

Performance Measure Result (Continued)	EH&S works closely with the Office of Assessment and Assurance and all DOE program offices to generate appropriate lessons learned material for the LBL community.
Successes/ Shortfalls	Our previously implemented Lessons Learned program received praise during the Comprehensive Review by DOE (August 1993). Consequently, our current program (since it represents an enhancement) should be considered as "far exceeding expectations." Based on an award of points commensurate with performance, an award of 5 out of 5 is appropriate. Using UCOP rating guidelines, as this is a "meets expectations" measure, the maximum award is 4 points of the available 5.
Supporting Data	Not applicable.

Objective #1
Criterion 1.1
Performance Measure 1.1.f

MEDICAL AND INDUSTRIAL HYGIENE INTERFACE: The medical staff will have an interactive relationship with the industrial hygiene department and actively participate in workplace hazard assessments as demonstrated by the quality of workplace interactions such as individual or group workplace assessments, review of industrial hygiene monitoring results, involvement in respiratory protection, hearing protection, training, engineering and administrative controls

Performance Measure Result

AGREEMENTS

Also a "meets expectations" or "needs improvement" type of evaluation. The response should describe what is in place, and the Laboratories will share this information.

RESULTS/COMMENTS

At Lawrence Berkeley Laboratory, the Industrial Hygiene (IH) and Health Services (HS) staff have a team approach to occupational health. This approach is promoted in several ways. The groups report to the same department head as a result of an internal reorganization, and interaction is encouraged in the group leaders' meetings, which are held twice a month, and staff calls, which are held on the unit-leader level on a monthly basis. The groups occupy the same building, and this encourages almost daily contact between staff at all levels. Staff from both groups participate in such committees as the Ergonomics Committee and the Disaster Preparedness Committee.

The Health Services Group is directly involved in several of the IH programs. Hearing tests and the annual training update for employees on the Hearing Conservation Program are done by the HS staff. The HS staff provides physical exams and medical clearance for those employees using respirators and/or SCBA. HS staff participate jointly with the IH staff in providing training for those employees exposed to lead, hydrofluoric acid, biohazards, and other potentially harmful agents. The implementation of some programs, such as the Ergonomics and Bloodborne Pathogens Programs, was a joint effort. The HS group was, and continues to be, responsible for the Hepatitis B Protection Program and the post-exposure follow-up as required in the Bloodborne Pathogen Program.

Successes/ Shortfalls

Grading on performance achieved would provide an award of 5 out of 5 points available. Using UCOP rating guidelines, however, since this is a "meets expectations" measure, an award of 4 points is the maximum allowable.

Supporting Data

The following table summarizes data (IH/Medical Interface Events) collected from **October 1, 1993, through July 27, 1994.**

Medical/IH Interface Type	Number of Interactions
Hearing Conservation/Hearing Protection	33
Respirator Fit/Physicals	91
BioSafety	73
Work-site Concern/Consultations	95
Site Visits	25
IH Monitoring Results Review	36

Data Source: Medical Services Records.

Objective #1
Criterion 1.1
Performance Measure 1.1.g [a]

TOXICS RELEASE INVENTORY: By January 1, 1994, the Laboratory will initiate a toxics release inventory (TRI) program that will provide the required data for the preparation of the 1994 TRI report.

a This Performance Measure involves substantial additional costs and will be analyzed to determine if an overall positive benefit is achieved relative to the incremental cost using cost/risk/benefit analyses.

Performance Measure Result

AGREEMENTS

The Toxic Release Inventory is as defined by EPA agreements. The executive order will be followed.

RESULTS/COMMENTS

Background

The 1994 Toxic Release Inventory (TRI) program report is based upon site-wide use information for chemicals listed under Section 313 of the Emergency Planning and Community Right-To-Know Act (EPCRA) during the TRI baseline reporting period of calendar year 1993. Regulations require that EPCRA 313 chemical use must be tracked on an individual chemical basis for comparison with annual threshold use reporting amounts (10,000 lbs. for the "otherwise use" category). This is required for TRI emissions reporting purposes by July of the following year. R&D activities at the Laboratory are considered exempt from such emission determinations.

Conclusion

The Laboratory was not required to prepare "Form R" TRI emissions reports by July 1, 1994. This is based on the tabulated results shown in the supporting data section below from a study completed in April 1994. The following discussion presents a chronology of the implementation of the TRI program that led to this conclusion.

A preliminary study conducted in August 1993 revealed that, based upon existing Laboratory inventory information, only two of the EPCRA 313 chemicals were **present** in excess of the threshold-use reporting amount for covered operations. The two materials identified were Freon 113 and 1,1,1-trichloroethane. Furthermore, the study found other candidate materials present at the Laboratory in aggregate quantities between 1,000 and 10,000 lbs. This preliminary data, however, did not attempt to capture data on chemical use.

In April 1994, a detailed study to assess the **use** of seven candidate materials previously identified by the August 1993 preliminary study for Calendar Year 1993 was completed by the Laboratory (B.M. Smith to J. Salazar, dated April 18, 1994). This study was later revised and slightly modified in June 1994, with no variations from the conclusions drawn from the earlier April study. Areas of

Performance Measure Result (Continued)

the Laboratory where significant use was confirmed and/or deemed likely were investigated on an individual basis by EH&S professionals. Levels of usage of select substances were assessed through personal interviews with knowledgeable operational staff, field investigations of appropriate sites, and acquisition and field data searches.

The results of this analysis for the seven major chemicals at Lawrence Berkeley Laboratory indicate that none were used in quantities that equal or exceed the Toxic Release Inventory (TRI) reporting threshold. The individual-use levels calculated for the seven hazardous chemicals are compared with the 10,000 lb. reporting threshold in the table below.

Successes/ Shortfalls

Verified data compiled by LBL-EH&S indicate that the Laboratory has no EPCRA 313 chemicals that were found to exceed the 10,000 lb. reporting-use threshold for Calendar Year 1993. The chemicals evaluated individually for use were Freon 113; CFC 11; CFC 12; 1,1,1-trichloroethane; sulfuric acid; acetone; and nitric acid.

A score of 5 out of the available 5 is appropriate when awarding points based on performance achieved. Using UCOP rating guidelines, however, this performance meets expectations, and, consequently, an award of 4 of 5 is appropriate.

Supporting Data

EPCRA 313 Chemical	LBL Calendar Year 1993 Usage (lbs.)
Freon 113	<200
CFC 11	2280
CFC 12	400
1,1,1-trichloroethane	3780
Sulfuric Acid	9397
Acetone	1043
Nitric Acid	1158

Data Source: TRI Program Records.

Performance Objective #2	*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	The Laboratory fully meets the objective and criteria. That is, the Laboratory has 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. Additionally, the Laboratory is responsive to regulatory agencies. Self-Assessment indicates that a numerical score of 20 out of the available 20 would be appropriate when grading is based on the results achieved. However, using the UCOP rating manual, a numerical score of 18 of the available 20 is more appropriate, as two of the Performance Measures are written such that performance can only meet expectations.
Barriers to Improvement	Not applicable.

Objective #2
Criterion 2.1

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 = 10%)***

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 by statutes or agency[a]. A downward trend is expected for each category from the 1993 base year.

[a] *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.*

Performance Measure Result

AGREEMENTS

A "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; LBL - OAA and LANL - LAO) (11/30/93 and 2/18/94). Best management practices are not to be considered as violations or findings (11/30/93). All uncontested violations and findings will be counted. Contested violations will not be reported under this measure (2/18/94). The term "validated" is applied after both sides agree that something is a violation or finding (11/30/93). Data will be normalized based on the number of inspections each Laboratory has by reporting number of inspections and number of uncontested violations and findings (11/30/93 and 2/18/94). The trending will be done on the number of violations and findings in a calendar year (11/30/93).

PROCESS DISCUSSION

As seen by the above agreements, not all audits or inspections are counted. Additionally, not all findings in each audit are counted. Exacerbating this condition, LBL's audit-tracking department and system is handicapped by two factors: (1) virtually none of the regulatory agencies (nor the DOE in most cases) send the audit/inspection reports to LBL through OA; and (2) since the LARC database was only initiated in 1993, the information therein cannot be considered complete or accurate. Recognizing these conditions, the LARC database was used as a guide and additional information was requested from each Group Leader in EH&S. Consequently, the LARC database will include additional audits or inspections to those counted here because the audit or inspection identified resulted in no formal report to the Laboratory. The

Performance Measure Result (Continued)

Environmental Lawyer was consulted concerning the "valid" test for environmental findings or violations.

RESULTS/COMMENTS

In 1993 there were 25 inspections and audits, with a total of 99 findings. The normalized number for comparison purposes is therefore 3.96. The results for 1994 indicate performance better than the baseline. That is, 22 inspections and audits, and 11 findings for a normalized number of 0.50, which is less than the comparable 1993 rate. This is taking into consideration assessments that LBL has had but for which final assessment reports have not been issued by DOE. That is, LBL does not have to "count" 10 of the findings because the final report has not yet been received. 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 17 inspections with no findings in the reporting period, as compared to 1993 results of 8 inspections with no findings. Bay Area Air Quality Management District (BAAQMD) provided 1 inspection in the 1994 reporting period with no findings, compared to the 1993 rate of 7 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 3 audits in the 1994 reporting period with 10 findings (3.33 findings/audit). DOE's comparable results in 1993 were 6 audits with 83 findings (13.83 findings/audit). It is apparent that LBL's compliance rating has improved overall, as well as within each category.

Successes/ Shortfalls

The performance outlined above significantly exceeds the standard of performance ("far exceeds expectations"). Consequently, using both the UCOP rating guide as well as performance achieved, a score of 4 out of the available 4 is appropriate.

Supporting Data

1993 HAZARDOUS WASTE INSPECTIONS

Three regulatory agency hazardous-waste inspections were performed in 1993.

The California Department of Toxic Substances Control's (DTSC) March inspection resulted in 13 findings. These results appear to fit the counting criteria. Within these 13 findings are 3 alleged violations for which DTSC did not assess penalties because the violations occurred before the FFCA.

The DTSC's November inspection of 3 FTUs resulted in no findings.

The City of Berkeley's Hazardous Waste Inspection resulted in no findings.

Supporting Data (Continued)

OTHER ENVIRONMENTAL INSPECTIONS

There were 7 BAAQMD inspections, which resulted in 1 finding.

The EPA participated in a DOE audit in March. There was 1 finding related to NESHAPS requirements.

There were 8 EBMUD inspections/audits (some in conjunction with the EPA), which resulted in no findings. These include 4 B17 FTU inspections and 4 Hearst and Strawberry Sanitary Sewer System inspections. One finding was issued to LBL in January 1993, but that finding was for a 1992 violation. Consequently, that finding is not counted in the basis.

DOE AUDITS

FY93 Comprehensive Safety and Health Appraisal conducted August 16–27, 1993 resulted in 46 findings. Of these 46 findings, 8 were findings of good practices and 4 were disputed effectively, leaving 34 findings as part of the basis.

DOE-Occupational Medicine audited Health Services January 25–28, 1993 and had 3 findings.

DOE-Environmental Functional Appraisal conducted April 19–23, 1993 resulted in 14 findings.

DOE-ERP review conducted June 7–9, 1993 resulted in 14 findings.

DOE-Rad Assessment conducted August 23–27, 1993 resulted in 6 findings.

DOE-DOELAP Accreditation Audit conducted September 9–10, 1993 resulted in 12 findings.

Supporting Data (Continued)

FY94 Results

Agency/ Inspection	Date	Findings/ Violations
EBMUD inspections (sampling)—6 different inspections during the period	See Left	No Findings/ Violations
BAAQMD inspected 15 permitted sources	January 1994	No Findings/ Violations
Department of Transportation	March 23, 1994	One violation
DOE EH—21/Radiological Controls	May 9–13, 1994	5 Findings—only draft report issued by June 30, 1994
DOE-Nuclear Materials Management, Safeguards and Security Audit	March 1994	2 Findings—only draft report issued by June 30, 1994
DOE-Plutonium Vulnerability Assessment	May 1994	3 Findings—only draft report issued by June 30, 1994
EBMUD —11 different inspections during the period	See Left	No Findings/ Violations

Objective #2
Criterion 2.1
Performance Measure 2.1.b

TRACKING AND TRENDING OF ENVIRONMENTAL RELEASES: The mean time between reportable occurrences of environmental releases exceeding regulatory or permitted levels imposed by local, State or Federal agencies will be determined and trended.[a] *An upward trend is expected.*

[a] *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.*

Performance Measure Result

AGREEMENTS

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

RESULTS

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.** LBL had no releases during the entire performance period. The current string without an environmental release is **56 weeks**.

Successes/ Shortfalls

It is evident that the performance significantly exceeds the standard of performance ("far exceeds expectations"). LBL has achieved performance such that any single release will be statistically meaningless (i.e., noise level).

Using both UCOP and performance-achieved methods for awarding points, a score of 3 out of the available 3 is appropriate.

Supporting Data

Not applicable.

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.

Performance Measure Result

AGREEMENTS

The Performance Measure allows for 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 rating year.

RESULTS/COMMENTS

Review of the Occurrence Reports from January 1992 identified nine occurrences that may have been classified as serious violations or imminent danger situations. All had corrections/mitigations completed within the allowed time interval. Specific reporting-period results: one occurrence since October 1, 1993, met the serious violation criteria and was corrected within the required time frame.

Successes/ Shortfalls

It is apparent that LBL significantly exceeds the Performance Measure requirements in that there have been few occasions that resulted in imminent danger situations or serious OSHA violations. When these did occur, the situations or violations were corrected or mitigated within the allowable timetable. LBL has consistently achieved this level of performance since 1992 (long before the existence of this Performance Measure).

Using both UCOP and performance-achieved methods for awarding points, a score of 3 out of the available 3 is appropriate.

Supporting Data

Not applicable.

Objective #2
Criterion 2.2

The Laboratory will be responsive to regulatory agencies.
(Weight = 10%)

Objective #2
Criterion 2.2
Performance Measure 2.2.a

REGULATORY COMMITMENTS: The rate of compliance with funded regulatory consent agreement milestones will be tracked and trended. A rate of 100% is expected. 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.

Performance Measure Result

AGREEMENTS

The time frame for trending will be determined by the rating year.

RESULTS/COMMENTS

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. LBL met this milestone on February 12, 1994.

Deadline	Due Date	Status
NESHAP FFCA Compliance Schedule—		
• Complete Monitoring Equipment Installation	11/10/94	On schedule
• Complete system start-up and test	1/2/95	On schedule
• Project completion and documentation	2/1/95	On schedule

Performance Measure Result (Continued)

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 LBL must meet are the following:

Deadline	Due Date	Status
Draft Site Treatment Plan (First Draft)	June 15, 1994	Submitted on schedule
Prepare Final Site Treatment Plan	Feb. 1995	On schedule

Successes/ Shortfalls

It is apparent, based on the above-documented performance, that LBL has met both the intent and letter of the Performance Measure requirements. There are no other candidate regulatory agreement milestones for consideration under this Performance Measure.

Using the performance-achieved method of awarding points, a score of 5 out of the available 5 is appropriate. Using the UCOP rating guidelines, however, the performance award should be 4 of the available 5, as the Performance Measure is crafted such that LBL can only meet expectations.

Supporting Data

Not applicable.

Objective #2
Criterion 2.2
Performance Measure 2.2.b

RESPONSE TO REGULATORY AGENCY REQUESTS: Responses to agreed upon regulatory agency requests will be on time or new due dates will be requested from the agency prior to the original due date.

Performance Measure Result

Request	Due Date	Status
NESHAPS—Bid and Award Equipment Procurement and Installation Contract.	3/4/94	Submitted on 10/15/93.
RCRA Part B Permit requires LBL to provide Quarterly Progress Reports to DTSC.	11/4/93	Submitted on time.
City of Berkeley letter, August 16, 1993, to Director Charles Shank, which transmitted concerns expressed by CEAC regarding the RFI Work Plan.	11/6/93	Submitted on time.
Site-wide Wastewater Discharge Permit—Submit semi-annual Groundwater Sampling Activities Report to EBMUD.	12/1/94	Submitted on time.
Response to DTSC comments on the RFI Work Plan.	12/15/93	Submitted on time.
UST Permit Applications—Update/Submittals.	1/1/94	Submitted on 12/23/93.
BAAQMD Boiler A/C Upgrade Application.	1/1/94	Submitted on time.
Photoprocessing Compliance Report to EBMUD.	1/15/94	Submitted on 1/12/94.
FFCA Quarterly Progress Report Due to EPA, Region IX.	1/15/94	Submitted on time.
Response to City of Berkeley (COB).	2/1/94	Submitted on time.
Annual Inventory of Federal Facility Hazardous Waste Activities for US EPA.	2/2/94	Completed on time. DOE/OAK is compiling and will submit to DTSC and US EPA/HQ.
Quarterly inventory of mixed waste stored >1 year to DTSC.	2/4/94	Submitted on time.

Performance Measure Result (Continued)

Request	Due Date	Status
Response to City of Berkeley Toxics Management Program comments on RCRA Facility Investigations (RFI) Work Plan.	2/7/94	Submitted on time.
RCRA Part B Permit requires LBL to provide Quarterly Progress Reports to DTSC.	2/9/94	Submitted on time.
Tritium Report to COB .	2/22/94	Submitted on time.
Response to COB letter of 2/1/94.	2/22/94	Submitted on time.
Tiered Permitting Fee Renewal (AB1772).	3/1/94	Submitted on time.
Storm Water Program Letter to COB—letter listing storm-drain remedial actions and their status.	3/24/94	Submitted on time.
US/EPA Biennial Report for Hazardous Waste.	3/31/94	Submitted on time.
Annual Fee Return forms to California Board of Equalization.	3/31/94	Submitted on time.
B25 Self-Monitoring Report submitted to EBMUD.	3/31/94	Submitted on time.
B77 Self-Monitoring Report submitted to EBMUD.	3/31/94	Submitted on time.
Hearst and Strawberry Sewer Self-Monitoring Report submitted to EBMUD.	3/31/94	Submitted on time.
Storm Water Corrective Action Program Status Report to COB.	3/31/94	Submitted on time.
Oil Spill Investigation Report submitted to COB.	3/31/94	Submitted on time.
B70 Underground Storage Tank Leak Monitoring Failure Report submitted to COB.	3/31/94	Submitted on time.
Engineer's certification of HWHF upgrades to DTSC.	4/1/94	Submitted on time.

Performance Measure Result (Continued)

Request	Due Date	Status
Sanitary Sewer Self-Monitoring Report to EBMUD.	4/1/94	Submitted on time.
Annual Air Emission Source Inventory to BAAQMD.	4/11/94	Submitted on time.
FFCA Quarterly Progress Report to US/EPA.	4/15/94	Submitted on time.
Toxic Release Inventory Report to COB.	4/15/94	Submitted on time.
Produce Logbooks, documentation for B2 USTs for review at inspection.	4/25/94	Submitted on time.
Report to COB on UST investigation of water alarm at B66.	4/25/94	Submitted on time.
Sanitary Sewer Self-Monitoring Report to EBMUD.	4/28/94	Submitted on time.
Quarterly inventory of mixed waste stored >1 year to DTSC.	5/4/94	Submitted on time.
B25 Sanitary Sewer Self-Monitoring Report to EBMUD.	5/16/94	Submitted on time.
B77 Sanitary Sewer Self-Monitoring Report to EBMUD.	5/16/94	Submitted on time.
RCRA Part B Permit requires LBL to provide Quarterly Progress Reports to DTSC.	5/17/94	Submitted on time.
Site Sanitary Sewer Self-Monitoring Report to EBMUD.	5/23/94	Submitted on time.
Bldg. 77 Wastewater Discharge Permit—Alternative Cleaning Materials Report to EBMUD.	6/1/94	Submitted on time.
Sitewide Wastewater Discharge Permit—Submit semi-annual Groundwater Sampling Activities Report to EBMUD.	6/1/94	Submitted on time.

Performance Measure Result (Continued)

Request	Due Date	Status
Effluent Meter Calibration Report to EBMUD.	6/1/94	Submitted on time.
Sewage Meter Reading Report to EBMUD.	6/1/94	Submitted on time.
B&& Plating Shop FTU Notification Letter to DTSC.	6/1/94	Submitted on time.
B77 Degreaser Variance Request.	6/9/94	Submitted on time.
B74 UST Removal Work Plan to COB.	6/23/94	Submitted on time.
B25 Self Monitoring Report to EBMUD.	6/16/94	Submitted on time.
B77 Self-Monitoring Report to EBMUD.	6/16/94	Submitted on time.
Site Self-Monitoring Report to EBMUD.	6/23/94	Submitted on time.
Quarterly HW Disposal Fee Return to CA Board of Equalization.	7/30/94	Returns completed 1/31/94, 4/30/94, and 7/30/94.

Successes/ Shortfalls

It is apparent that LBL is pro-active in its dealings with regulatory agencies and has provided requested materials on schedule. Using a performance award commensurate with performance achieved, a score of 5 out of the available 5 is appropriate. However, using UCOP rating guidelines, a score of 4 out of 5 is appropriate in that the Performance Measure only allows for performance that meets expectations.

Supporting Data

Not applicable.

Performance Objective #3	*INTEGRATION AND ACCOUNTABILITY: The Laboratory line management is accountable for integration of ES&H programs in all operations.* ***(Weight = 30%)***
Summary	The Laboratory meets the objective. That is, the Laboratory line management is accountable for integration of ES&H programs in all operations. Self-Assessment indicates that a numerical score of 27.5 is appropriate when points are awarded based on performance achieved. However, using UCOP rating guidelines, a score of 25.5 out of the available 30 would be appropriate as some Performance Measures can only be graded as "meets expectations."
Barriers to Improvement	Not applicable.

Objective #3
Criterion 3.1

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 will develop 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 will be in place no later than March 1, 1994, with full implementation based upon the results of the pilot by October 1, 1994. Full implementation will include the use of quantifiable Performance Measures in FY95 as part of the performance assessment process.

Performance Measure Result

A pilot of the program is not applicable as LBL is presently implementing the program throughout the Laboratory. Consequently, LBL significantly exceeds the standard of performance with respect to this Performance Measure. The program description follows and describes FTP/A, CRADA, OSRA and WFO reviews; AHD reviews and process; Facility/Project Notebook development and implementation; Titles 1 and 2 Design Review sign-off program; the Fire Protection Design Review process; the Human Resource Checklist for departing personnel; and the Self-Assessment Program (including the Functional Appraisals and Independent Assessments [OAA and independent audit]). Currently, all of the above items are part of the EH&S Integration at LBL. The following is a description of the program with reference to written documentation.

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.
  - LBL Health & Safety Manual, PUB-3000, Chapter 1: indicates that the EH&S Division provides technical expertise and services in EH&S areas.
  - Design Management Procedures Manual, Plant Engineering Dept., Section 8, Paragraph 8.7, Design Requirements (in particular, page 84): lists Environment, Health and Safety as a required internal reviewer.
  - 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, Chapter 2, and that signatures are required per RD 4.2, the Project Review and Approval Form.

Performance Measure Result (Continued)

— 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.

- LBL researchers (line management) must submit project initiation documentation to EH&S for review. Projects cannot be funded without EH&S approvals of FTPs/OSRAs/WFOs/CRADAs/LDRDs: LBL Health & Safety Manual, PUB-3000, Chapter 6.

PROJECT EXECUTION

- Line Management must submit Activity Hazard Documents (AHDs) for review by EH&S personnel: LBL 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: LBL Operating and Assurance Program, OAP-IP-001.

- The Laboratory Self-Assessment Program is documented and implemented per PUB-3105. This document requires EH&S professionals to perform functional appraisals to evaluate hazards, workers to evaluate worker health and safety, SRC inspections/audits to evaluate hazard management, and 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.

Successes/ Shortfalls

Using both UCOP rating guidelines and awarding points based on results achieved, LBL's performance significantly exceeds the standard of performance ("far exceeds expectations"). A score of 5 out of the available 5 is appropriate.

Supporting Data

Not applicable.

Objective #3 Criterion 3.2

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 equal to or greater than 90%.

Performance Measure Result

LBL is on schedule or has met all of the following due dates.

Driver	Information & Report Description	Last Submitted	Due Dates/ Frequency
5400.1 P. IV-2	Environmental Monitoring Plan	12/21/92	Review Annually, Revise Triennially 12/21/95
5400.1 P. III-1	Environmental Protection Implementation Plan (EPIP)	11/9/93	Annually 11/9/94
5400.1 P. III-2	Ground Water Protection Management Plan	1/23/92	Review Annually, Revise Triennially 1/23/95
5400.1	OMB A-106— Replaced by EH&S Management Plan (ADSs/Resource Management Plan)	3/25/94	Annually, Date Determined by DOE; 94 Submittal on Time
5400.1 P. III-2&3	Waste Minimization and Pollution Prevention Awareness Plan	4/25/94	Review Annually, Revise Triennially 4/25/94
5400.1, SEN 37-92 Impl. Guidance of Jan 1990	Annual Report on Waste Generation and Waste Minimization Progress	4/25/94	Annually 4/25/94

Performance Measure Result (Continued)

Driver	Information & Report Description	Last Submitted	Due Dates/ Frequency
5400.1 P. II-2	Effluent Information System and On-site Information System (EIS/OIS): Radioactive Effluent and On-site Discharge Data Reports	5/13/94	Annually to EGG 6/1/94
5400.1	Annual Site Environmental Report (final draft to DOE)	7/6/94	Annually 7/6/94
5400.1	Long-range Environmental Protection Plan— Replaced by ERWM Activity Data Sheet Development and Budget Formulation	3/18/94	Annually; Submitted to DOE on Time

Successes/ Shortfalls

Basing grading on performance achieved, a score of 5 out of the available 5 is appropriate. Using UCOP rating guidelines, however, a score of 4 out of 5 should be awarded as the Performance Measure is written as "meets expectations."

Supporting Data

Not applicable, or see above.

Objective #3
Criterion 3.3

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 = 10%)***

Objective #3
Criterion 3.3
Performance Measure 3.3.a

ACCOUNTABILITY: Roles, responsibilities, and authorities with regard to ES&H matters will be defined, documented, and assigned for functional and line organizations to levels which have management responsibility, authority, and accountability by February 1, 1994, and will be current within 60 days of any changes in organization or responsibilities thereafter.

Performance Measure Result

AGREEMENTS

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

RESULTS/COMMENTS

Roles, responsibilities, and authorities with regard to ES&H are documented in several locations at LBL. These documentations include Division Function Notebooks, Organization Charts, Self-Assessment Program Implementation Plans, Job Descriptions, and in some cases, Division Charters. The functional responsibilities of the EH&S Division are documented in the EH&S Division Function Notebook (including sub-tier Notebooks at the Group Level) and the Division Charter.

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

As part of the completion of the LBL 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 to 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 next revision of Notebook instructions is scheduled to be issued on October 1, 1994.

Successes/ Shortfalls	Using both UCOP rating guidelines and awarding points for results achieved, the performance level documented above is "meets expectations" in that corrective action is reasonable, deficiencies do not affect performance, and systems are consistent with average industry operations. Consequently, a score of 7.5 out of the available 10 is appropriate.
Supporting Data	Not applicable.

Objective #3
Criterion 3.4

Conduct of operations principles are integrated into Laboratory operations.
(Weight = 10%)

Optional Summary

Although LBL has no high- or moderate-hazard non-nuclear facilities, and at this time only one facility that can potentially be categorized as nuclear, LBL has chosen to implement DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities,* and two other DOE Orders through the Operating and Assurance Program Plan (OAP), which is applicable (using a graded approach based on risk) to all facilities at LBL. The requirements of the OAP are implemented through a series of LBL Notebooks. These Notebooks, along with the OAP, provide documentation and evidence of LBL's implementation of the three DOE Orders, and include requirements related to those Orders.

Objective #3
Criterion 3.4
Performance
Measure 3.4.a

TRAINING: The Laboratory will establish site-wide training requirements for conduct of operations and Occurrence Reporting by March 1, 1994 and train all employees who work in category 2 and category 3 nuclear facilities and high hazard and moderate hazard non-nuclear facilities according to Laboratory specific milestones.

Performance
Measure Result

AGREEMENTS

This measure applies to nuclear facilities already categorized as well as all non-nuclear facilities that have been classified as moderate- or high-hazard. For LBL, there are few actions needed. All are low-hazard non-nuclear facilities (see Master Oversight Plan) with the exception of one category 3 nuclear facility (no category 2s).

RESULTS/COMMENTS

Related to Occurrence Reporting, LBID-1694 identifies Occurrence Reporting training requirements. This document was approved before March 1, 1994. Additionally, Occurrence Reporting training of personnel in the National Tritium Labeling Facility (NTLF) was completed during the Performance Measure period.

Although LBL has no high- or moderate-hazard non-nuclear facilities, and at this time only one facility that can potentially be categorized as nuclear, which is the specific focus of this measure, LBL has chosen to implement DOE 5480.19, *Conduct of Operations Requirements for DOE Facilities,* and two other DOE Orders through the Operating and Assurance Program Plan (OAP). (This order was approved by DOE in April 1993, which is prior to the March 1, 1994, deadline.) The requirements of the OAP are implemented through a series of LBL Notebooks. These Notebooks, along with the OAP, provide documentation and evidence of LBL's implementation of the three Orders, and include requirements related to those Orders. The Notebook program includes requirements for development of milestones and schedules related to any heretofore incomplete tasks, such as any needed operations training for NTLF personnel.

Performance Measure Result (Continued)

The Notebook system defines a Facility as an entity or location that provides the physical resources to facilitate scientific research activities. LBL Facility Notebooks include or reference information on the manner in which a Facility addresses conduct-of-operations issues, as shown in the following table. Section 2.1 of the Facility Notebook relates to training and is completed for each individual as part of initial training and prior to beginning a specific assignment.

LBL strives to apply resources efficiently to those activities, structures, and systems that will result in achieving the greatest benefit. Therefore, LBL uses a graded approach to determine the applicability of the OAP requirements to specific Laboratory facilities and the rigor with which the requirements should be applied. Under this philosophy, the Laboratory believes that completion of Section 2 of the Facility Notebooks satisfies the general requirements for conduct-of-operations training for all Laboratory operations in general. For five (higher-risk) facilities (the Advanced Light Source, the 88-Inch Cyclotron, the Hazardous Waste Handling Facility, the National Tritium Labeling Facility, and the Dosimetry Calibration Facilities in Building 71 and 75C), additional, facility-specific conduct-of-operations training requirements in areas appropriate to the nature of their operations have been identified and are described in the respective Facility Notebooks.

Successes/ Shortfalls

Using both the UCOP rating guide and the system of awarding points commensurate with performance, LBL's performance significantly exceeds the standard of performance ("far exceeds expectations") in that conduct-of-operations training is conducted at all appropriate facilities at LBL in an ongoing program. (The Performance Measure, as written, only applies at LBL's NTLF.) Consequently, a score of 4 out of the available 4 is appropriate.

Supporting Data

COO (Conduct of Operations) vs. OAP Requirements:

Communications	Sections 3.1.4, 3.3.1, 3.3.4
Control Area Activities	Sections 3.1.3, 3.1.4
Control of Equipment & System Status	Chapters 3–5
Control of On-Shift Training	Sections 2.2, 2.3, 2.5
Equipment and Piping Labeling	Section 3.3.5
Facility Organization and Authorities	Chapter 1–5
Independent Verification	Section 3.4.5
Investigation of Abnormal Events	Sections 3.3.4, 3.4.5, 4.1, 5.3
Lockouts and Tagouts	Section 3.4.4
Log Keeping	Sections 3.1.2, 3.1.3, 4.1, 4.3, 4.4
Notifications	Sections 1.5, 3.3.1, 3.3.4
Operations Aspects/Unique Processes	Sections 2.5, 3.1.1, 4.1, 4.2
Operations Procedures	Sections 3.1
Operations Turnover	Sections 3.1.2, 3.1.3, 4.1, 4.2
Operator Aid Postings	Sections 3.3.5, 5.1
Required Reading	Section 2.1
Shift Routines and Operating Practices	Sections 3.1, 3.4
Timely Orders to Operators	Sections 3.1.2, 3.3.5, 4.1, 4.2

Objective #3 **Criterion 3.4** **Performance Measure 3.4.b**	*SELF-ASSESSMENT: The Laboratory will perform a self-assessment of conduct of operations implementation by February 1, 1994 and revise site specific implementation plans with current milestones by May 1, 1994. This assessment will establish the baseline by which future improvements will be measured.*
Performance Measure Result	As discussed in Performance Measure 3.4.a above, the LBL approach to Conduct of Operations is to develop and use Facility Notebooks that incorporate the fundamental Conduct of Operations requirements for a "facility" at LBL. The Laboratory-wide self-assessment was completed in November 1993, and a summary report issued in March 1994. QA/CO is included in the program as a Performance Objective with several performance criteria. One criterion is a determination of whether the Notebooks had been completed and were up-to-date. Based upon this Self-Assessment, it was determined that several Notebooks had not yet been completed. Based on this information, and a subsequent follow-up check in Spring 1994 , the Laboratory Director directed each Division to complete the remaining Notebooks by June 1994. This was done, and a spot check of selected Notebooks was completed by OAA in July 1994. In addition, for a small set of "higher" risk facilities at LBL 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 LBL and will serve as the basis for future assessment and measurement of improvements in implementation. Finally, a two-day QA/CO assessment by OAA of the Advanced Light Source was completed in December 1993. A similar assessment of the 88-Inch Cyclotron is now planned for October 1994.
Successes/ Shortfalls	All actions required by the Performance Measure were completed by the required dates. When awarding points based on results achieved, therefore, a score of 3 out of the available 3 is appropriate. Using UCOP's rating guidelines, however, an award of 2 of the available 3 is appropriate because the Performance Measure is written such that performance can only meet expectations.
Supporting Data	Not applicable.

Objective #3
Criterion 3.4
Performance Measure 3.4.c

CORRECTIVE ACTIONS: Corrective actions as detailed in final ORPS reports will be completed on or before the target date 95% of the time.

Performance Measure Result

AGREEMENTS

"Final" means the final ORPS report submitted by the Laboratory.

RESULTS/COMMENTS

LBL 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.

For the reporting period of this Performance Measure, October 1, 1993, through June 30, 1994, LBL has improved management of the completion of its corrective actions by issuing monthly corrective-action status memos to the responsible parties.

Successes/ Shortfalls

It is evident that LBL exceeds expectations with respect to this Performance Measure. The improvement from 1992/1993, as noted by the results documented above, is reflective of enhanced management attention brought about by this Performance Measure. Using both scoring systems, a score of 3 out of the available 3 is appropriate.

Supporting Data

Corrective Actions for the period 10/1/93 to 6/30/94 :

Directorate	C/A Due	# On Time	# Late
Engineering	8	8	0
Life Sciences	1	1	0
Nuclear Science	4	4	0
Operations	7	7	0
Structural Biology	4	4	0
Materials Sciences	5	5	0
Chemical Sciences	2	2	0
TOTAL	31	31	0

Data Source: Occurrence Reporting Records.

Performance Objective #4

RISK REDUCTION: The Laboratory will ensure that for its operations, ES&H risks are analyzed and risk reduction resources are allocated appropriately. ***(Weight = 5%)***

Summary

The Laboratory fully meets the objective and criteria. That is, the Laboratory ensures that, for its operations, ES&H risks are analyzed and risk-education resources allocated appropriately. Self-Assessment indicates that a numerical score of 5 out of the available 5 would be appropriate if points were awarded based on the results achieved. However, using the UCOP rating manual, an award of 4 is more appropriate since the Performance Measures are either not cost-effective for LBL to implement or not applicable to LBL.

Barriers to Improvement

The Performance Measures are written to address risk-reduction planning and scheduling processes that are applicable to large, high-risk operations, particularly nuclear operations. LBL has low-risk operations.

PERFORMANCE MEASURE 4.1.a, RISK ASSESSMENTS

The Performance Measure requires a schedule to be agreed upon by DOE. However, although LBL made required submittals on schedule, DOE responded with nine days left in the performance period. This lack of performance is an artifact of the Performance Measure in that LBL has no influence on DOE actions.

PERFORMANCE MEASURE 4.2.a, OPERATING PARAMETERS

The Performance Measure is not applicable to LBL (it was written to be applicable to LLNL and LANL).

Objective #4
Criterion 4.1

The Laboratory identifies significant hazards to guide management in the allocation of institutionally-managed ES&H resources. ***(Weight = 2%)***

Objective #4
Criterion 4.1
Performance Measure 4.1.a[a]

RISK ASSESSMENTS: The Laboratory will develop a schedule by December 1, 1993 for completing hazard assessments of applicable ongoing operations using the graded approach. This schedule will be agreed to by DOE and will include interim actions which need to be taken as compensatory measures pending completion of comprehensive risk assessments.

a This Performance Measure involves substantial additional costs and will be analyzed to determine if an overall positive benefit is achieved relative to the incremental cost using cost/risk/benefit analyses.

Performance Measure Result

AGREEMENTS

The Laboratories will use existing guidance drafts to decide what level of hazard assessments to perform on non-nuclear facilities. Execution will follow the schedules unless DOE responds otherwise.

RESULTS/COMMENTS

LBL made its submittal on November 30, 1993 to DOE. DOE feedback was received related to the submittal on June 21, 1994 (at nearly the end of the Performance Measurement period). The letter from DOE states, "We have reviewed your submittal and do not consider that it is responsive to performance criteria 4.1 and corresponding Performance Measure 4.1.a. The only risk assessment activity which is specified in the submittal is the performance of one safety analysis—an activity which has subsequently been postponed for two years. We recognize that the Performance Measure contains a footnote which states that the measure may be analyzed for cost/risk/benefit. We consider, however, that the Laboratory should be able to identify and perform some activity which will improve the management of risk and be cost effective."

In fact, LBL has adopted and is implementing a pro-active strategy to manage our risks (see below). The November submittal identified that DOE's formal risk-management programs are not cost-effective for LBL to implement. Costs to implement DOE's formal risk-management programs range from $232,000 to $477,000, with little risk reductions achieved for the costs incurred.

In meetings with DOE personnel and other DOE Contractors (LLNL, ANL, PNL, ORNL), it was recognized that implementation of DOE Order 5481.1b was non-cost-effective . There was nearly unanimous agreement expressed by those at the meeting (75% DOE personnel and 25% contractor personnel) that DOE Order 5481.1b, Safety Analysis and Review System (the old SARs Order that is now only applicable to Non-Nuclear Facilities), is not needed and should be canceled. The only two dissents came from one DOE representative from the LBL Site Office and one DOE representative from the Livermore Site Office.

Performance Measure Result (Continued)

LBL has pro-active risk management programs that ensure worker safety and eliminate any need for formal hazard assessments beyond those identified below:

- **Safety with Chemicals.** Worker exposure is regulated by OSHA and DOE. LBL programs such as the Chemical Hygiene and Safety Plan, PUB-3000, Project/Facility Notebooks, and the Activity Hazard Review Process all provide for assessment of risk and worker protection actions. In addition, the OSHA Process Safety Management Program regulates usage of large quantities of chemicals, thereby reducing risk. DOE Order 5500.3A requires screening of extremely hazardous materials and implementation of an emergency response program (see bullet below related to EARM). The City of Berkeley requires a Risk Management Prevention Plan that also requires screening of extremely hazardous materials and an emergency plan.

- **Safety with Radiological Materials.** Worker exposure is regulated by the Radiological Control Manual and the Activity Hazard Review Process. Activities with large quantities of radiological materials require documented risk assessments by the SARs Order for Nuclear Facilities (DOE 5480.23).

- **Occupational Safety.** Addressed in OSHA regulations (and DOE Orders). Requirements are implemented at LBL in the LBL Health & Safety Manual, PUB-3000.

- **Facility Design Controls.** In addition to the above programs, other orders and codes regulate the design and construction of facilities using hazardous materials: DOE Order 6430.1A, General Design Criteria, the Uniform Building Code, the Uniform Fire Code, and the NFPA regulations.

- **Activity Hazard Document Program.** LBL Health & Safety Manual, PUB-3000, Chapter 6, and LBL's OAP as implemented by Facility/Project Notebooks. This program requires personnel to document their hazards. These documents are reviewed by EH&S personnel to ensure that proper mitigations are documented for the hazards identified (the graded approach).

- **Notebook Preparation Instructions.** Documented in LBL Procedure OAP-IP-001. These instructions require documentation of hazards and listing of mitigations for all projects and facilities at LBL utilizing the graded approach.

- **Laboratory Self-Assessment Program.** Documented and implemented per PUB-3105. This document requires performance of functional appraisals by EH&S professionals to evaluate hazards, performance of self-assessments by workers to evaluate worker health and safety, performance of SRC inspections/audits to evaluate hazard management, and performance of independent assessments by OAA to evaluate the assessment system and to verify that corrective action is completed and effective. This program serves to identify any hazards that may have been overlooked in other programs.

Performance Measure Result (Continued)

- **The Emergency Assessment Resource Manual.** Done under contract with PNL, this manual specifically evaluates the hazards associated with activities in Buildings 2, 70, and 70A (LBL's highest hazard facilities). This document lists chemical and radioactive material inventories for these buildings and provides an analysis related to possible accident scenarios.

Successes/ Shortfalls

Based on the above information, LBL should utilize footnote *a* of the Performance Measure and discontinue efforts to perform further formal (per DOE Order 5481.1b) hazard assessments on non-nuclear facilities. LBL has pro-active risk-management programs that ensure worker safety and eliminate any need for formal hazard assessments other than those identified above that are performed as part of ongoing programs. Using the award system, where points are awarded based on results achieved, LBL provided the required information to DOE on schedule but did not get concurrence. Utilizing footnote *a* of the Performance Measure, a score of 2 out of the available 2 is appropriate. Using UCOP grading guidance, a score of "meets expectations" or "needs improvement" is probable because concurrence was not achieved with DOE. Consequently, a point award of 1 out of 2 would be appropriate.

Supporting Data

Not applicable.

Objective #4 Criterion 4.2	*The Laboratory will ensure that the authorization basis regarding the safe operations of facilities is maintained.* ***(Weight = 3%)***
Objective #4 Criterion 4.2 Performance Measure 4.2.a	*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.*
Performance Measure Result	This Criterion is not applicable to LBL per agreement in meetings with UCOP/DOE.
Successes/ Shortfalls	Since this criterion is not applicable, all points should be awarded using either award system. Consequently, a score of 3 out of the available 3 is appropriate.
Supporting Data	Not applicable.

Performance Objective #5	*PUBLIC PARTICIPATION: The Laboratories will establish an open and honest public participation program to earn public trust, develop credibility and assure public involvement in its decision making process through open communications and participation in state, national and international activities.* ***(Weight = 10%)***
Summary	The Laboratory fully meets the objective and criteria. That is, the Laboratory has established an open and honest public participation program to earn public trust, develop credibility, and assure public involvement in its decision-making process through open communications and participation in state, national, and international activities. A numerical score of 10 out of the available 10 is appropriate when points are awarded based on results achieved. However, since both Performance Measures are "meets expectations" types, using the UCOP awarding system, an award of 8 points is appropriate.
Barriers to Improvement	The Performance Measures are written as "meets expectations" or "needs improvement" types of Performance Measures.

Objective #5
Criterion 5.1

Laboratory will have an integrated program to involve the public in ES&H issues. ***(Weight = 10%)***

Objective #5
Criterion 5.1
Performance Measure 5.1.a

PUBLIC PARTICIPATION POLICY: The Laboratory will assess public interests and concerns in the area of ES&H and develop a public policy statement by February 1, 1994.

Performance Measure Result

AGREEMENTS

This is a "meets expectations" or "needs improvement" type of evaluation based on whether or not a policy is in place by February 1, 1994.

RESULTS/COMMENTS

PUB-727 and the following (published) policy statement are sufficient to "meet expectations" with respect to this Performance Measure. PUB-727 documents the activities performed to assess public interests and concerns in the area of ES&H.

January 31, 1994 Vol. XX, No. 7

PUBLIC PARTICIPATION IN ENVIRONMENTAL, SAFETY AND HEALTH

ISSUES AT LAWRENCE BERKELEY LABORATORY

Lawrence Berkeley Laboratory is committed to maintaining a workplace which protects the environment and the safety and health of employees and members of the public. In order to meet this goal, LBL will make available to the public timely and accurate information about environmental, safety and health issues. Providing this information will facilitate a two-way communication and allow public participation in the decision making process on issues of significant public interest.

Successes/ Shortfalls

Since this is a "meets expectations" measure, the UCOP rating system only allows a point award of 4 of the available 5. However, awarding based on performance would award a score of 5 out of the available 5.

Supporting Data

Not applicable or see above.

Objective #5
Criterion 5.1
Performance Measure 5.1.b[a]

PUBLIC PARTICIPATION POLICY IMPLEMENTATION: The Laboratory will establish an integrated site specific public outreach program by June 1, 1994. It will include a number of public outreach activities including public access to site ES&H information.

[a] *This Performance Measure involves substantial additional costs and will be analyzed to determine if an overall positive benefit is achieved relative to the incremental cost using cost/risk/benefit analyses.*

Performance Measure Result

AGREEMENTS

This is a "meets expectations" or "needs improvement" type of evaluation, based on whether or not an integrated program is in place by June 1, 1994.

RESULTS/COMMENTS

Since 1992, LBL has promoted a pro-active community-outreach effort. This ongoing effort was initiated by a site-wide community-relations plan in 1992. The Laboratory plans to continue this integrated effort by developing an integrated, site-specific public-outreach program. It will include a number of public-outreach activities, including public access to site ES&H information. PUB-727 and draft PUB-748 document LBL's Community Relations Plans (Environmental Restoration and LBL, respectively). The LBL Community Relations Plan (draft PUB-748) existed as a policy prior to establishment of this Performance Measure, and, consequently, prior to June 1, 1994. It is in the process of being made more formal through the PUB process. These documents describe the integrated and/or site-specific public-outreach program(s), including public access to site ES&H information. Additionally, EH&S and LBL personnel and senior management participate in public-outreach programs. Following is a brief synopsis related to public-participation events during the rating period (September 1, 1993, through June 30, 1994) that support the implementation of the documented programs.

Significant Public Participation Events Reported to Date in FY94

Site Community Relations

- Distribution of a new community-relations contract proposal to cover site-wide community-relations needs (7/94).
- Presentation to Berkeley Environmental Advisory Commission on proposed new Human Genome Center (5/94).
- EIR Public Hearing on new Human Genome Center (5/94).
- Participation by David McGraw in a locally televised interview related to environmental issues (4/94).
- LBL-sponsored Earth Month to increase awareness about environmental research. Activities included a film series, nature walks, tours, displays, and an Eco-Fair (4/94).

Performance Measure Result (Continued)

- Endorsement by Dr. Shank (LBL Director) of the white paper entitled "Public Access to Information" (3/94).
- Presentation to League of Women Voters on EH&S and Waste Management Activities (11/93).
- Presentation by David McGraw (EH&S Division Director) at the Berkeley City Council (11/93).

Ongoing Activities:

- Speakers Bureau for community and neighborhood organizations interested in LBL and EH&S activities.
- Touring available for local community and business organizations.
- Education outreach program providing volunteers for local schools.

Environmental Restoration Outreach

- Community Environmental Advisory Commission scheduled tour of LBL (9/93).
- ERP personnel hosted a tour of investigation areas and treatment facilities as part of the Earth Month celebration activities at LBL.

Ongoing Activities:

- Quarterly [Environmental Restoration (ER) Program] meetings with Regulatory Agencies (City of Berkeley and Agreement-in-Principle committee members) (10/93, 2/94 , and 4/94).
- Fact sheets that describe environmental program status and other information are distributed semi-annually to local residents.
- Participation in Community Environmental Advisory Commission (CEAC) meetings on an as-needed basis.

Waste Management Outreach

- The Waste Management Group Leader and Compliance Unit Leader presented information on the Class II RCRA Part B modifications to the Community Environmental Advisory Commission for the City of Berkeley (4/94).
- Conducted three employee-awareness activities during LBL's Earth Month program:
  - Sponsored a booth at the LBL Eco-Fair on 4/20/94.
  - Coordinated a tour of the Sutta Company for LBL employees on 4/13/94.
  - Sponsored a recycling lecture on 4/19/94.

Performance Measure Result (Continued)

- Submitted a letter to Alfred Wong of DTSC. The letter documents the mailing of public notice concerning LBL's Class 1 modifications to the HWHF RCRA Part B Permit (4/15/94).

Emergency Services Outreach

- Klaus Berkner (Assistant Laboratory Director) participated in the Hills Emergency Forum (HEF) activities.
- Participated in the public meeting of the HEF. Provided for inclusion in a public brochure of LBL's accomplishments in urban-wildland fire mitigation, planning, preparedness, and response.
- Met with the "Town and Gown" once during the first FY94 quarter.
- Participated in the Alameda Emergency Managers meeting in November, presented information on Laboratory emergency planning and preparedness activities.
- Provided information regarding LBL's emergency management program for inclusion in a presentation to the Berkeley City Council (11/9/93).
- Met with the California Emergency Services Association regarding the hazardous-materials incident that took place at the General Chemical Company in Richmond.
- Attended two HEF Staff Liaison Meetings in preparation for the Chief Executives meeting in March (K. Berkner attends).
- Provided copies of the LBL Fire Evacuation Video, "May I Have Your Attention Please," to local residents and public agencies.
- Coordinated with the City of Berkeley and the University, a joint emergency drill at Calvin Laboratory on UC Campus.
- Attended the Local Emergency Planning Committee (LEPC) meeting for the State Office of Emergency Services Coastal Region.
- Participated as an evaluator and controller in the annual Alameda County Emergency Medical System Exercise held in May.
- Participated in local emergency-managers meetings, including Town and Gown and the Alameda County Emergency Managers Association.
- Conducted a table-top exercise based on an urban-wildland fire scenario. Observers included staff from the City of Berkeley Department of Toxics and Emergency Management.
- Fire Services personnel have assisted local authorities in arson investigations.

Successes/ Shortfalls	Review of PUB-727 and the LBL site public-relations plan (draft PUB-748) show that the approach is pro-active and systematic with good integration. The deployment and results (documented in the synopsis above) show that the approach is being implemented in a variety of organizations and that LBL is pro-active in its community-relations efforts. Consequently, LBL's performance significantly exceeds the standard of performance ("far exceeds expectations"), and a score of 5 out of the available 5 is appropriate when points are awarded based on performance achieved. However, using UCOP rating guidelines, since this is a "meets expectations" Performance Measure, an award of 4 is possible.
Supporting Data	Not applicable or see above.

Self-Assessment for Environment, Safety, & Health

Office of Primary Responsibility (if appropriate):

Approved By:

Cognizant Division Director or Associate Director (Optional)	9/21/94 Date
Functional Manager	9/21/94 Date
Head, Office of Primary Responsibility (Optional)	9/21/94 Date

Independent Evaluation of LBL's Self Assessment Against Contract 98, Appendix F, Objective Standards of Performance Fiscal Year 1994

Functional Area: Environment, Health and Safety

Evaluators:

Otis Wong	EH&S Engineer
Name	Title
Office of Assessment and Assurance	
Organizational Affiliation	
Richard Dicely	Divison Safety Coordinator
Name	Title
AFRD	
Organizational Affiliation	

Overall Evaluation:

The conclusions reached from the EH&S self-assessment of the Contract 98, Appendix F, performance measures are deemed to be generally valid and satisfactory. Most of the measures are fully supported by data and documents showing that the requirements of the performance measures have been met. Only one performance measure, no. 4.1.a, is technically incomplete because DOE did not agreed to a submitted schedule. However, the required schedule was submitted to DOE early in the rating period, and DOE did not respond until 9 days before the end of the rating period, thus limiting LBL's ability to obtain concurrence.

Accuracy and Completeness:

The EH&S self-assessment is deemed to be factually accurate and generally complete. Only one performance measure, no. 1.1.a, was not complete because the basis for the 101 mSv five year average was not discussed nor was there any evidence of a cooperative effort between LBL, UCOP, and DOE to establish a de minimis dose level. This lack of completeness, however, did not impair meeting the performance measure.

Adequacy of Supporting Documentation:

Supporting documentation is generally adequate.

Recommendations:

1. It is difficult to discern from the report, at times, if the performance measure has been met. Extraneous bits of information, although important by themselves, often cloud the central issue of assessing the particular performance measure. The readibility of the report needs to be improved so that readers can easily understand the basis or circumstances for meeting or not meeting the performance measure requirements. Related accomplishments are of secondary importance and should be kept separate from the core issue whenever feasible.

2. The numerical rating of each performance measure is given in the successes/shortfalls section of the assessment report. As per the University Laboratory Self-Assessment and Annual Review Manual, the rating is to be conducted by the University of California Office of the President. No other LBL functional area provided numerical rating of its performance, and therefore, EH&S should be consistent with other LBL units and delete the numerical rating from the assessment report.

3. All conclusions of the performance measure should be supported by source documents. If these documents are not identified in the narration, they should be referenced in the supporting data section of the report. The supporting and source documents should be readily availabile for future audits.

Signature:

Jiri Wong	9/7/94
Name	Date
Richard S Dilly	9/7/94
Name	Date

Self-Assessment Report for Fiscal Year 1994

Facilities Management

Lawrence Berkeley Laboratory

Performance Characterization

Evaluation of the FY94 Performance Measures indicates that Lawrence Berkeley Laboratory effectively met the spirit of the Performance Objectives. There were some areas in which the criteria were exceeded and some in which the criteria were not completely met; however, the general trend shows improvement.

During the evaluation of these Performance Objectives over the past year, it has become apparent that, as presently defined, they do not obtain the desired results. Lessons learned were put to practical use in the development of the FY95 objectives, which will result in a truer evaluation of performance.

Facilities Management

Performance Objective #1	*The Laboratory will effectively manage Real Property.* ***(Weight = 15%)***
Summary	Performance Objective #1 was met except for Measure 1.2.a, which indicated a 2% rate of missing or incorrect data elements in the RPIS rather than the 1% targeted; however, the trend was toward the 1% goal. Performance Measure 1.1.a was exceeded. This performance is projected through the fourth quarter.
Barriers to Improvement	None identified.

Objective #1 Criterion 1.1

Real Property Information System is reconciled with FIS within 30 days of the end of the quarterly reporting period.

Objective #1 Criterion 1.1 Performance Measure 1.1.a

Number of days for reconciliation and adjustment/30. ("Adjustment" may be footnoted to include some exceptions.) The goal is less than or equal to 1.00.

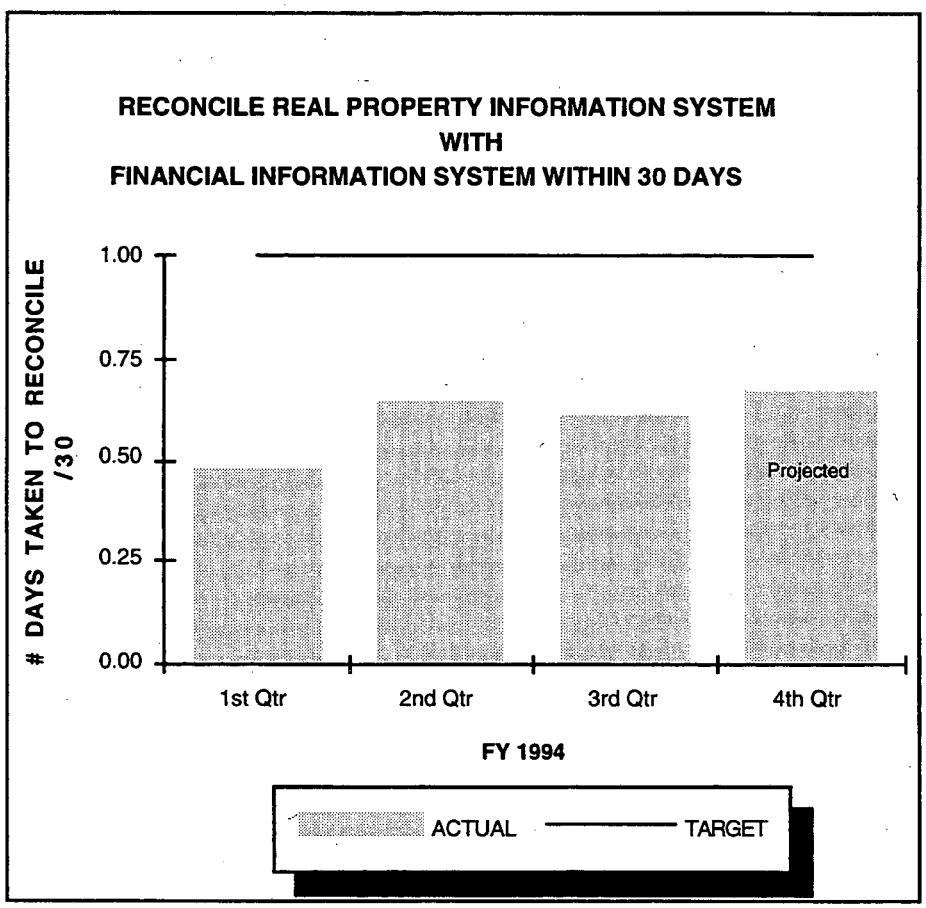
Performance Measure Result

In the first, second, and third quarters of FY94, this Performance Measure was met within 14, 19, and 18 days, respectively, and is projected to also be met in the fourth quarter.

Successes/Shortfalls

Performance far exceeded the goal of reconciliation within 30 days.

Supporting Data



Performance Measure 1.1.a

Objective #1 Criterion 1.2

Real Property Information System contains up-to-date information.

Objective #1 Criterion 1.2 Performance Measure 1.2.a

Number of incorrect or missing data elements reported at end of quarter/total number of mandatory data elements. Trend toward 0 with target of 1%.*

**(Note: "Mandatory" data elements exclude those fields exempted by DOE Headquarters.)*

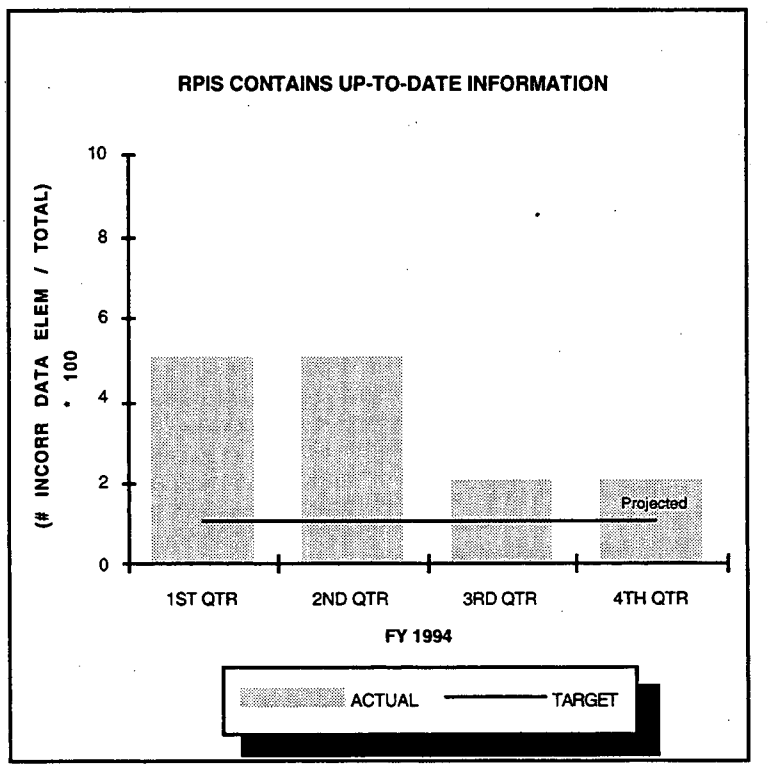
Performance Measure Result

Self-assessment in the third quarter revealed that 2% of the sample had incorrect or missing data elements, and the same is projected to be true in the fourth quarter. The trend over the past year clearly shows a movement toward the 1% goal. Work is ongoing to identify areas of improvement and implement corrective action to meet the 1% goal.

Successes/Shortfalls

None identified.

Supporting Data



Performance Measure 1.2.a

Objective #1 Criterion 1.3

The Laboratory will optimize its total general purpose office space utilization (onsite and leased space).

Objective #1 Criterion 1.3 Performance Measure 1.3.a

Net square feet per person for permanent and leased space (use current GSA criteria). The goal is to trend towards current GSA standard for general purpose office space utilization.

Performance Measure Result

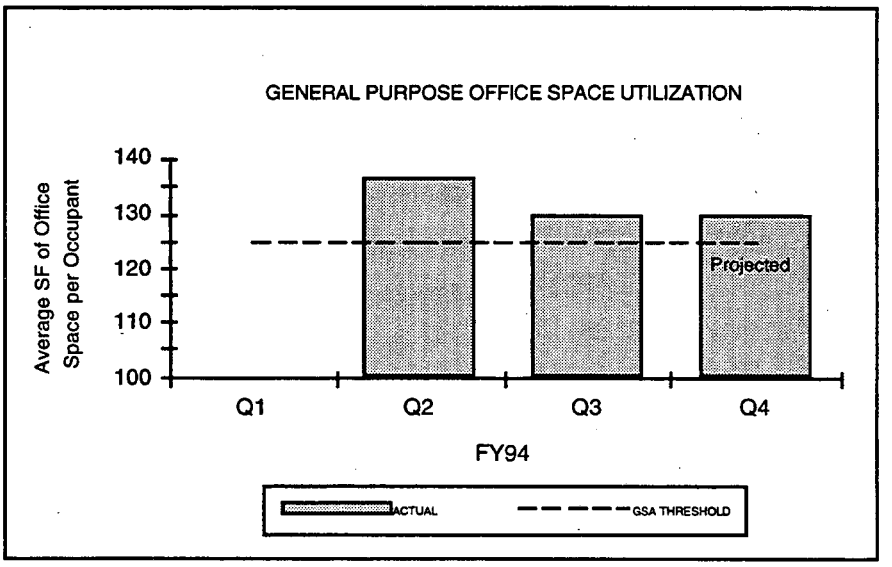
This Performance Measure was met. LBL's general purpose office space utilization rate is 130 square feet per person with an office support rate of 20%. Current GSA standards call for 125 square feet per person with a 22% support rate. The supporting data below show that support space is below the 20% target and that office space is trending toward the goal.

Successes/Shortfalls

None identified.

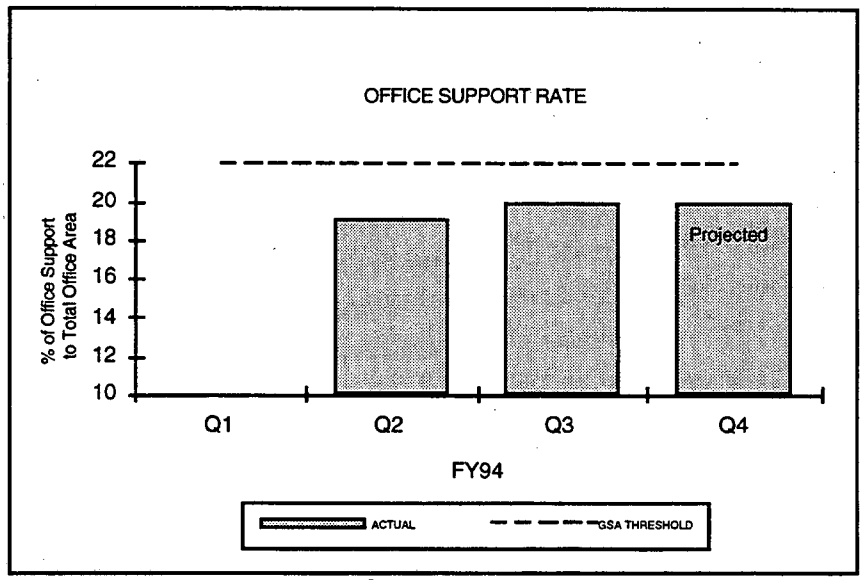
Supporting Data

Performance Measure met: 2Q94 = 137 sf, 3Q94 = 130 sf.



Supporting Data (Continued)

Performance Measure met: 2Q94 = 19%, 3Q94 = 20%.



Performance Measure 1.3.a

Objective #1 Criterion 1.4	*The Laboratory will maintain an effective system for offsite space leasing.*
Objective #1 Criterion 1.4 Performance Measure 1.4.a	*Number of lease actions not in compliance with UC-DOE requirements/total number of lease actions. The goal is to trend toward 0 with a baseline to be established by each Laboratory.*
Performance Measure Result	All four lease actions completed in FY94 were in compliance.
Successes/Shortfalls	None identified.
Supporting Data	All lease actions were approved by DOE-OAK for compliance.

Performance Objective #2	*The Laboratory Site Development Plan should reflect current and future needs. (Weight = 5%)*
Summary	Performance Objective #2 was exceeded. There were no variations from the Site Development Plan. This performance is projected through the fourth quarter.
Barriers to Improvement	None identified.

Objective #2 Criterion 2.1	*Facilities and land are managed consistent with the Laboratory Site Development Plan.*
Objective #2 Criterion 2.1 Performance Measure 2.1.a	Number of project sitings or actions changed or added between updates/total number of projects in the plan. The goal is less than or equal to 5%.
Performance Measure Result	100% consistency was achieved. The number of project sitings or actions changed or added between updates for each quarter in FY94 was 0, and the total number of projects in the plan was 26 for the first and second quarters and 24 for the third and fourth quarters.
Successes/Shortfalls	None identified.
Supporting Data	See above.

Performance Objective #3

The Laboratory will complete construction projects within approved budgets and schedules. **(Weight = 30%)***

** Note: For Measures related to Criteria 3.1, 3.2, and 3.3, it is agreed that "DOE-Directed Changes" are not included (e.g., Congressional changes in funding profiles, funding received in excess of that requested, or changes in mission objectives, etc.)*

Summary

Collectively, the 17 General Plant Projects that were completed this year met the performance criterion for meeting cost estimates. This was particularly noteworthy since 40% of these projects were related to correction of environmental compliance issues. Projects related to environmental compliance are highly susceptible to cost growth due to changing regulations or changes in interpretation of existing regulations. For example, the design concept for the Meteorological Measurement Stations project had to be totally revised after Title I because of difficulties related to siting and site environmental considerations that could not be overcome with the original concept. The project was completed under budget.

Line Item Baseline Control was also done successfully. Although 67% of Line Item Projects had baseline changes, the net increase in Total Estimated Cost for these projects decreased, and the extension of time represents 3% of the total number of project days for active projects.

The Laboratory used its Line Item Project funding in a timely manner, as indicated by the achievement of an 88% funding obligation rate. Additionally, the Laboratory awarded 94% of the number of subcontracts planned and 95% of the dollar value of subcontracts planned for the year.

The Laboratory did not meet the goal for management of General Plant Projects within schedule estimates. Of the 17 projects completed, 1 had a 74% increase in the actual duration compared to the initial plan, 11 others had increases in schedule ranging from 46% to 2%, 3 were completed in accordance with the planned schedule, and 2 were completed in a shorter time frame than planned.

Barriers to Improvement

Problems with GPP not meeting schedules and baselines are most often related to lack of an accurate conceptual design from which the initial project scope, schedule, and budget is established. A more realistic baseline can best be established upon completion of Title I design. Therefore, the baselines for performance measurement of schedule and budget should be established at completion of Title I (Preliminary Design).

Objective #3 Criterion 3.1	*GPP and non-capital construction projects greater than $300K meet cost estimates.*
Objective #3 Criterion 3.1 Performance Measure 3.1.a	*Total of TECs for projects completed that year/total original project TECs of those same projects at KD-1 or equivalent. The goal is not to exceed 1.10.** **See note under Performance Objective #3.*
Performance Measure Result	This Performance Measure was met.
Successes/Shortfalls	None identified.
Supporting Data	Total of TECs/total of original TECs = $7.930M/$7.228M = 1.10%.

Objective #3 Criterion 3.2	*GPP and non-capital construction projects greater than $300K meet schedule estimates.*
Objective #3 Criterion 3.2 Performance Measure 3.2.a	*Total actual number of days of projects completed that year/total original estimated number of days of those same projects at KD-1 or equivalent (original project baseline). Goal is not to exceed 1.10. (Actual number of days adjusted for uncontrolled forces [e.g., weather, strikes, etc.]).** **See note under Performance Objective #3.*
Performance Measure Result	Performance was 8% over the goal. As explained below, the basis for the calculation of the measure is questionable. It is believed that the goal will be met with the revised FY95 measure.
Successes/Shortfalls	None identified. This year's experience with this measurement shows that the KD-1 baseline is not meaningful for GPP and noncapital projects. These projects typically do not receive sufficient programming and design to establish significant baseline until completion of Title I design.
Supporting Data	Total actual days/total original days = 10,833 days/9,219 days = 1.18%.

Objective #3 Criterion 3.3	*Number of DOE approved baseline changes per year/number of active projects. Level 0 and 1 baseline changes will count as two changes. Establish baseline and trend.** **See note under Performance Objective #3.*
Objective #3 Criterion 3.3 Performance Measure 3.3.a	*Number of DOE approved baseline changes per year/number of active projects. Level 0 and 1 baseline changes will count as two changes. Establish baseline and trend.** **See note under Performance Objective #3.*
Performance Measure Result	No Performance Measure has been established. The goal is to establish a baseline and trend.
Successes/Shortfalls	None identified.
Supporting Data	10 baseline changes/15 active projects = 67%.

Objective #3 **Criterion 3.3** **Performance Measure 3.3.b**	*Total approved TEC changes of projects per year/total TEC of those projects with cost changes. Establish baseline and trend.** **See note under Performance Objective #3.*
Performance Measure Result	No Performance Measure has been established. The goal is to establish a baseline and trend.
Successes/Shortfalls	None identified.
Supporting Data	Total TEC changes/total original TEC = –$975K/$14,725K = –7%.

Objective #3 **Criterion 3.3** **Performance Measure 3.3.c**	*Total of TEC changes for projects during the year/TEC of active projects. Establish baseline and trend.** **See note under Performance Objective #3.*
Performance Measure Result	No Performance Measure has been established. The goal is to establish a baseline and trend.
Successes/Shortfalls	None identified.
Supporting Data	Total TEC changes/total original TEC = –$975K/$95,040K = –1%.

Objective #3 **Criterion 3.3** **Performance Measure 3.3.d**	*Schedule days changed in total projects that year/total number of active projects. Establish baseline and trend.** **See note under Performance Objective #3.*
Performance Measure Result	No Performance Measure has been established. The goal is to establish a baseline and trend.
Successes/Shortfalls	None identified.
Supporting Data	680 days changed/15 active projects = 45.3 days/project.

Objective #3 Criterion 3.4	*The Laboratory will utilize funds in a timely manner.*
Objective #3 Criterion 3.4 Performance Measure 3.4.a	*Total amount of actual Line-Item capital funding obligations and costs/total amount of planned obligations and costs contained in the approved Construction Project Data Sheet funding profiles for active (post KD-1) Line-Item Projects. The goal is to baseline and then trend toward 90%.*
Performance Measure Result	No Performance Measure has been established. The goal is to establish a baseline and trend toward 90%.
Successes/Shortfalls	None identified.
Supporting Data	Total actual LIP obligations and costs/total planned LIP obligations and costs = $42.791M/$48.628M = 88%.

Objective #3 Criterion 3.4 Performance Measure 3.4.b	*Number of GPP and Line-Item contracts awarded/planned number of contracts identified in the approved project management plans. The target is 1.00.*
Performance Measure Result	We obtained 94% of the target.
Successes/Shortfalls	None identified.
Supporting Data	32 contracts awarded/34 contracts planned = 94%.

Objective #3 **Criterion 3.4** **Performance Measure 3.4.c**	*Dollar value** of GPP and Line-Item contracts awarded/planned dollar value of contracts identified in the approved project management plans. The target is 1.00.* ***Note: "Dollar Value" is the amount established for each contract in approved project management plans, not the actual award value.*
Performance Measure Result	We obtained 95% of the target.
Successes/Shortfalls	None identified.
Supporting Data	Contracts awarded/contract awards planned = $14.168M/$14.918M = 95%.

Performance Objective #4	*The Laboratory will maintain capital assets to ensure reliable operations in a safe and cost-effective manner.* ***(Weight = 25%)***
Summary	The Laboratory has effectively met the performance criteria in this area. The LBL Maintenance program has maintained the facilities and the personnel property in a cost-effective manner, minimizing down time, minimizing occurrences, and extending the program to cover personnel property.
Barriers to Improvement	Funding remains the primary driver in the maintenance performed, especially in the implementation of CAS/CAIS.

Objective #4 Criterion 4.1	*Maximize the development of the maintenance management program as defined within Appendix E of the UC-DOE contract.*
Objective #4 Criterion 4.1 Performance Measure 4.1.a	*Number of current year's Appendix E milestones accomplished/total number of current year's Appendix E milestones scheduled. Goal is 1.00.*
Performance Measure Result	This Performance Measure was met. The three milestones set for LBL were completed as scheduled.
Successes/Shortfalls	None identified.
Supporting Data	FY94.1 Laboratories develop internal guidance for application of the graded approach. COMPLETED FY94.2 Laboratories develop draft MIPs. COMPLETED FY94.3 DOE reviews draft MIPs. Not Laboratory responsibility. FY94.4 Laboratories provide training for operating organizations on maintenance requirements and graded approach. COMPLETED

Objective #4
Criterion 4.2

Control the Maintenance Backlog. The intent is to reduce the Maintenance Backlog over the period of the contract.*

**Note: Maintenance Backlog is defined as "The amount of all maintenance and repair work not accomplished that is needed to sustain the assigned mission." The Maintenance Backlog will be defined by inspection (includes all identified deficiencies, not just those identified by inspection) and normalized for percent of the site inspected. Maintenance Backlog growth is to be adjusted for inflation. The Baseline Maintenance Backlog will be the FY93 Maintenance Backlog, if reliable, or the figure developed in FY94 from inspection and calculation).*

Objective #4
Criterion 4.2
Performance
Measure 4.2.a

Cumulative average of Maintenance Backlog amounts for each year of the contract period/Baseline Maintenance Backlog. A goal of 1.00 is the agreed-upon maximum with 1.05 being acceptable for the first year.

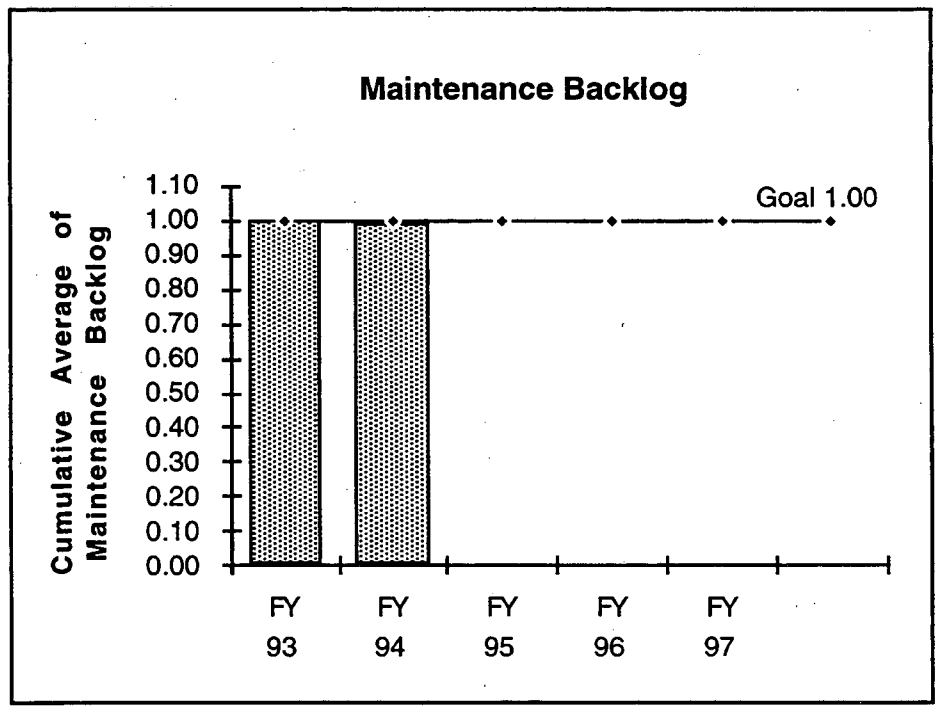
Performance
Measure Result

This Performance Measure was met.

Successes/Shortfalls

None identified.

Supporting Data



Performance Measure 4.2.a

Objective #4 Criterion 4.3

Planned (preventive) maintenance is performed as scheduled.

Objective #4 Criterion 4.3 Performance Measure 4.3.a

The number of planned maintenance activities overdue by three months or more/the total number of planned maintenance activities. The goal is 25.0% or less.

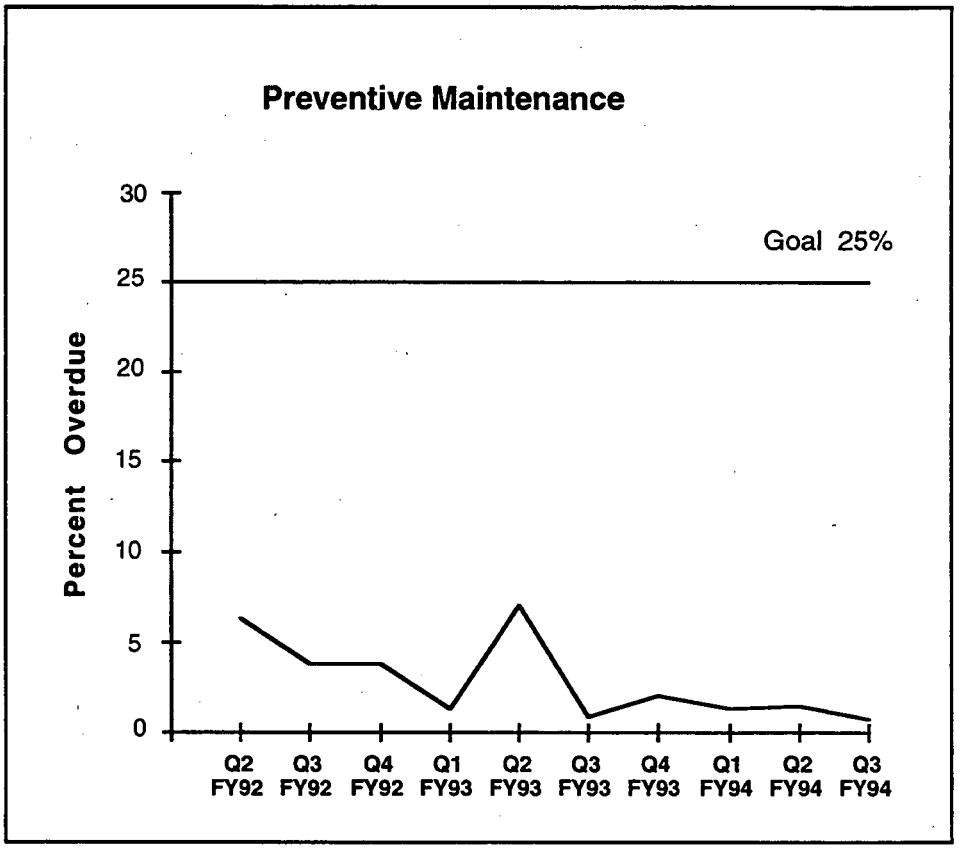
Performance Measure Result

This Performance Measure was exceeded.

Successes/Shortfalls

None identified.

Supporting Data



Performance Measure 4.3.a

Objective #4 Criterion 4.4	*Minimize the number of Occurrence Reports resulting from Real Property and Installed Equipment failures.*
Objective #4 Criterion 4.4 Performance Measure 4.4.a	*Graph the number of Occurrence Reports (Final) where the root cause is inadequate maintenance of Real Property and Installed Equipment. The goal is to reduce to an acceptable level the number reported with specific baselines established for each Lab, with the understanding that maintenance should be cost-effective.*
Performance Measure Result	This Performance Measure was met.
Successes/Shortfalls	None identified.
Supporting Data	LBL had no reportable occurrences caused by improper performance of maintenance on Real Property and Installed Equipment.

Objective #4 Criterion 4.5	*Minimize the number of Occurrence Reports resulting from Personal Property and Programmatic Equipment.*
Objective #4 Criterion 4.5 Performance Measure 4.5.a	*Graph the number of Occurrence Reports (Final) where the root cause is inadequate maintenance of Personal Property and Programmatic Equipment. The goal is to reduce to an acceptable level the number reported with specific baselines established for each Lab, with the understanding that maintenance should be cost-effective.*
Performance Measure Result	This Performance Measure was met.
Successes/Shortfalls	None identified.
Supporting Data	LBL had no reportable occurrences caused by improper performance of maintenance on Programmatic Equipment.

Performance Objective #5	*The Laboratory will maintain a reliable utility system and conserve energy.* ***(Weight = 15%)***
Summary	The Laboratory has exceeded the criteria for 3 of 4 Performance Measures under this Objective.
Barriers to Improvement	The age of vehicles is an important factor in their fuel efficiency. The capital equipment funding provided has been inadequate to keep the LBL fleet within DOE specifications for age and mileage (5 years or 60,000 miles). The average age is now 14 years, the oldest being 34 years.

Objective #5 Criterion 5.1

Maintain a reliable electrical service.

Objective #5 Criterion 5.1 Performance Measure 5.1.a

*Total number of customer hours of electrical service less the number of customer hours of unplanned outages/total hours. The goal is 99.982%.**

**(Note: Does not include outages due to external forces. Definition of "Customer Hours" = "X" KVA at "Y" Kv which each Laboratory defines for their electrical system.)*

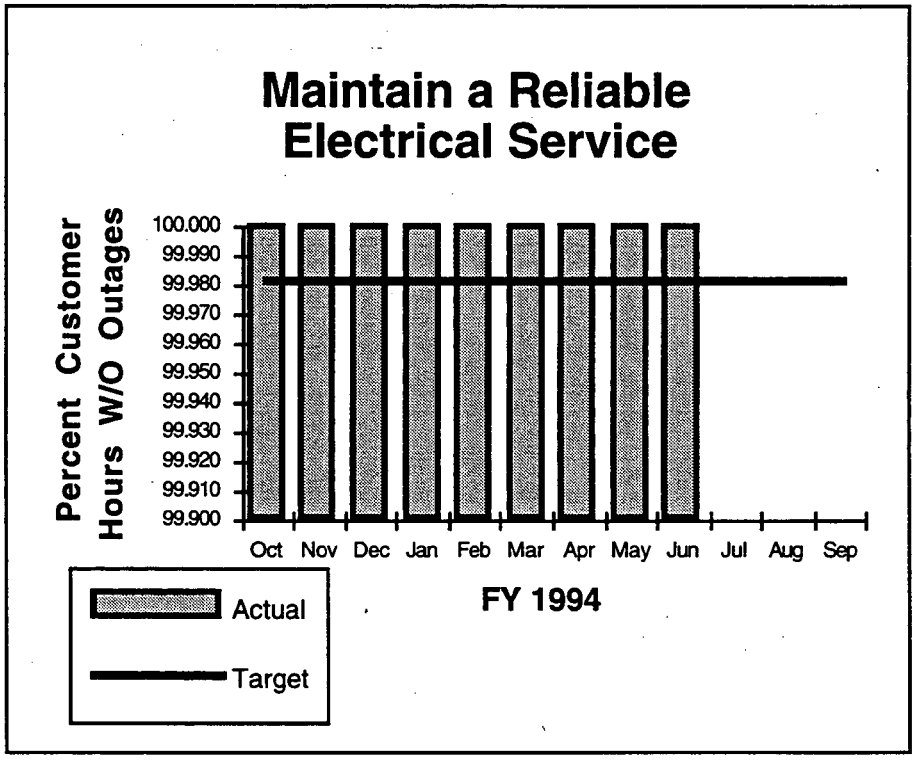
Performance Measure Result

This Performance Measure has been exceeded, as there have been no unplanned outages of the electrical distribution systems this fiscal year.

Successes/Shortfalls

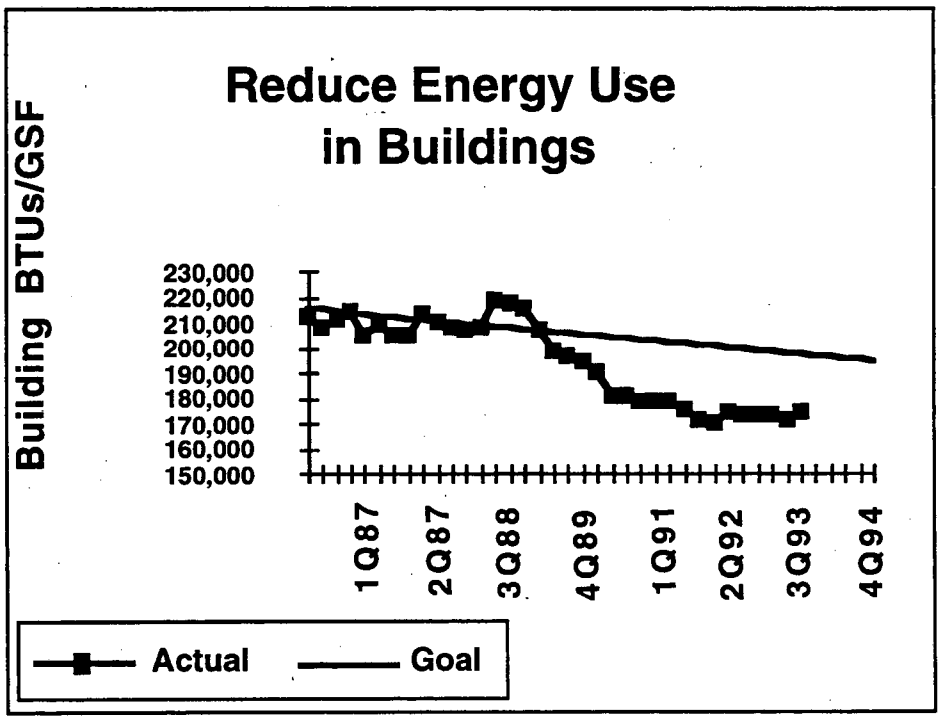
None identified.

Supporting Data



Performance Measure 5.1.a

Objective #5 Criterion 5.2	*Manage energy usage.*
Objective #5 Criterion 5.2 Performance Measure 5.2.a	*BTUs of building energy usage/gross square feet of building. The goal is to reduce from 1985 level — 10% by FY 95, 25% by FY 2000.*
Performance Measure Result	This Performance Measure has been exceeded.
Successes/Shortfalls	None identified.
Supporting Data	



Performance Measure 5.2.a

Objective #5 **Criterion 5.2** **Performance Measure 5.2.b**	*Gasoline and diesel fuel consumption. The goal is reduction in vehicle gasoline and diesel fuel consumption by 10% by FY 95 in comparison to FY 1991.*
Performance Measure Result	The introduction of newer, more fuel-efficient vehicles will allow LBL to meet the goal of 10% reduction in FY95.
Successes/Shortfalls	Eleven vehicles were exchanged for more fuel efficient models in June, 15 in July, and 3 in August. Since fuel consumption is seasonal and the effect of the more fuel efficient vehicles was not known at this writing, it was not possible to project the fourth-quarter consumption based on the first three quarters of FY94. In order to present some indication of the performance of this indicator, the fourth quarter of FY93 was used. It is anticipated that this number will be higher than the figure for FY94, and actual performance should, therefore, be better. It is planned to continue replacing older vehicles with the more fuel efficient models in September 1994 and throughout FY95.
Supporting Data	Using the fourth quarter of FY93 as a projection of the fourth quarter FY94 fuel consumption, we calculate 12.81 billion BTU/12.652 billion BTU = 101%.

Objective #5 Criterion 5.3	*Facilities are managed consistent with the site's approved Ten-Year Energy Plan.*
Objective #5 Criterion 5.3 Performance Measure 5.3.a	*Goals accomplished in accordance with the plan/goals scheduled to be accomplished that year in the plan. Goal is 1.00.*
Performance Measure Result	This Performance Measure has been met.
Successes/Shortfalls	None identified.
Supporting Data	There were no specific goals identified for FY94; however, two of the three goals for FY95 have been exceeded as of this year. The third goal is 5.2.b, above. With the acquisition of more fuel efficient vehicles, significant progress can be expected in FY95.

Performance Objective #6	*The Laboratory will effectively manage capital assets (Real Property and Installed Equipment).* ***(Weight = 10%)***
Summary	This Performance Objective has been exceeded.
Barriers to Improvement	None identified.

Objective #6 Criterion 6.1	*Real Property and Installed Equipment capital assets will be surveyed for condition.*
Objective #6 Criterion 6.1 Performance Measure 6.1.a	*Number of completed condition surveys/number of condition surveys planned. The goal is 85%.*
Performance Measure Result	LBL planned to complete four building surveys this fiscal year but will actually complete seven surveys. For FY94, 175% of the planned surveys were completed. The Performance Measure was exceeded.
Successes/Shortfalls	None identified.
Supporting Data	The number of surveys planned and accomplished is directly related to funding of the CAMP/CAS program. DOE-ER does not make additional funds available for this program.

Objective #6 Criterion 6.2	*The Laboratory will maintain an effective Capital Assets Management Program.*
Objective #6 Criterion 6.2 Performance Measure 6.2.a	*Number of projects submitted for validation included in current CAMP Report*/total number of projects submitted for validation. The goal is to trend toward 100% with minimum of 90%.* *(*Note: The CAMP order is a high priority Order currently in Section 3 of Appendix G of the UC-DOE contract. LLNL and LANL are generating CAMP reports and LBL will meet the goal using an equivalent report following guidance from the Landlord program office. Unforeseen programmatic projects which respond to changes in programmatic mission or unforeseen technology transfer opportunities are excluded from this measure.)*
Performance Measure Result	LBL has met this objective for FY94 with 100% consistency between the CAMP Report and the validation project list.
Successes/Shortfalls	None identified.
Supporting Data	All MEL-FS projects submitted for validation were included in the current CAMP Report. Program projects are not part of the CAMP process.

Self-Assessment for Facilities Management	
Office of Primary Responsibility (if appropriate):	
Approved By:	
Cognizant Division Director or Associate Director (Optional)	Date
Functional Manager	Date Sept 20, 1994
Head, Office of Primary Responsibility (Optional)	Date

Independent Evaluation of LBL's Self Assessment Against Contract 98, Appendix F, Objective Standards of Performance
Fiscal Year 1994

Functional Area: **Facilities Management (Special)**

Evaluators:

Jon Stanley	**Manager, OAA**
Name	Title
Operations, LBL	
Organizational Affiliation	
Ron Yourd	**Project Manager, ENG**
Name	Title
Engineering, LBL	
Organizational Affiliation	

Overall Evaluation:

The evaluation team reviewed each performance measure addressed in the Facilities Management Functional area. Overall, the measures are addressed objectively. Appropriate supporting data is available to backup the conclusions reached in each case.

The process used to collect, analyze and present the data and performance results is adequate and the results are presented in the format specified by the UCLAO *Self Assessment Manual* dated July 15, 1994. Assumptions used in either collection or analysis of data (if any) are listed in the supporting documentation.

Independent Evaluation of LBL's Self Assessment Against Contract 98, Appendix F, Objective Standards of Performance
Fiscal Year 1994

Accuracy and Completeness:

The evaluation team evaluated the accuracy of a selected set of results, based upon review of supporting data presented by the Facilities Department. The set was selected using the team's judgment as to importance of the measure and complexity of the analysis. Several of the measures were to merely establish a baseline for future trending of results. The establishment of the baselines appeared to be appropriate.

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 appears to be appropriate and adequate for measurement of performance.

Recommendations:

None

Signature: Matt W. Fang — 9/12/94
Name — Date

R. Young — 9/12/94
Name — Date

Self-Assessment Report for Fiscal Year 1994

Financial Management

Performance Characterization

Overall, Lawrence Berkeley Laboratory's performance in the Financial Management area exceeds expectations. While there is room for improvement in some areas, better performance in other areas offsets this. Corrective-action progress is excellent, with almost all items on or ahead of schedule. The item that is behind schedule is documented as to the reasons for delay, and revised schedules are in place.

Performance Objective #1	*Meet DOE requirements for content, format, and timing in the submission of required budgets, financial data, and reports.* ***(Weight = 10%)***
Summary	The Laboratory maintains an internal tracking log for the LBL/DOE Budget Submission, and the budget was completed and submitted on schedule. LBL has responded promptly to all DOE requests and reporting requirements, with 100% of its submissions being on time or early.

Objective #1 Criterion 1.1

Direct and indirect budgets to be submitted in accordance with DOE requirements.

Objective #1 Criterion 1.1 Performance Measure 1.1.a

Identify due dates of DOE budget submissions to be tracked. Graph % of budgets on time.

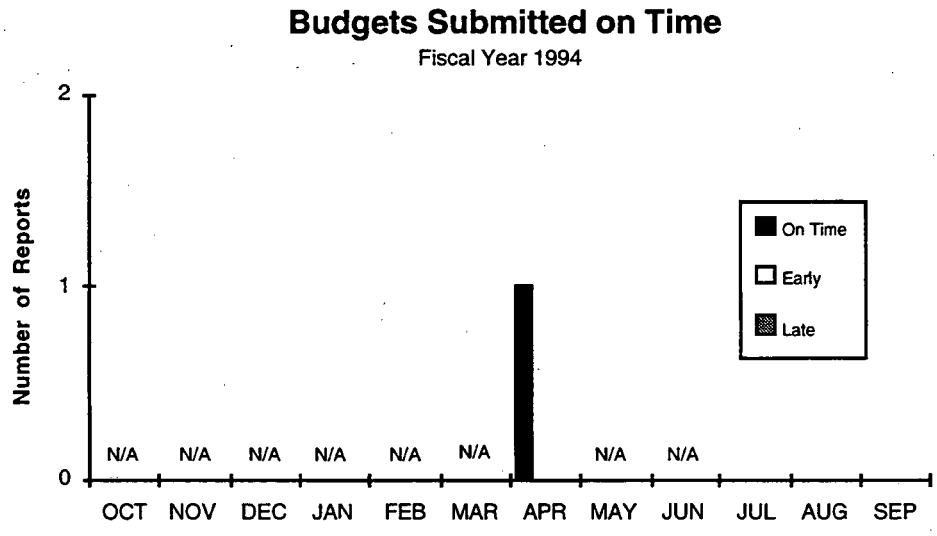
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

The DOE budget submission is an annual process. An internal tracking log is kept to track due dates for each budget submission. This tracking process is based upon the Unical and other budget-related guidelines received from DOE. The LBL/DOE Budget Submission was due April 1, 1994, and was submitted on time.

Supporting Data



Performance Measure 1.1.a

Objective #1 Criterion 1.2

Submit responses to written requests for financial information to DOE.

Objective #1 Criterion 1.2 Performance Measure 1.2.a

Record date requests are received. Record date requests are responded to. Chart % of on-time performance.

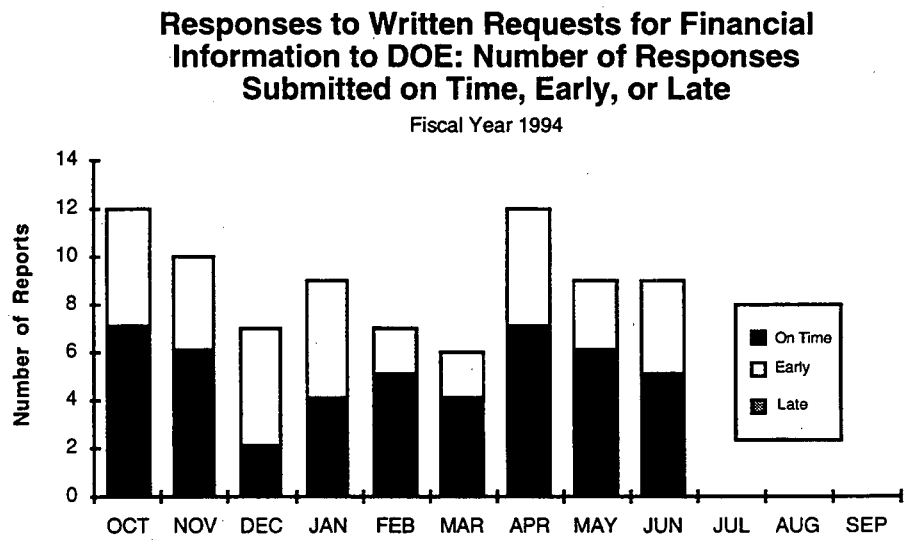
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

To date, all DOE requests and reports have been submitted on time or early. LBL received prior verbal or written extensions for reports that were delayed due to external factors. Reports that are submitted by the extended due date are considered "on time" for purposes of this Performance Measure.

Supporting Data



Performance Measure 1.2.a

Performance Objective #2

Provide effective management of DOE funds to ensure their appropriate use and to preclude use of funds beyond authorized levels. ***(Weight = 40%)***

Summary

The Laboratory has effectively met the requirements of this objective. DOE funds have been well managed, and costs are monitored monthly. Reimbursable programs are analyzed, and Laboratory Division Administrators are notified when costs reach 75%. LBL has implemented daily administrative procedures to ensure that the Letter of Credit balance is maintained at as low a level as possible. Effective May 1, 1994, procedures also were implemented that have resulted in all collections, other than reduction of cost collections, being deposited directly to the Federal Reserve Bank. The lack of a finalized banking agreement has precluded the Laboratory from performing Performance Measure 2.3a, which relates to this agreement. Financial Management (FM) monitors all internal and external reviews, and financial findings are tracked and acted upon in a timely manner. Imprest Funds are operated in accordance with DOE policy in all areas except cashier liability. A solution to this issue is currently being negotiated with DOE.

Objective #2 Criterion 2.1

Assure that all costs and commitments will be within DOE authorized funding levels.

Objective #2 Criterion 2.1 Performance Measure 2.1.a

Identify funding levels. Control costs to B&R level 9; graph % within funding levels. Control commitments within authorized major funding levels (ECOR).

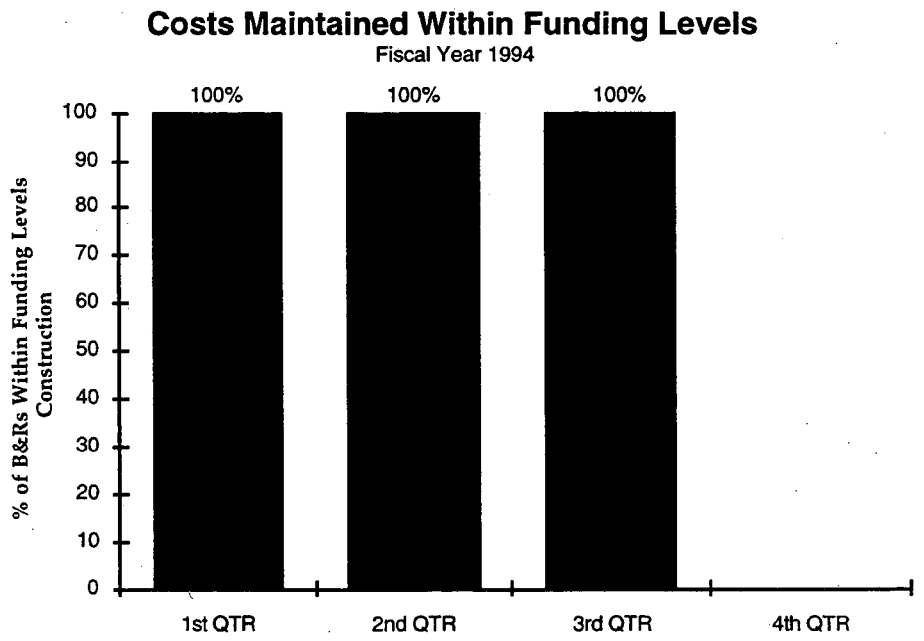
Performance Measure Result

Meeting the objective of this Performance Measure is applicable only at year-end for all fund types except line-item construction. The UC grade will be assessed consistent with this statement.

Successes/ Shortfalls

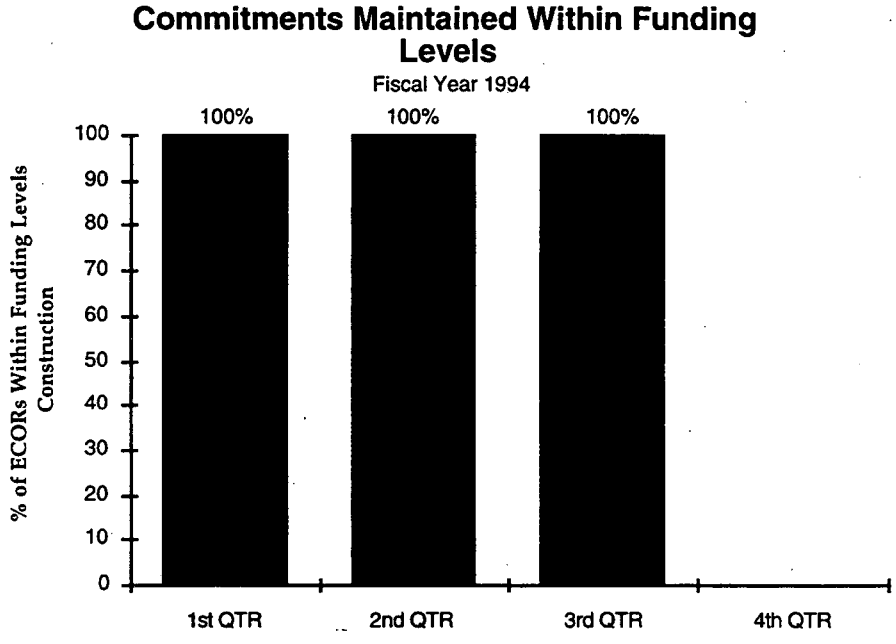
At the end of FY93, 100% of all costs submitted to DOE were within B&R level-9 authorization levels and 100% of costs plus commitments were within DOE ECORs. Currently, the Laboratory receives funding in over 222 B&Rs and over 30 ECORs. The Laboratory's financial system provides for continued monitoring of costs on a monthly basis utilizing mainframe-database and PC-spreadsheet programs to compile and compare funding and cost data. The operation costs are not currently 100% within authorized levels. However, meeting this objective is only applicable at fiscal year-end. It is projected that these costs will be within funding levels at that time.

Supporting Data



Performance Measure 2.1.a

Supporting Data
(Continued)



Performance Measure 2.1.a

Objective #2 Criterion 2.2

Assure that work-for-others and technology-transfer activities are properly authorized, costed ,and reported, including the use of BSC 1419, as appropriate.

Objective #2 Criterion 2.2 Performance Measure 2.2.a

Identify work-for-others costs and revenues at the funding-order level. Graph % of funding levels on a monthly basis, taking into consideration interim UC funding.

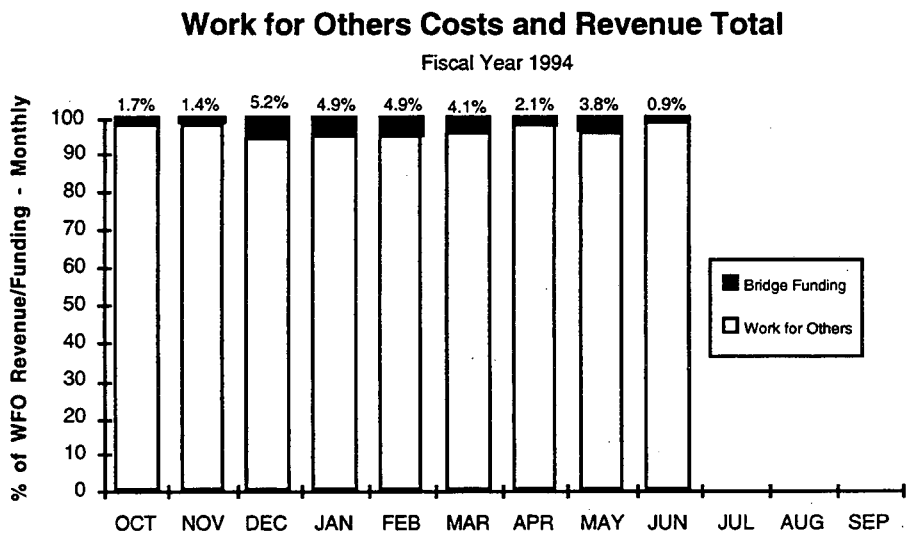
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

Reimbursable programs are monitored on a monthly basis. Additionally, the Laboratory Division Administrators are notified when costs reach 75%. All work-for-others and technology-transfer activities/accounts are supported by funding documents. All programs showing an "overrun" are either covered by bridge funding, currently being billed, or analyzed and cleared on a monthly basis.

Supporting Data



Performance Measure 2.2.a

Objective #2 Criterion 2.3	*Assure effective Letter of Credit (LOC) practices with special emphasis on:* *(1) minimizing account balances* *(2) proper compensation of financial institutions.*
Objective #2 Criterion 2.3 Performance Measure 2.3.a	*Identify major components of agreement. Graph the % of agreement achieved.*
Performance Measure Result	LBL's banking agreement required renegotiation when Security Pacific Bank merged with Bank of America. As of June 30, 1994, the renegotiated agreement had not been finalized. Therefore, this Performance Measure is not applicable at this time.
Successes/ Shortfalls	Financial Management has designated a Senior Accounting Specialist to monitor all aspects of agreement compliance and to act as liaison with both the Department of Energy and the Bank of America on related issues. When finalized, the only component in the agreement intended for measurement against this standard will be the review and accurate payment of the monthly account analysis and billing statement.
Supporting Data	Not applicable.

Objective #2
Criterion 2.3
Performance Measure 2.3.b

Identify daily balances for each Letter of Credit (LOC). Graph the daily balances for each LOC by month against zero target line.

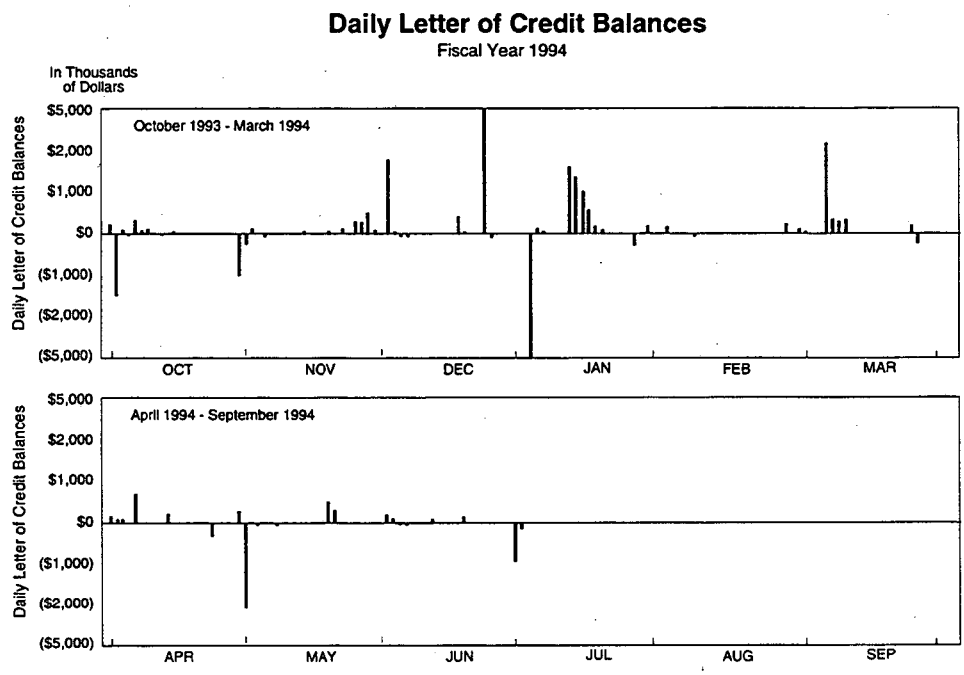
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

Daily administrative procedures were implemented to comply with this Performance Measure. The Senior Accounting Specialist who monitors this function has developed a spreadsheet that takes into account deposit float, incoming wires that are known about in advance, cash-vault requests made by the cashier, and payroll amounts with projections that spread the payroll base over the actual number of days that the checks will take to clear. Any variances were generally due to administrative errors in projecting the Laboratory's daily cash outlays, which were corrected within the terms of DOE regulations as referenced in DOE Order 2200.6A (Chapter 1-7c[4][g]). All of last year's corrective action plan items and key milestones were completed on schedule.

Supporting Data



Performance Measure 2.3.b

Objective #2 Criterion 2.4	*Operate all imprest funds in accordance with DOE policy.*
Objective #2 Criterion 2.4 Performance Measure 2.4.a	*Review DOE requirements. Document compliance to DOE requirements.*
Performance Measure Result	DOE requirements have been reviewed, and LBL's level of compliance is being documented. However, precise compliance with the DOE Order is lacking in the area of cashier liability.
Successes/ Shortfalls	The Laboratory has reviewed DOE Order 2200.6a, Paragraph 8. Cashier files located in the Finance and Accounting Offices document LBL's level of compliance with DOE imprest-fund policy requirements. As of June 30, 1994, the issue of cashier liability remained an open item with DOE. Currently, the LBL cashier is not personally liable for losses. A solution to this issue is being negotiated with DOE. It is anticipated that an assurance document will be finalized by fiscal year-end.
Supporting Data	Not applicable.

Objective #2 Criterion 2.5

Assure all revenues are promptly collected, processed, and classified appropriately.

Objective #2 Criterion 2.5 Performance Measure 2.5.a

Develop reports showing collections and classifications. Validate classifications and document to DOE requirements.

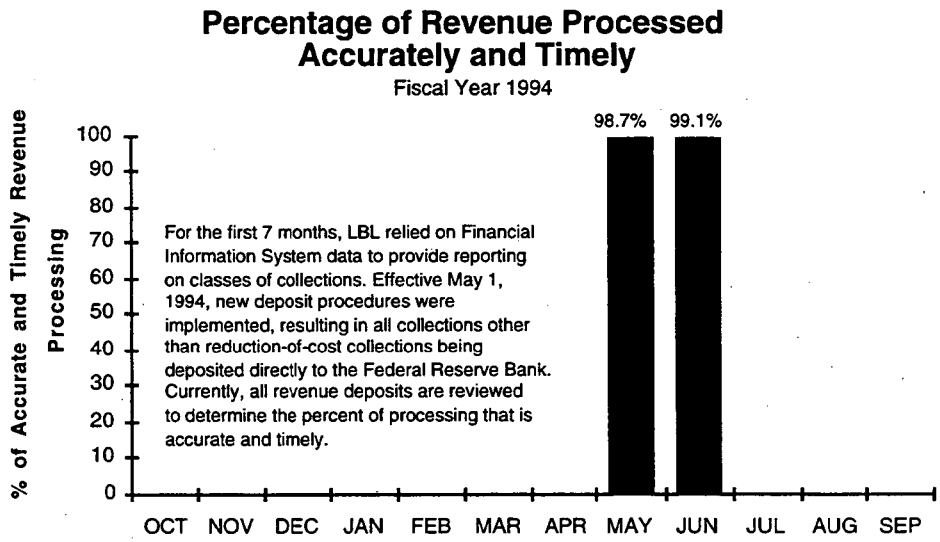
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

The Laboratory has reviewed DOE Order 2200.6a (Chapter IX-6), which outlines the DOE requirements. For the first seven months of FY94, compliance with the standard was accomplished through the Financial Information System (FIS) Reports on file in the Finance and Accounting Office. These Reports identify LBL's revenue collections and classifications. Effective May 1, 1994, new deposit procedures were implemented, resulting in all collections, other than reduction-of-cost collections, being deposited directly to the Federal Reserve Bank. Currently, all revenue deposits are reviewed to determine the percentage of accurate and timely processing. Out of total deposits of approximately $9 million during May and June, $258,000 were either held an extra day before being deposited or were erroneously deposited to Bank of America before being transferred to the Federal Reserve Bank.

Supporting Data



Performance Measure 2.5.a

Objective #2 Criterion 2.6

Assure timely and effective resolution and/or follow-up on financial findings of external and internal review groups.

Objective #2 Criterion 2.6 Performance Measure 2.6.a

Establish a process for prioritizing, scheduling, tracking, and following up on financial findings.

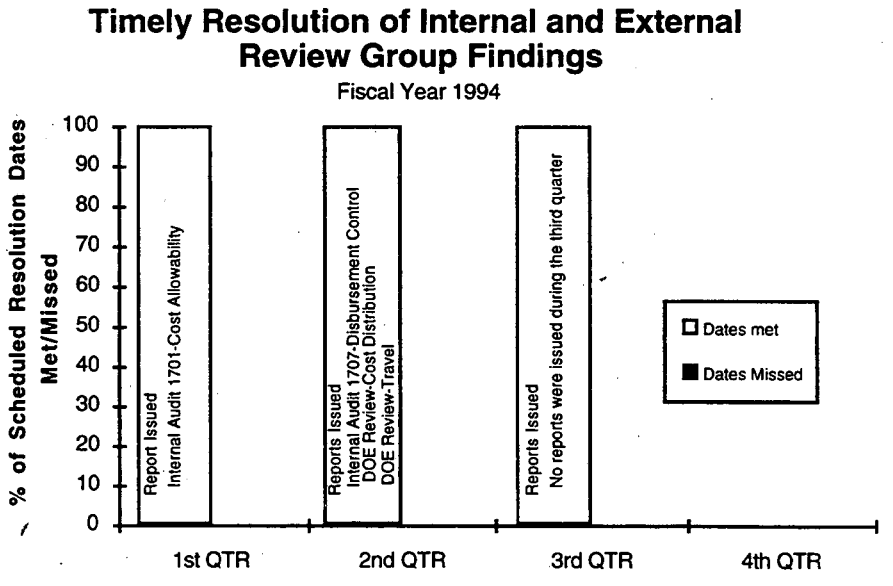
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

An Administrative Specialist is responsible for this function. She prepares a monthly spreadsheet tracking the status of open audits and reviews. When the audit/review is completed, she obtains a list of any items needing corrective action. She works with the affected units to prioritize the findings and schedule resolution dates. She then monitors the progress made on the implementation of the corrective actions. Currently, each audit or review has a separate file, which includes the scheduled and actual dates for completion of the corrective-action plans. An electronic database is currently being developed that will consolidate this information for all audit and review findings.

Supporting Data



Performance Measures 2.6.a and 2.6.b

Objective #2 Criterion 2.6 Performance Measure 2.6.b	*Produce reports showing the delta between labs' scheduled resolution dates and the actual resolution dates.*
Performance Measure Result	The requirements for this Performance Measure have been met.
Successes/ Shortfalls	An Administrative Specialist monitors the status of corrective actions scheduled for completion. Currently, each audit or review has a separate file that includes the scheduled and actual dates for completion of the corrective-action plans. An electronic database is currently being developed that will consolidate this information for all audit and review findings. The monitoring of results and follow-up is independent from the accounting unit/function under review.
Supporting Data	See section 2.6.a, Supporting Data, above.

Objective #2 Criterion 2.7

Policies and procedures are documented and readily available.

Objective #2 Criterion 2.7 Performance Measure 2.7.a

Establish FY94 completion schedule of policies and procedures.

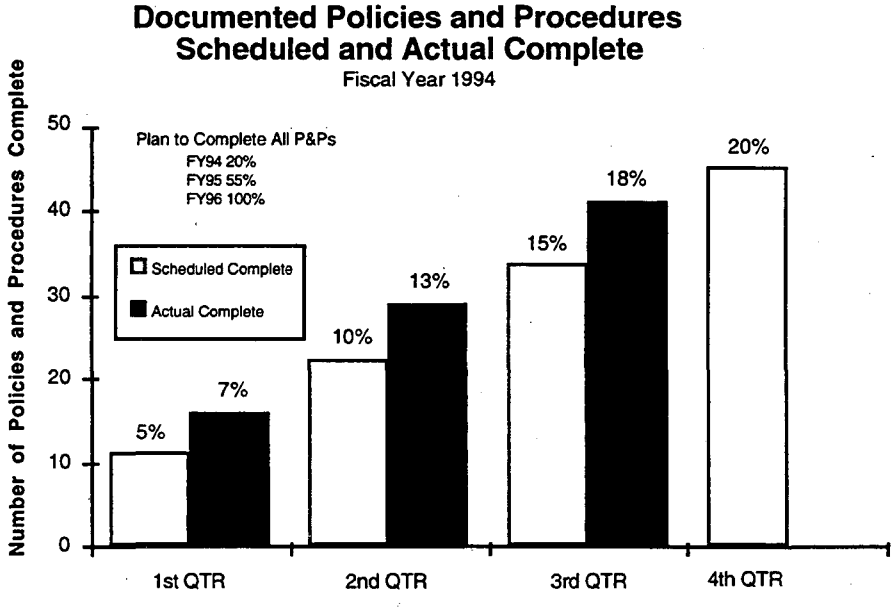
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

A Policy and Procedure Task Force was formed and is actively overseeing the accomplishment of Performance Measures 2.7a and 2.7b. The established schedule sets a target of 20% completion for FY94. As of June 30, 1994, the Laboratory was ahead of schedule.

Supporting Data



Performance Measures 2.7.a and 2.7.b

Objective #2 Criterion 2.7 Performance Measure 2.7.b	*Identify the number of new and revised policies and procedures completed or revised during the FY.*
Performance Measure Result	The requirements for this Performance Measure have been met.
Successes/ Shortfalls	A Policy and Procedure Task Force was formed and is actively overseeing the accomplishment of Performance Measures 2.7a and 2.7b. The task force has completed an inventory of FM/FA existing and required policies and procedures to establish the FY94 baseline. This inventory includes desk procedures as well as an overall Financial Management Manual. Twenty percent of the baseline policies and procedures identified are scheduled for completion in FY94. Progress is monitored quarterly and is currently ahead of schedule.
Supporting Data	See section 2.7a, Supporting Data, above.

Objective #2 Criterion 2.8	*Effective internal controls are in place.*
Objective #2 Criterion 2.8 Performance Measure 2.8.a	*Categorize exceptions noted in the annual contract audit as significant or minor. Provide explanations for significant items.*
Performance Measure Result	The requirements for this Performance Measure have been met.
Successes/ Shortfalls	The Laboratory has developed a tracking system to monitor all reviews and audits. When the audit/review is completed, LBL management analyzes the exceptions and categorizes the findings as significant or minor, based on the level of noncompliance to the contract requirements. If the noncompliance has a major impact, it will be considered a significant item. During this reporting period, no audit findings have been reported that LBL management considers to be significant.
Supporting Data	No audit findings have been reported that LBL management considers to be significant.

Performance Objective #3

Financial systems operate to provide accurate output on a timely basis. ***(Weight = 30%)***

Summary

In general, the Laboratory's financial systems provide accurate output on a timely basis.

In the area of Accounts Payable, the extended implementation date for the new purchasing and receiving system has delayed Accounts Payable in meeting its Performance Measures. The new implementation dates for this system are included in the improvement actions.

Travel claims have been processed accurately and timely, with performance well above the minimum standard of 95%.

Ledger closings have been accomplished well within the five-day requirement. Subsidiary ledgers have been reconciled promptly, and suspense accounts reviewed and cleared in a timely manner.

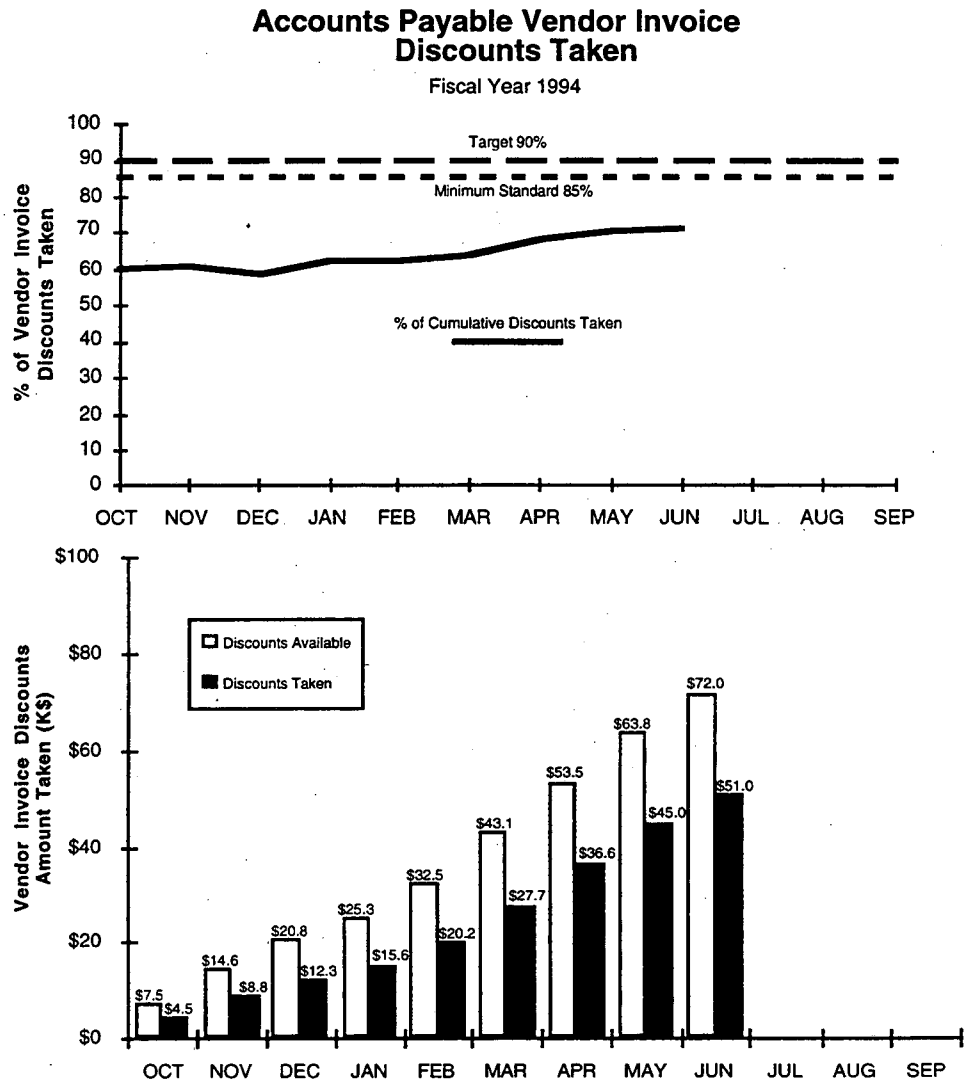
Receivables are being closely monitored, and total past-dues have been reduced below the FY93 baseline. The receivables past-due >180 days have not been reduced below the FY93 baseline. However, this balance is actively monitored with monthly letters and phone calls. It is anticipated that this category will be significantly reduced by fiscal year-end.

Barriers to Improvement

A barrier to improvement in this area has been the delayed implementation of the new Purchasing and Receiving System. The causes for this delay have been identified, and new implementation dates are in place and are on schedule. These dates are included in the Improvement Actions at the end of this functional area section.

Objective #3 Criterion 3.1	*Operate an efficient and effective accounts payable system that results in timely scheduling of payments and obtains a minimum of 85% of available cost-effective discounts, with a target of 90%.*
Objective #3 Criterion 3.1 Performance Measure 3.1.a	*Cumulative graph showing % taken with a standard of 85% and a target of 90% and graph $ value of discounts taken.*
Performance Measure Result	The minimum standard of 85% was not met as of June 30, 1994. However, the Laboratory shows consistent progress toward that goal.
Successes/ Shortfalls	The cumulative percentage of discounts taken increased from 60% in October 1993 to 71% in June 1994. The cash-management module automatically calculates discounts and schedules invoices for payment within the discount terms when invoices are processed on a timely basis. The cost effectiveness of the discount is also calculated. However, the current system is not integrated with Purchasing and Receiving. Therefore, purchase orders and receiving records are coded and batched by Financial Management/Accounts Payable, and the data are entered by an outside service. Invoice entry may be delayed due to a delay in receiving purchase orders and records. The Purchasing and Receiving system is scheduled to be integrated during FY95. To augment and assist the process until the new system is on line, staff from the Accounts Payable (A/P) unit are routinely going to the Receiving Department and doing hands-on searches of receiving documents. The clarification of cost-effective discounts to only include discounts over $10 will allow A/P to concentrate on higher dollar-value discounts to better benefit the Laboratory.

Supporting Data



Performance Measure 3.1a

Objective #3 Criterion 3.2

No more than 15% of vendor payments occur before or after due date.

Objective #3 Criterion 3.2 Performance Measure 3.2.a

Cumulative graph showing % of payments made with 15% minimum standard line and a 10% target line.

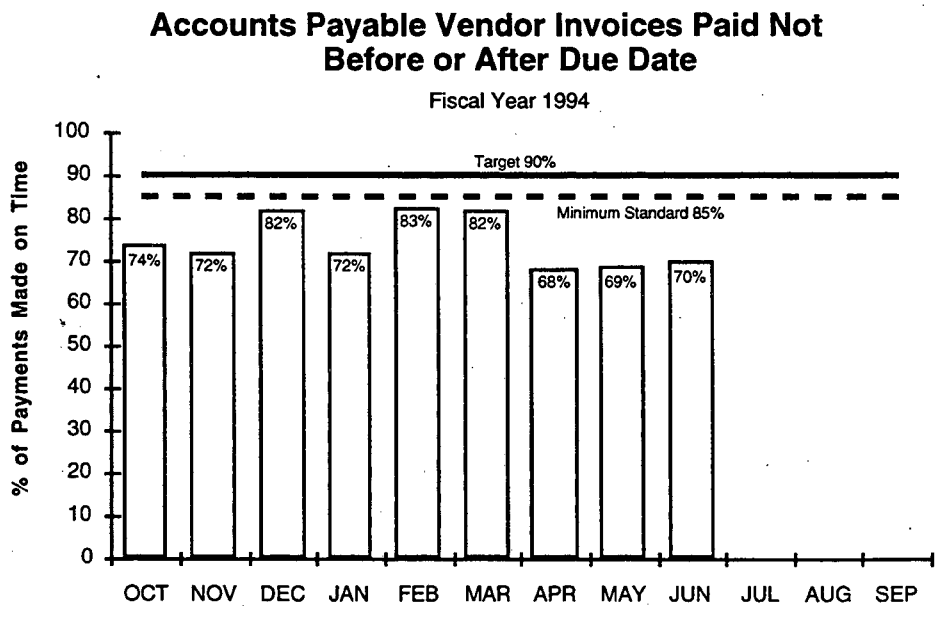
Performance Measure Result

The 15% minimum standard line was not met as of June 30, 1994.

Successes/ Shortfalls

To monitor the level of compliance with this measure, a new Accounts Payable report was developed, which compares invoice-payment dates to due dates. However, the extended-implementation date for the Purchasing and Receiving system has delayed Accounts Payable in its meeting of this Performance Measure. The integration of the new system began on schedule in September 1993 with the acceptance-testing phase. The customization phase took considerably longer than anticipated due to the complex interface requirements of the four existing LBL systems. The Purchasing and Receiving system is currently being tested in limited production, with full implementation scheduled to begin October 1, 1994. A six-month phase-in period is projected.

Supporting Data



Performance Measure 3.2.a

Objective #3 Criterion 3.3

Ninety-five percent (95%) of travel claims will be accurately paid within three weeks of receipt.

Objective #3 Criterion 3.3 Performance Measure 3.3.a

Cumulative graph showing % paid with 95% minimum standard line.

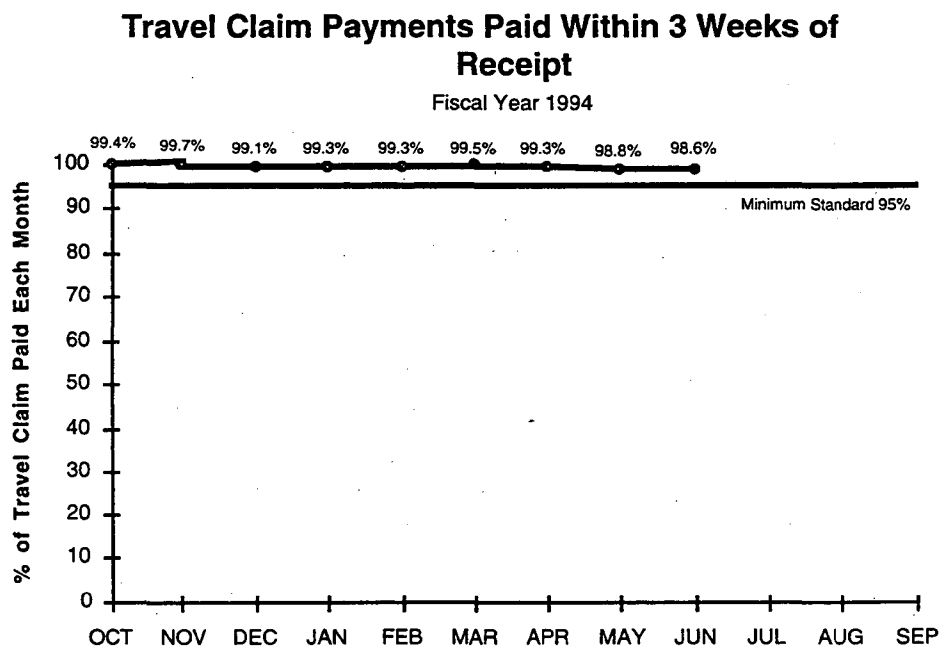
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

An automated report records the date that vouchers were received and the date payments were processed. This report also highlights any exception items not paid within three weeks of receipt. These items can then be researched to determine the cause of the delay. Currently, the Laboratory is performing this Performance Measure well above the minimum standard of 95%. Last year's corrective-action plan for this measure was completed and implemented on schedule.

Supporting Data



Performance Measure 3.3.a

Objective #3 Criterion 3.4

The monthly ledger closing period will be within five working days, with a goal to reduce to this to three-and-a-half working days.

Objective #3 Criterion 3.4 Performance Measure 3.4.a

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.

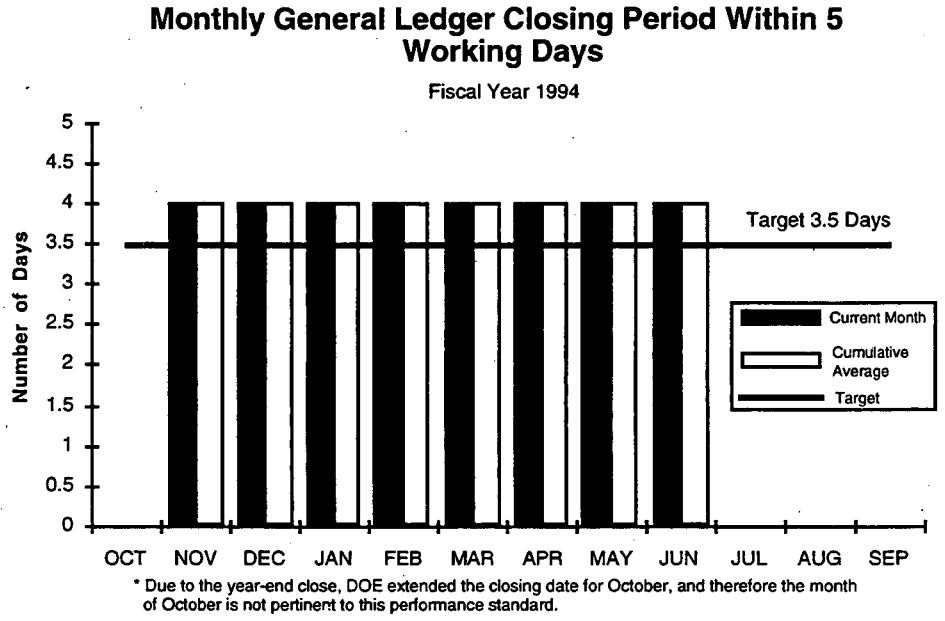
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

The target for meeting this standard is to have data ready for transmittal to DOE prior to 8:00 a.m. on the fifth working day. The two exceptions are the September and October closings, which are governed by special FIS submission dates. Actual closings in FY94 have all been accomplished within four days, with data ready for transmittal prior to 8:00 a.m. on the fifth working day.

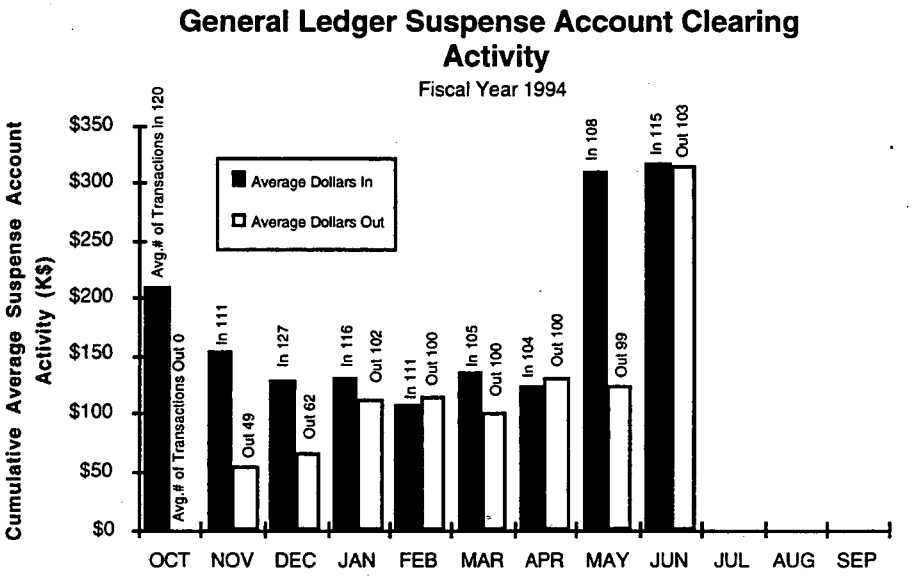
Supporting Data



Performance Measure 3.4.a

Objective #3 Criterion 3.5	*Suspense account balances will be minimized and corrected within 30 days of identification.*
Objective #3 Criterion 3.5 Performance Measure 3.5.a	*Identify dollar total and number of suspense account transactions monthly. Graph corrective actions by month and cumulative average against a 30-day standard line.*
Performance Measure Result	The requirements for this Performance Measure have been met.
Successes/ Shortfalls	During the first quarter of FY94, suspense accounts were not cleared within 30 days. During the second quarter, the accounts were monitored more closely and the timeliness of corrections improved significantly. As of June 30, 1994, the year-to-date amount going into suspense accounts totaled $2,860K. The total amount transferred out of these accounts was $2,524K. The balance remaining in these accounts consists primarily of June transactions that have not yet gone through the 30-day clearing period. Two General Ledger personnel have been assigned the task of analyzing and clearing these suspense accounts. This Performance Measure required that transactions be identified and corrective actions graphed. Therefore, the requirements of the Measure were met. However, the criterion suggests that all corrections should be made within 30 days. Although great improvement has been made during the year, not all corrections have been made within 30 days.

Supporting Data



Performance Measure 3.5.a

Objective #3
Criterion 3.6

Subsidiary ledgers will be reconciled to the general ledger no less than quarterly, and corrections performed within 30 days. Corrections will be made, if material and cost-effective, on a monthly basis.

Objective #3
Criterion 3.6
Performance Measure 3.6.a

Identify subsidiary ledgers and accounts to be reconciled quarterly to the general ledger. Graph the number of reconciling adjusting transactions made against a 30-day standard line.

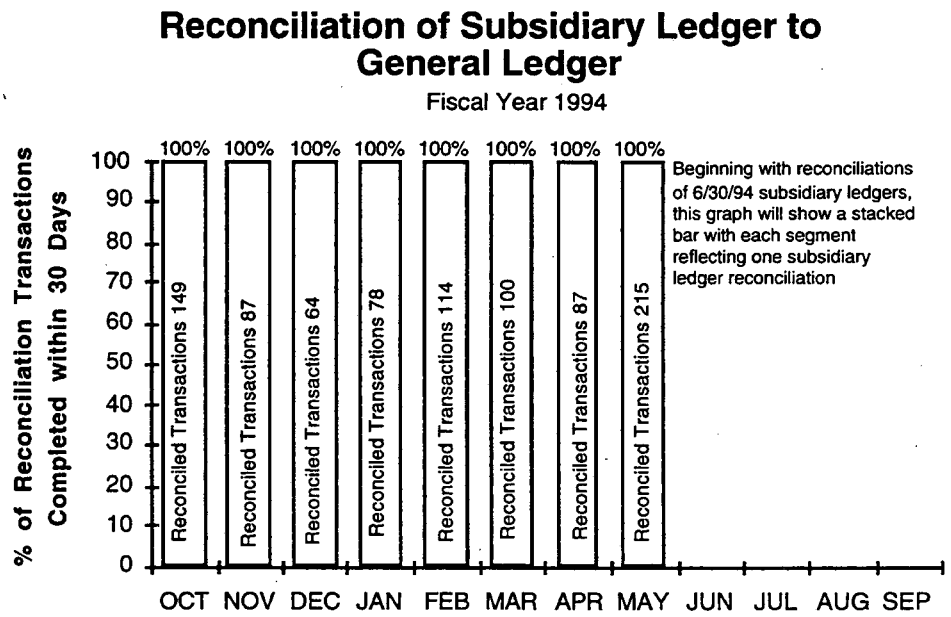
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

During the monthly closing process, closing feeders are reviewed and corrections made as necessary. From October 1, 1993, through May 31, 1994, the number of adjusting transactions was tracked and reported. A three-lab task team met at UCOP on March 15, 1994, and determined that there was no value added in graphing the number of adjusting transactions. Rather, the percent of subsidiary ledgers reconciled each quarter will be charted. Beginning on June 30, 1994, specifically identified subsidiary ledgers will be reconciled no later than quarterly.

Supporting Data



Performance Measure 3.6.a

Objective #3 Criterion 3.7

Assure timely recording, appropriate aging, and aggressive follow-up on accounts receivable; achieve a measurable reduction in delinquent accounts. Recommended target is to reduce receivables over 180 days old by 10%.

Optional Summary

All of the requirements for the Performance Measures in this criterion were met. However, the recommended target to reduce receivables over 180-days old by 10% had not been met as of June 30, 1994. Planned actions, detailed at the Performance Measure level, should result in this target being reached by fiscal year-end. Also, as of June 30, 1994, total receivables had been reduced below the FY93 baseline.

Objective #3 Criterion 3.7 Performance Measure 3.7.a

Establish baseline level of delinquent accounts from FY93 and graph # of delinquent accounts for FY94.

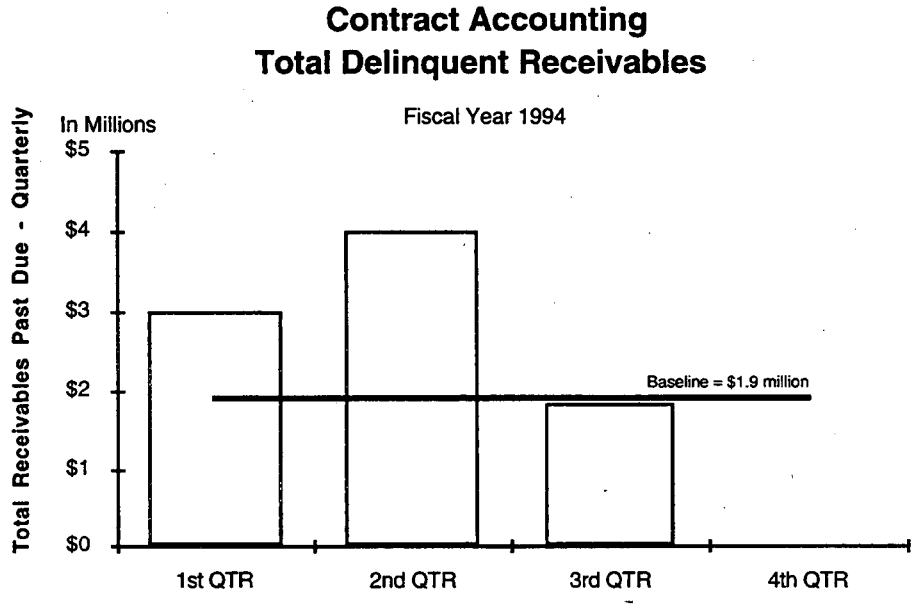
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

Receivables are actively monitored, with monthly telephone calls made and letters written on delinquent accounts. Dollars, and not invoices, have been measured. Thus, those accounts with high dollar value are given priority in collection efforts. As of June 30, 1994, total receivables past-due were reduced below the FY93 baseline.

Supporting Data



Performance Measure 3.7.a

Objective #3
Criterion 3.7
Performance Measure 3.7.b

Graph the average age of accounts receivable by type over time.

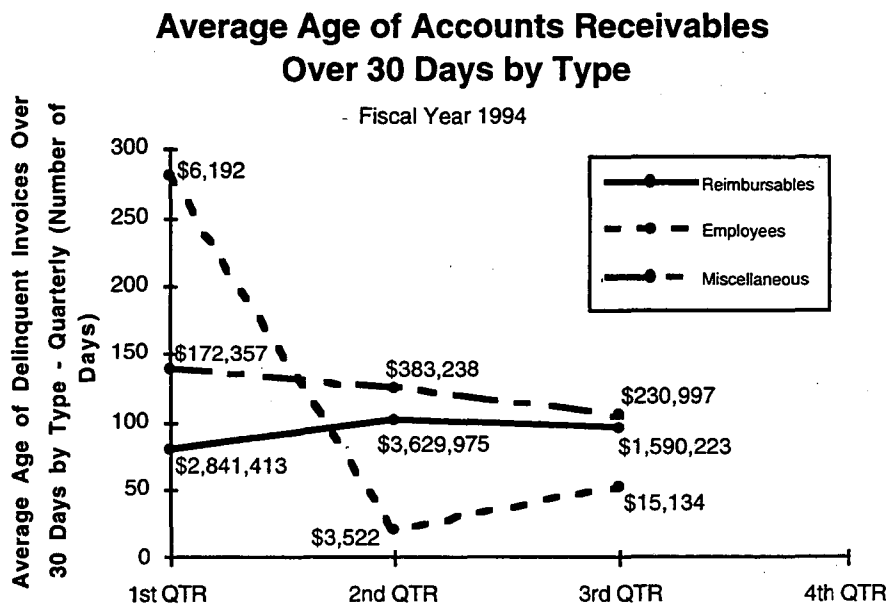
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/Shortfalls

As of June 30, 1994, the number of days outstanding had been reduced over the first quarter results in all categories except WFO. As an additional management tool, the dollars represented by each category are provided in the graph for this Performance Measure.

Supporting Data



Performance Measure 3.7.b

Objective #3
Criterion 3.7
Performance Measure 3.7.c

Define, document, and implement collection procedures. Produce monthly aging report of Revenues Receivable. Graph monthly dollars outstanding at 30, 60, 90, and 180 + days.

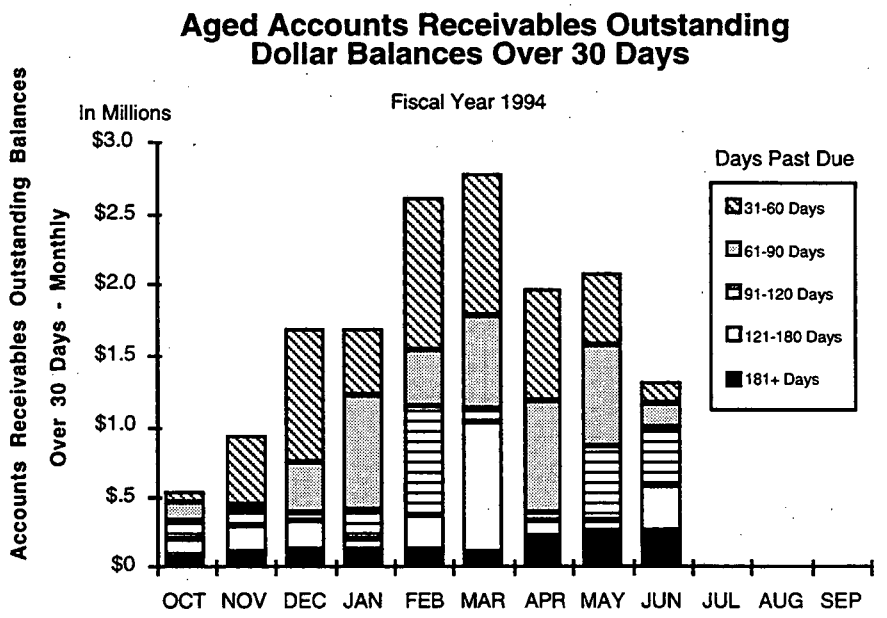
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

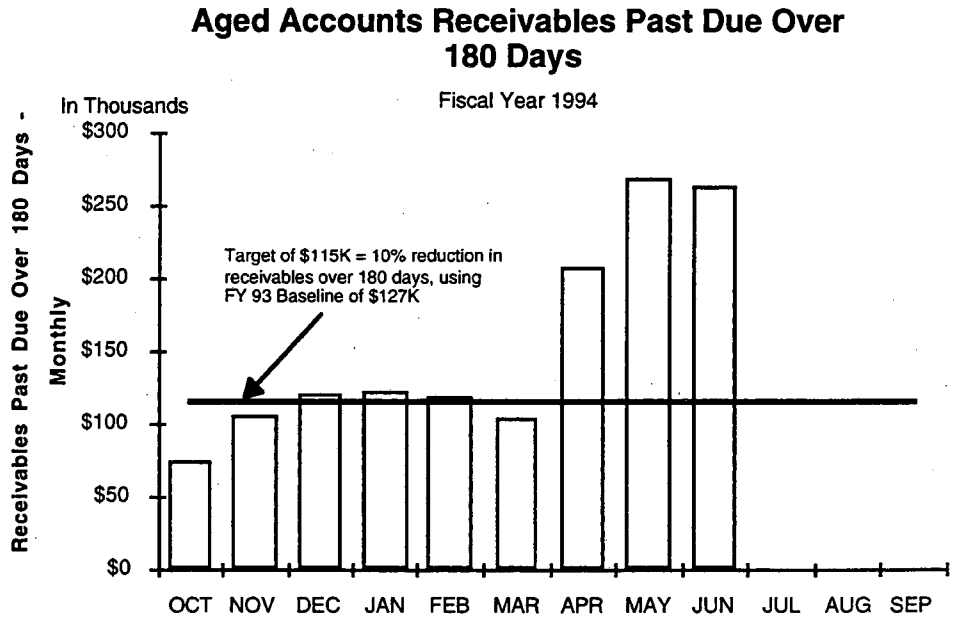
Collection procedures are documented and are being adhered to. As of June 30, 1994, total past-due receivables had been reduced below the FY93 baseline. Also, a large portion of the receivables past-due at June 30, 1994 relate to other federal agencies. Historically, most of these agencies bring their accounts current before their fiscal year-end (September 30th). Therefore, LBL's past-due receivables should be further reduced by September 30, 1994. Of the $263K balance in the >180-day past-due category on June 30, 1994, $100K related to a single invoice. This invoice is being actively followed up on, and the problem should be resolved by fiscal year-end. The remaining balance in this category is also being actively monitored with monthly letters and phone calls.

Supporting Data



Performance Measure 3.7.c

Supporting Data
(Continued)



Performance Measure 3.7.c

Performance Objective #4

Establish and operate efficient systems. ***(Weight = 20%)***

Summary

In general, Financial Management's systems have been established and operated efficiently. The travel-related Performance Measure was met, with costs being reduced below the FY93 baseline. The delay in implementation of the new Purchasing and Receiving system affected Accounts Payable's performance of this objective. Nonintegration of the systems results in a longer A/P processing time and a higher cost per transaction. Meeting the established cost-per-A/P-transaction goal was also difficult because the FY93 baseline was understated. The baseline was calculated with limited data, and it became apparent that the information used was not representative of an entire year's average costs. This situation also occurred in the payroll area, resulting in the cost per paycheck not being reduced to the target level for FY94. The new baselines being established for FY94 in these areas will more closely reflect actual costs, and will be a useful tool in monitoring FY95 costs.

The Laboratory implemented new Account Authority and Cashier systems, which reduced cycle time and increased efficiency in these areas.

Barriers to Improvement

The delay in the implementation of the new Purchasing and Receiving system negatively affected performance of this objective. The appropriate corrective actions appear in the Improvement Actions at the end of this functional area section.

Understated FY93 baselines for Accounts Payable and Payroll costs set unrealistic goals for these areas. Current-year data used to establish FY94's baselines will more accurately reflect costs.

Objective #4 Criterion 4.1

Reduce the cost per accounts payable transaction with sustained or improved performance.

Objective #4 Criterion 4.1 Performance Measure 4.1.a

Establish FY93 baseline cost factors. Graph production cost per transaction with minimum standard line and target line.

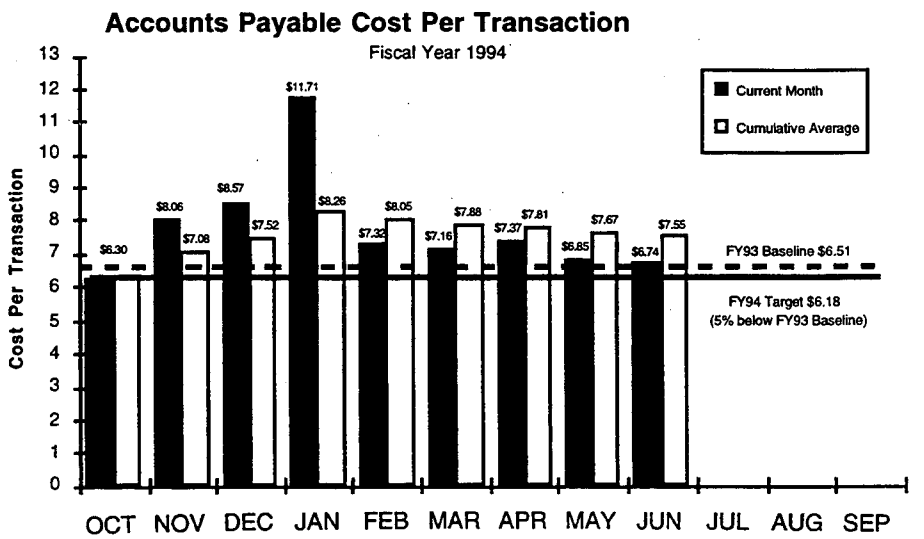
Performance Measure Result

The FY93 baseline cost was established and the FY94 costs monitored; however, the cost per accounts-payable transaction as of June 30, 1994 was not reduced below the FY93 baseline.

Successes/ Shortfalls

January activity represents payments of December's invoices. Thus, the December Christmas break caused a large increase in the per-unit cost in January due to continued expenses being measured against reduced transactions performed. Although this situation will occur every year, FY93 information for the early part of the year was not available. Therefore, the FY93 baseline is understated. The current-year information used to create the FY94 baseline will more closely reflect actual costs per transaction. In general, the monthly cost per transaction has been decreasing. The automation of the Purchasing and Receiving system will decrease the turnaround time and reduce the cost per A/P transaction. This project is included as an Improvement Action.

Supporting Data



Performance Measure 4.1.a

Objective #4 Criterion 4.2

Reduce the processing cost per travel claim.

Objective #4 Criterion 4.2 Performance Measure 4.2.a

Establish FY93 baseline cost factors. Graph production cost per travel claim with minimum standard line and target line.

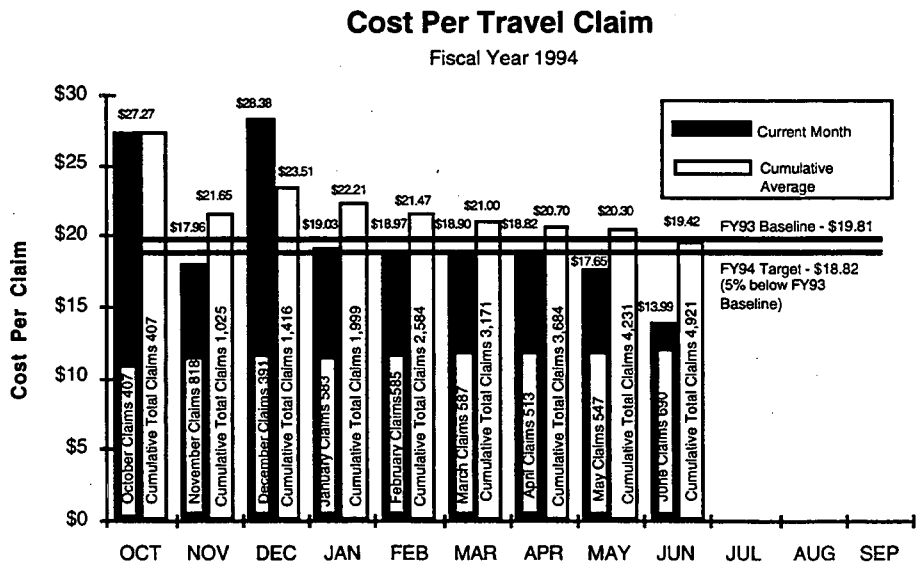
Performance Measure Result

The requirements for this Performance Measure have been met.

Successes/ Shortfalls

DOE Financial Management Systems Improvement Council (FMSIC) assumptions were used to calculate the cost per travel claim. The monthly cost has been at or below the established target line since April 1994.

Supporting Data



Performance Measure 4.2.a

Objective #4 Criterion 4.3

Reduce the processing cost per paycheck.

Objective #4 Criterion 4.3 Performance Measure 4.3.a

Establish FY93 baseline cost factors. Graph cost per paycheck with minimum standard line and target line.

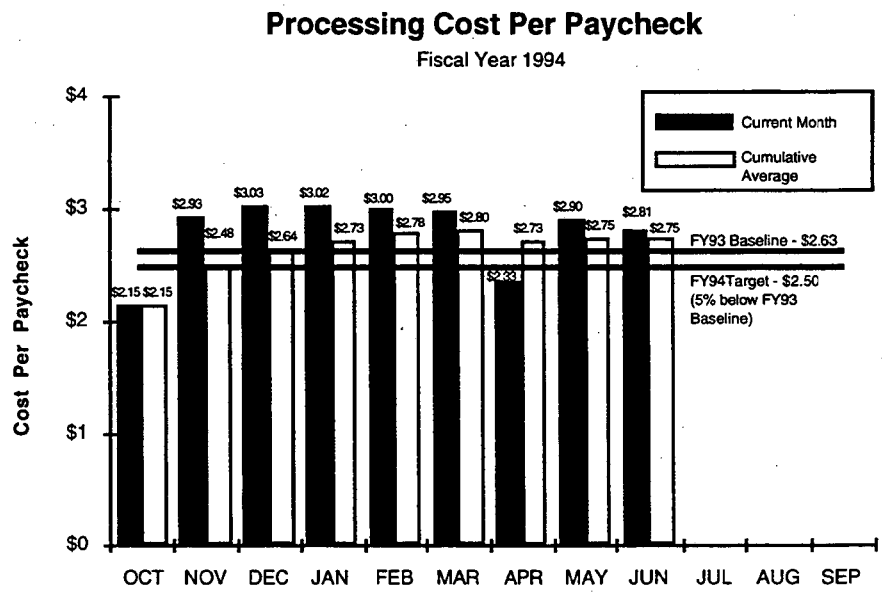
Performance Measure Result

An FY93 baseline was established, and cost per paycheck is being monitored; however, the established target is not expected to be reached by the end of FY94.

Successes/ Shortfalls

In monitoring the monthly cost per paycheck, it has become apparent that the FY93 baseline was understated. This occurred because only three months of data were used to establish the baseline, and these months were not representative of the entire year. Cost information gathered in FY94 will more closely reflect actual costs per paycheck. This information will be used to establish a more accurate FY94 baseline to be used in monitoring FY95 costs.

Supporting Data



Performance Measure 4.3.a

Objective #4 Criterion 4.4	*Demonstrate leadership and achievement in financial management and systems improvements in support of DOE and Laboratory financial initiatives.*
Objective #4 Criterion 4.4 Performance Measure 4.4.a	*The Laboratory will prepare analyses of the impact of system/process innovations on cost, efficiency, cycle time reduction, and increased capacity.*
Performance Measure Result	The requirements for this Performance Measure were met.
Successes/ Shortfalls	Notable achievements have been made in the Account Authorization System and the Cashier System.
Supporting Data	(A) Account Authorization System (1) Previous Signature Authority Book has been replaced with an on-line system that reduces the update cycle from six weeks to overnight turnaround. (2) Training for Divisions to electronically input their own changes to the Account Authorization System is ongoing. After input, these changes are then approved by the Budget Office. Training and equipment upgrades are ongoing for this phase of the new system. (B) Cashier System (1) Development of a new database system reduced the processing time for cashier office transactions. (2) The reduction of transaction processing realized by the new system has allowed the cashier to assume added responsibilities for inputting data to the General Ledger System and the Berkeley Travel Report. (3) Elimination of separate manual-control totals and on-line Accounts Payable System batch input has significantly reduced the amount of time spent by the cashier and the General Ledger staff in daily and monthly reconciliations of cashier transactions. (4) In total, the new cashier system has increased cashier productivity by six days per month and General Ledger staff productivity by two days per month.

Self-Assessment for Financial Management	
Office of Primary Responsibility (if appropriate):	
Approved By:	
Cognizant Division Director or Associate Director (Optional)	Date
Functional Manager	9/23/94 Date
Head, Office of Primary Responsibility (Optional)	Date

Evaluation

Lawrence Berkeley Laboratory
FY94 Appendix F Performance Measures
Financial Management
Evaluation Report

Functional Area: Financial Management

Evaluator(s)/Title(s):
El Reyes, Auditor
Barbara Thibadeau, Budget Administrator

Evaluator's Organization Affiliation within the Laboratory:
El Reyes, Internal Audit Services Department
Barbara Thibadeau, Accelerator and Fusion Research Division

Overall Evaluation:
We conducted a review and examination of supporting documents and interviewed appropriate personnel to evaluate the Financial Management Self-Assessment of the Fiscal Year 1994 Performance Measures included in Appendix F, Part A of Contract 98. Financial Management has 26 performance measures included in Appendix F.

The results of the evaluation disclosed that Financial Management fairly represented the Laboratory's annual Self-Assessments of their performance against the Objective Standards of Performance as defined in Appendix F, Part A of Contract 98.

We found that the requirements of the performance objectives, criteria, and measures were addressed properly, completely, and accurately. Fundamental barriers to improvement (root causes) were identified and appropriate improvement actions have been specified. The University of California Laboratory Administration Office (UCLAO) format instructions were followed. Appropriate supporting documentation was provided for each performance measure.

Accuracy and Completeness:
No exceptions noted.

Adequacy of Supporting Documentation:
No exceptions noted.

Recommendations:
None

Lawrence Berkeley Laboratory
FY94 Appendix F Performance Measures
Financial Management
Evaluation Report

Signature	Signature
INTERNAL AUDITOR Title	Budget Admin Title
September 9, 1994 Date	9 Sep 94 Date

File:EVALRPT.DOC
9/9/94

Self-Assessment Report for Fiscal Year 1994

Human Resources

Lawrence Berkeley Laboratory

Performance Characterization

For the FY93 Assessment Period, the Human Resources function received a "Needs Improvement" rating. During the April through June period, an aggressive Corrective Action Plan was implemented to address the discrepancies listed in the FY93 assessment. Attachment #1 (memo to DOE-OAK and attachments dated June 29, 1994) documents the remedial steps that LBL implemented.*

For the FY94 assessment period, the Laboratory has expanded on the implemented corrective action measures in order to validate achievement of the FY94 Human Resources Performance Measures. Overall, the Laboratory has met and in some cases exceeded all Appendix F Human Resources Performance Measures. A summary of successes and concerns for each Performance Objective and Measure follows.

*NOTE: All attachments referenced in this Human Resources chapter will be found in Volume 2 of this document.

Performance Objective #1

The Laboratory will deliver HR systems in a cost effective manner following the principles and philosophy of the Preamble to Appendix A. ***(Weight = 60%)***

Summary

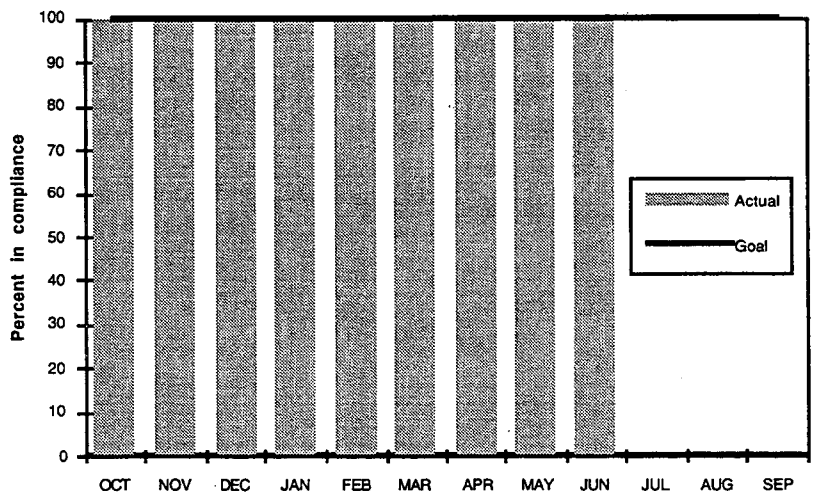
The Lawrence Berkeley Laboratory Human Resources Department has a mandate to positively influence the LBL culture by offering quality programs and services to Division customers and by pro-actively supporting all organizational members in establishing, maintaining, and promoting a team-oriented work environment within an atmosphere of mutual respect and trust. Each individual is empowered to pursue research opportunities and challenged to reach his or her highest potential, resulting in maximum productivity, creativity, and job satisfaction. The Laboratory's goal is to develop a motivated, committed, and educated work team, ready to serve the nation and partner with the community to support the mission of the Department of Energy. The Laboratory's Strategic Plan states in part:

"We will make LBL the location of choice for facilities and programs. Our operational, administrative, and technical services will integrate seamlessly with the research and engineering programs to make an LBL that works. All of our activities will be conducted with full regard for the environment, health, and safety.

"We are committed to developing our people to their fullest potential. We value and seek diversity in our work force. We will create an environment that respects the individual, encourages leadership, stimulates innovation, fosters integrity, and demands excellence."

The Laboratory adheres to a market-driven compensation philosophy and compensation standard outlined in the Appendix A Preamble. The Human Resources Department monitors personnel programs, policies, and procedures to ensure that personnel expenses are allowable as specified in Appendix A.

Salary Ranges in Compliance with Appendix A



Responsible person: W. Blount

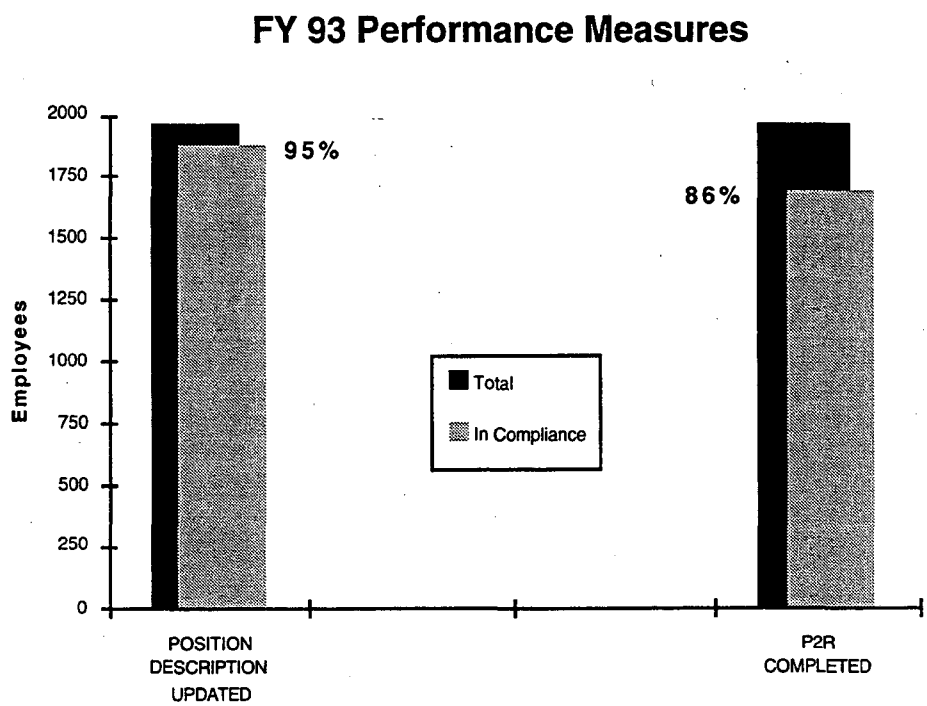
Summary (Continued)

The Laboratory has approved a vendor contract to implement a new Human Resource Information System/Payroll System. Implementation is scheduled for FY95. 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.

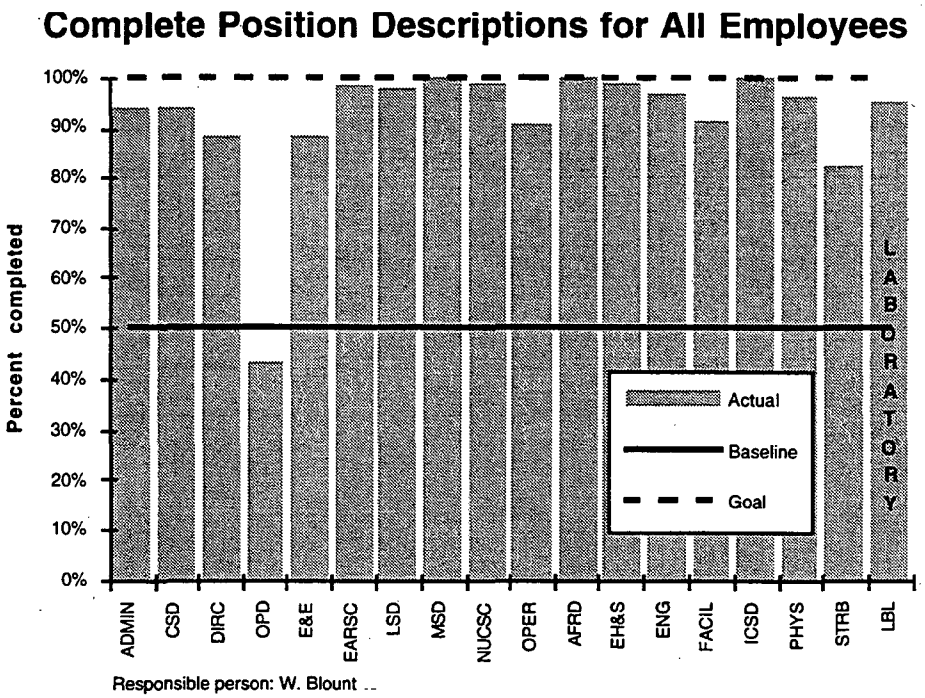
Barriers to Improvement

Because of budgetary constraints and less than optimal communications with the research Divisions, the Human Resources Department's ability to respond to customer requirements has been limited because we have not filled all vacant positions. A Human Resources strategic planning effort involving Division Directors, senior administrative staff, and Human Resources staff has resulted in the formation of a vision and mission for the Human Resources Department. This exercise identified the current view of Human Resources services and has resulted in the creation of a set of principles with expected outcomes about the delivery of service for Compensation, Employee Relations, Labor Relations, Benefits, Training, and Staffing. Efforts are under way to increase communications, and analysis is under way to sort out priorities and shift resources to meet customer requirements.

Objective #1 Criterion 1.1	*A current job description system for all positions in accordance with the university's job classification standards.*
Objective #1 Criterion 1.1 Performance Measure 1.1.a	*% of positions for which accurate position descriptions exist. Baseline is 50% by April 1994 and 95% by December 1994, thereafter, % of existing position descriptions reviewed and revised.*
Performance Measure Result	The Performance Measure has been exceeded to date. The baseline of 50% was exceeded with FY93 data, which indicate that accurate position descriptions exist for 95% of all career employees. It is expected that this Measure will be exceeded with FY94 data, which will be provided as an addendum to this report.



Performance Measure Result (Continued)



Successes/Shortfalls

The Laboratory established an aggressive Corrective Action Plan to establish a central verification process for position descriptions. In May 1994, the Human Resources Department validated completed position descriptions in the Divisions for regular/career (full and part-time) positions for FY93.

In August 1994, using a similar process, the Divisions again will validate existing position descriptions for regular/career employees for FY94. The validation methodology is incorporated as part of the annual salary review and merit increase process.

This information will be submitted in September as a supplement to the FY94 assessment.

An updated position description is required for posting all career vacancies.

Supporting Data

See Attachment #2, FY 1993 Verification. Refer to Attachment #13.

Objective #1
Criterion 1.1
Performance Measure 1.1.b

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. Establish baseline in 1994.

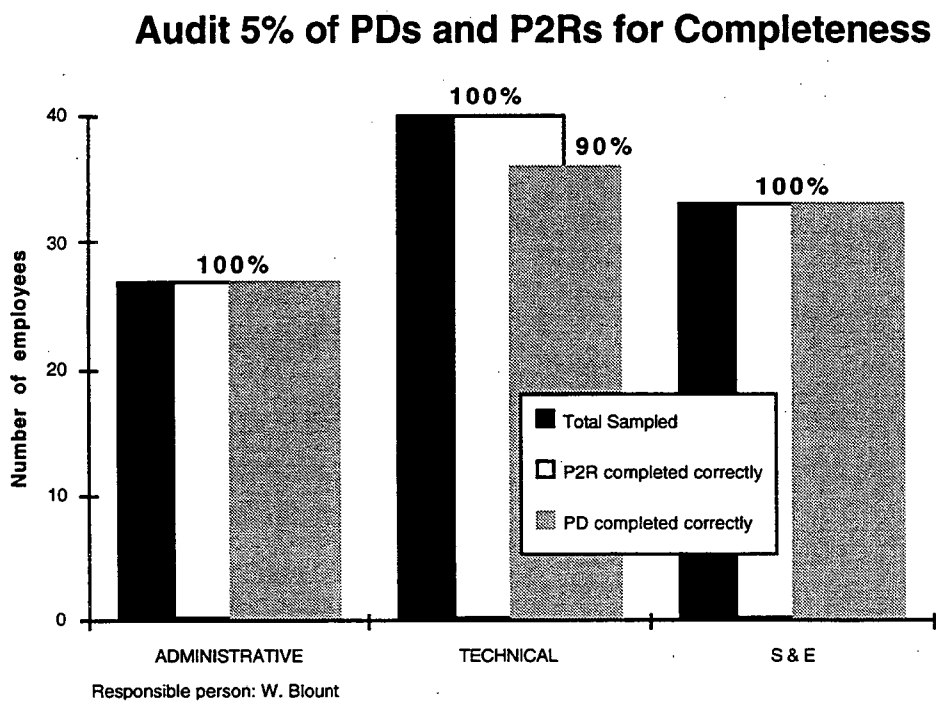
Performance Measure Result

The Performance Measure has been exceeded to date with FY93 data. The Human Resources Department selected a statistically random 5% sample of all existing position descriptions in the three employee groups: Administrative, Technical, and Scientists and Engineers. The total sample size was 100. The position descriptions were reviewed to determine the appropriateness of the classification and the completeness of the information. It is expected that this measure will be exceeded with FY94 data, which will be provided as an addendum to this report.

Successes/Shortfalls

Of the position descriptions reviewed, 94% were complete and correctly classified. Six positions were found to have incomplete information or no position description.

In September 1994, using a similar process, Human Resources will conduct a 5% sampling of position descriptions for FY94. A report on this sampling will be submitted in September as a supplement to the FY94 assessment.



Supporting Data

See Attachment #3, Validation Sample.

Objective #1 Criterion 1.1 Performance Measure 1.1.c	*Cumulative % of classifications reviewed and updated. Baseline is to have every classification reviewed at least once every five years.*
Optional Summary	Note: Per agreement, Scientist and Engineer and represented classifications are excluded from this Measure.
Performance Measure Result	This Measure is being met. LBL has reviewed and updated 20.2% of its non-Scientist and non-Engineer classifications and is well on the way to ensuring that every classification (100%) will be reviewed within five years to meet this Performance Measure. Results were obtained by the development and implementation of 23 new classifications that better reflect the work performed at the Laboratory and provide improved career paths for employees. The number of nonrepresented and non-Scientist and non-Engineer classifications at the beginning of FY94 was 115.
Successes/Shortfalls	Many of the new classifications created follow from the implementation of LBL's new Scientist and Engineer (S&E) pay program, which includes new appointment levels and leadership positions. The new classifications better define the role of engineering support jobs instead of fitting the old ones into the new S&E program. The new classifications are also written in a new job family format that better defines job levels by using compensable factors. Work has already begun to review and update classifications in the Administration Division, starting with budget /finance and information systems jobs. An action plan is in place to meet the baseline Measure to have every classification reviewed at least once every five years. Shortfalls include the lack of available trained HR staff to increase the number of classifications currently being reviewed.
Supporting Data	The following classifications were reviewed and implemented in FY 1994: Facilities Architect, Senior Facilities Architect, Chief Facilities Architect, Facilities Engineer, Senior Facilities Engineer, Chief Facilities Engineer, Facilities Project Manager, Senior Facilities Project Manager, Chief Facilities Project Manager, Senior Facilities Estimator, EH&S Professional 1 through 4, Computer Systems Engineer 1 through 3, Senior Computer Systems Engineer, Computer Systems Supervisor, Computer Systems Manager, Computer Operations Supervisor, Change Control Administrator, Security/Change Control Supervisor.

Objective #1
Criterion 1.2

A job evaluation system which describes and assesses the internal value of job classifications and places them in a structure appropriate to the occupational group.

Optional Summary

Agreement has been reached to document the existence and use of a formal job evaluation system. Towers Perrin was selected by UC to conduct the Laboratory classification system reviews. Performance against this Measure will be based on the program goals established by the Towers Perrin classification system reviews. The LBL Compensation staff has interacted with the consultants and is fully committed to implementing the recommendations.

Objective #1
Criterion 1.2
Performance Measure 1.2.a

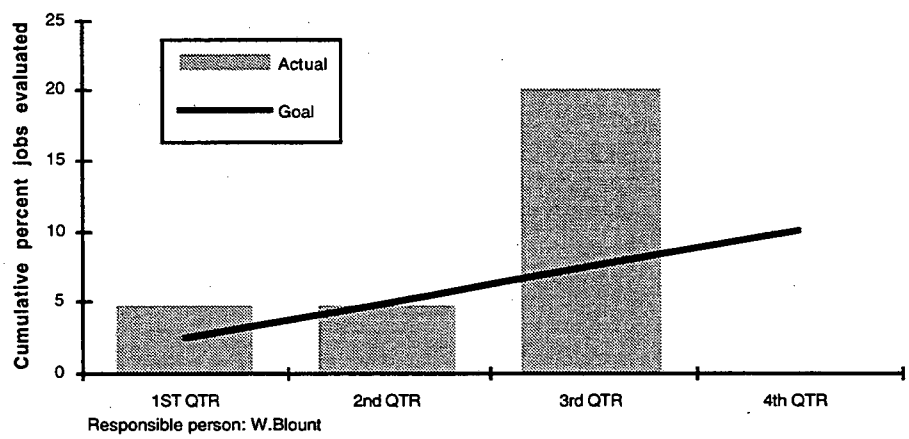
The Laboratory formally documents its job evaluation system by July 31, 1994.

For LBL: 10% of all classified jobs are evaluated by October 30, 1994, using this evaluation system.
For LANL: 20% of all classified jobs are evaluated by October 30, 1994, using this evaluation system.
For LLNL: 10% of all classified jobs are evaluated by October 30, 1994, using this evaluation system.

Performance Measure Result

This Measure was exceeded. As described above for Measure 1.1.c, the Laboratory implemented 23 new classifications (see supporting data for Measure 1.1.c) using the Factor Comparison Job Evaluation System, resulting in the evaluation of 20% of all classified jobs with the assignment of new pay ranges. The system used was the result of a collaborative effort of both the compensation unit and a compensation consultant (Shari Carter of CompAnalysis). It was designed to provide a strong job-to-market reference. Towers Perrin reviewed it as part of the Classification Systems Review, considering it one of the approaches most likely to be successful in the Laboratory's environment. The Laboratory has successfully completed Phases 1 & 2 of the Action Plan found in the Classification Systems Review.

Evaluate Ten Percent of All Classified Jobs by October 30, 1994



Successes/Shortfalls

In 1992, the Laboratory initiated development of a method for job evaluation using internal job analysis through factor ranking and external job market analysis. This methodology matches salary grade midpoints to the market based on functional position responsibilities and required qualifications. Salary grades are validated by salary surveys, which best reflect the external labor market. Shortfalls included a nine-month delay in the job evaluation project due to delays in UC and DOE approval of the CompAnalysis company consulting agreement to complete the project.

Supporting Data

See Attachments #4, Job Evaluation, and #5, New Job Families. Refer to the Towers Perrin report on the Job Classification System Review at LBL.

Objective #1 Criterion 1.3	*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.*
Objective #1 Criterion 1.3 Performance Measure 1.3.a	*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%.*
Optional Summary	Agreement: The classifications will be defined as those job titles with 10 or more incumbents. The 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 it does not. The number of "yes" designations will be divided by the total number of defined classifications. The resulting percentage will be compared to the 75% baseline.
Performance Measure Result	This Measure was not fully met. LBL's performance on this Measure was 60%, compared to the 75% baseline. This Measure was obtained by identifying the 20 classifications that included 10 or more incumbents and comparing their average salaries to the current salary range midpoints. Twelve classifications were designated as "yes" and 8 were designated as "no" for a resulting percentage of 60%. LBL uses salary range midpoints as control points.
Successes/Shortfalls	Of the 8 classifications that were outside ±5% of the salary range midpoints, 6 classification averages were below the midpoint. The current range midpoints were developed in the summer of 1992 for FY93 and will not be adjusted until October 1, 1994. LBL has recognized that its salary administration system does not sufficiently reflect competitive market rates and has been aggressively working to modify its current salary range midpoints for FY95 to better reflect the competitive market rates. It is also working to develop a salary administration system that incorporates both individual performance, as determined by the performance rating, and position to market, as reflected by the salary range midpoint. The results of this effort are demonstrated by the freezing of 45 classification pay ranges and the introduction of the merit plan matrix guideline (see Attachment #8) for the FY95 annual salary review. This is also consistent with the Classification Systems Review action plan in measures 1.1.c and 1.2.a.
Supporting Data	See Attachment #6 for a listing of individual classifications compared to bandwidth (+5% of current range midpoint). Refer to the Towers Perrin report on the Job Classification System Review at LBL.

Objective #1 **Criterion 1.3** **Performance Measure 1.3.b**	*Salary ranges are competitive with market.* *For LBL and LANL: % of the range control points that fall within ±5% of market averages as of 4/1 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.*
Optional Summary	Agreement: Comparing market data as of 4/1/94 to midpoints for FY94 shows how well the Laboratory projects market movement when it sets the range midpoints prior to the start of the fiscal year.
Performance Measure Result	This Measure was not fully met. LBL's performance for this Measure was as follows: 34.5% of its range midpoints were within ±5% of the market averages as of 4/1/94. This is compared to a baseline of 75%. This is the result of reviewing 58 survey benchmark positions, of which 20 LBL classifications fell within the 5% band around the midpoint. LBL's performance on this Measure is somewhat attributable to the FY94 salary freeze imposed by DOE. The last time LBL adjusted its salary ranges was 10/1/92 to the market averages of 4/1/93. Comparing our current salary range midpoints to the 4/1/94 market data demonstrates the noncompetitiveness of the Laboratory's salary structure. The salary survey market averages continued to increase, whereas the Laboratory's salary ranges were frozen.
Successes/Shortfalls	In comparison to the 34.5% baseline number within ±5% of the market averages, 43.1% of the range midpoints were within ±6% of market averages and 58.6% were within ±10% of market averages. The 20 classifications with midpoints within ±5% of the market averages held 47.67% of the total employee population. As part of the Classification Systems Review action plan (identified in Measures 1.1.c and 1.3.a), LBL is attempting to improve on this Measure by ensuring that its salary ranges are competitive with the market. The current 88 pay ranges are being linked to 4/1/95 market data. Many of the ranges have been frozen in accordance with market data. Other salary range midpoints and range spreads have also been adjusted based on market data. New market-driven pay ranges have been developed for the 23 new classifications identified in Measures 1.1.c and 1.2.a. These ranges were not included in the Performance Measure because historical survey data were not available.
Supporting Data	See Attachment #7 for a listing of range midpoints and 4/1/94 market averages. Refer to Attachment 16, which includes FY95 salary ranges.

Objective #1 Criterion 1.3 Performance Measure 1.3.c	*Laboratory guidelines for setting initial salary and subsequent salary increases which ensure consistency and equity internally and externally are in place by January 31, 1994.*
Optional Summary	Agreement has been reached to achieve and demonstrate consistency and equity in guidelines, not to set new guidelines annually. Guidelines will be reviewed annually and revised as appropriate.
Performance Measure Result	The Performance Measure has been met. A copy of the FY93 Salary Review Guidelines for Nonrepresented Employees, the guidance provided to supervisors on salary increases for the last salary review, was delivered to DOE-OAK. Also included were salary administration guidelines for the category Scientists and Engineers. Attachment #8 is a copy of the guidelines used to set starting salary offers.
Successes/Shortfalls	With the exception of Scientists and Engineers that have a separate salary administration process, the Laboratory's prior salary review guidance has focused on managing salaries, rather than raises, by focusing on employee performance and internal equity of peer salaries. Beginning in FY95, the Laboratory's guidance will include pay for performance and market-driven salaries by linking performance appraisal ratings to salary position in grade for proposed salaries, as demonstrated by the FY95 Salary Review Guidelines (see Attachment #16). The attached salary offer guidance also links proposed salaries to peer comparisons and market references, as defined by salary survey curves for Scientists and Engineers and range midpoints for classified employees.
Supporting Data	See Attachment #8 for salary offer guidance and FY93 salary review guidelines. See Attachment #16 for FY95 nonrepresented salary review guidelines.

Objective #1 Criterion 1.3 Performance Measure 1.3.d	*% of salary ranges established or modified without prior consultation with DOE in accordance with Appendix A.*
Performance Measure Result	This Performance Measure was met. All 23 new classifications (as identified in Measures 1.1.c and 1.2.a) and pay ranges were implemented after prior consultation with DOE-OAK.
Successes/Shortfalls	The Laboratory has not established or modified salary ranges without DOE approval. This Measure was eliminated for FY95.
Supporting Data	See Attachment #9; a letter requesting new pay ranges was sent to UCOP with a copy to DOE-OAK officials. Several telephone consultations and meetings occurred with DOE-OAK officials prior to DOE approval and LBL implementation of the new pay ranges.

Performance Objective #2	*The Laboratory will develop and maintain work force excellence.* ***(Weight = 20%)***
Summary	Senior management's plan of focusing increased resources to provide training in supervisory and management skills and of meeting DOE-mandated training requirements has been accepted by UC under Appendix G of the contract. In addition, attention to initiating employee career development plans is a key part of the annual employee performance appraisal process.
Barriers to Improvement	The LBL Training Unit was eliminated in 1985 because of a budget-driven reduction in force. The unit has been reestablished over the past year with two certified professional trainers (January 1994), a Training Manager (August 1994), and additional project support staff.

Objective #2
Criterion 2.1

Training program quality and applicability.

Objective #2
Criterion 2.1
Performance Measure 2.1.a

A systematic approach to the annual assessment of individual and organizational training needs is in place.

Performance Measure Result

Although this Measure has not been fully met, significant progress has been made by the newly reconstituted Training Unit. In 1993, the Human Resources Department conducted an initial assessment of staff and organizational training needs by interviewing Division directors, associate laboratory directors, a sample of department heads, and both the laboratory and the deputy laboratory directors. A total of 15 senior managers were interviewed. The summary conclusion of this assessment indicated unanimous agreement that there was a need for leadership and supervisory training.

Subsequent to the Lab-wide needs assessment of training, a number of vendors who deliver quality leadership and supervisory training programs made presentations on their programs to senior Lab management. From these presentations, management decided to first proceed with core skills of supervisory training and later address the need for expanded leadership training.

In the subsequent contract with Zenger Miller, a further assessment of the skills and competencies to address was made. This led to a pilot program (Part 1), beginning in the summer of 1993, in the Administration and Operations Divisions, which comprise about two-thirds of the supervisors at LBL.

In response to the organization's quality initiatives, a second program was begun in the spring of 1994. Its focus is on the concept of continuous quality improvement. Some 276 members of LBL's management team have completed Part 1; Part 2's current enrollment includes 179 supervisors and managers.

In addition, a prototype career development training program started in the summer of FY93 in the Financial Management Department.

Completion of individual employee development plans is a key part of the annual employee performance appraisal process. The plans are completed by supervisors with input from employees. The Training Unit will review a sampling of completed employee development plans to assist in developing the individual and organizational training needs assessment.

In order to fully meet this measure, the following next steps are being taken:

Building on the successes noted above, efforts are to commence in August FY94 under the direction of the new training manager to develop a strategic training plan for LBL. This plan will include a systematic approach to annually assess and prioritize individual and organizational training needs. The plan will choose from several options for assessing training needs. Methodologies to be considered are (1) the development of a training needs questionnaire, to be

Performance Measure Result (Continued)

completed by a sampling of constituents in the Divisions; (2) interviews with executives, managers, supervisors, and staff; (3) focus groups to further identify training needs and organization-related issues, (4) review of career development sections of the P2R; and (5) the possible creation of an LBL training advisory group that can serve as a partner with the Employee Development and Training unit.

Successes/Shortfalls

Three groupings of management and supervision have been receiving supervisory training in the pilot program that was contracted with Zenger Miller. This program has been labeled Part 1 and is built on components of their FrontLine Leadership program. The groupings are as follows: Phase I (Senior Executives), Phase II (Department Heads), and Phase III (Managers and Supervisors). Course content has been specifically selected for each group (Phase) from segments of the vendor's FrontLine Leadership program. Some variation of content exists for each group. A total of 276 individuals have completed the program known as Part 1. For the fall of 1994, the plan is to start the fourth wave (reiteration) of the program. In addition, in the summer of 1994, this program (Part 1) was started for the scientific program heads. Again, appropriate changes have been made to meet the needs of this population. Plans are that this program of supervisory training will continue throughout the Lab. It will continue to be evaluated for its effectiveness, and necessary modifications will be made.

In the spring of 1994, as a follow-up to this program and in support of the organization's quality initiatives, the contract with Zenger Miller was expanded to include training in the concepts of continuous quality improvement. This has become Part 2 of training for all three groups (Phases) of management in the Administration and Operations Divisions. It has been rolled out in the same way as Part 1 and was begun in the spring of 1994 with expected completion by these first waves in May 1995. Again, there are variations in content for each group (Phase).

In the summer of FY93, the Human Resources Department piloted a department-based career development training program in the Financial Management Department. Initial assessment was by interviews with a cross section of managers and staff to determine focus areas. From this assessment, coaching skills were identified as focus areas for supervisors and career planning skills were chosen for staff. A series of three classes has been held for each population. Fifty-three of the 70 in the department have participated in follow-up sessions to facilitate the development of individual development plans. The program has continued into FY94. An evaluation is planned to see if and how this program might be transitioned into other parts of the Lab.

The Employee Development Training Unit (EDT) also develops and coordinates an annual onsite training program that includes courses conducted by LBL employees and external subject matter experts and is establishing a library of books and videos.

Supporting Data

See Attachment #10 for a summary of managers/supervisors who attended Zenger Miller training. See Attachment #11 for the Zenger Miller course outline. See Attachment #12, On-site Training Calendar.

Objective #2 **Criterion 2.1** **Performance Measure 2.1.b**	*% of employees with a current development plan. Baseline is 75% by September 30, 1994.*
Optional Summary	Agreement: A 2% sample will be used. The percentage of completion is calculated by dividing those completed by the total sample. The resulting percentage is compared to a 75% baseline.
Performance Measure Result	LBL's performance was 87% (using a 5% sample size). The resulting percentage was compared to the baseline. LBL's performance exceeded the Performance Measure based on the results of the FY93 Corrective Action Plan. It is expected that this Measure will also be exceeded with FY94 data. In the spring of FY93, the Human Resources Department sent to the Divisions guidelines, forms, and a calendar of completion dates regarding the performance appraisal process, which included methodology and guidance for completing employee development plans. Training was also provided to the Divisions. Upon completion of the performance appraisals for FY93, the Human Resources Department collected a random sample of 100 performance appraisals. The purpose was to establish a baseline for self-assessment and quality assessment, and it included a verification that employee development plans were completed.
Successes/Shortfalls	A new Performance/Progress Review (P2R) format was implemented for FY94. Supervisory training occurred, and written guidance was issued, including guidance on the requirement to complete an employee development plan. In the spring of FY94, the above Human Resources Department action for performance appraisals was replicated. A random sample will again be collected for baseline comparisons and quality control. Results of the validation will be provided as an addendum to this report. The effectiveness of this effort is directly related to the energy and importance that our supervisors place on completing this assignment. More training will be provided to supervisors in employee development to enhance the process for employees.
Supporting Data	See Attachment #13, P2R Guidance. Refer to Attachments #2 and #3.

Objective #2 **Criterion 2.1** **Performance Measure 2.1.c**	*A system for tracking and documenting individual and organizational training requirements and course completions is in place by July 1, 1994.*
Optional Summary	Agreement: The system is not necessarily one system or database.
Performance Measure Result	This Performance Measure has been met. An LBL tracking system is in place that documents LBL course completions. The system is on the software FOCUS. It is utilized by the Environment, Health, and Safety Division and the Human Resources Employee Development and Training Unit for course completion data entry and reporting.
Successes/Shortfalls	The current system is successfully tracking course requirements and completions per Laboratory EH&S and EDT requirements. Existing fields include employee name, course title, date of class, and training hours. The existing LBL tracking system is currently utilized by EH&S and EDT only. The system tracks only course completions at this time. Plans exist to track all training requirements in the new HRD/payroll system that is being developed.
Supporting Data	See Attachment #14 for a sample employee report and list of available reports. Refer to Attachment #15a.

Objective #2 Criterion 2.1 Performance Measure 2.1.d	*% 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. Baseline is 95%.*
Optional Summary	Agreement: DOE will help identify DOE-mandated ES&H training. Eliminate baseline of 95%
Performance Measure Result	This Performance Measure has not been fully met. LBL has identified DOE-mandated training requirements as the EH&S required training, as stipulated under Appendix G (specifically, DOE Order 5480.10, *Contractor Industrial Hygiene Program*, and DOE Order 5480.11, *Radiation Protection for Occupational Workers*). To comply with these orders, mandated classes have been developed and are offered on an ongoing basis. An EH&S job hazards questionnaire has been developed and distributed throughout LBL. The responses will assist EH&S in the analysis of Performance Measure 2.1.d. The questionnaires are due September 30. An analysis of the questionnaires will be completed by October 30, and it will provide an accurate assessment of baseline performance. Based on the results, senior management will provide direction to Division and line management to ensure that mandated training requirements are met.
Successes/Shortfalls	The LBL Training Unit was eliminated in 1985 because of a reduction in force caused by budgetary constraints. The unit was reestablished with professional staff over the past year, and a Training Manager started August 1, 1994. Initially, the tracking system identified only course completions and not employees who were required to attend mandated EH&S training. The Job Hazards questionnaire will effectively assess EH&S training requirements per Division, identify those EH&S courses that each employee has completed, and if necessary, will identify a Corrective Action Plan.
Supporting Data	See Attachment #15 for the EH&S questionnaire and EH&S mandated courses. See Attachment #15a for a count of employees in each training class.

Objective #2
Criterion 2.2

Effective employee performance management.

Objective #2
Criterion 2.2
Performance Measure 2.2.a

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%.

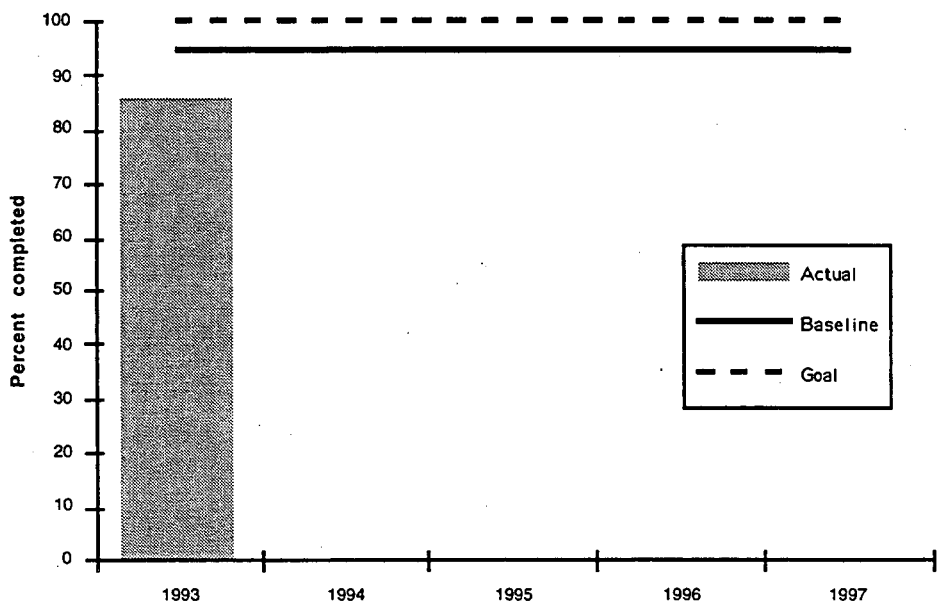
Optional Summary

Agreement: Each Laboratory will provide DOE a description of its system for performance appraisals and report the latest viable data. For FY94, use September 1993; in June 1995, use 1994 data. The percentage completed will be determined by dividing the number of completed performance appraisals by the eligible population. The percentage completed is compared to the 95% baseline.

Performance Measure Result

The 1993 Corrective Action Plan (see Attachment #1) indicated that, in FY93, 86% of Laboratory employees had a completed performance appraisal. The Laboratory established a central validation process for performance appraisals to ensure that they are conducted for each employee on an annual basis. It is anticipated that this Performance Measure will be met with FY94 data. Results of the annual validation will be submitted as an addendum to this report.

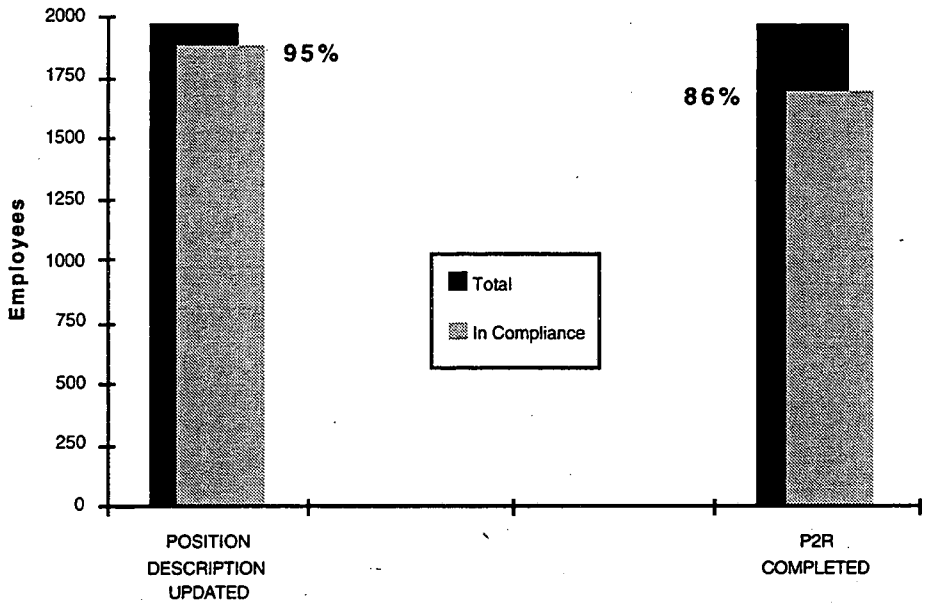
Complete All Annual Performance Appraisals



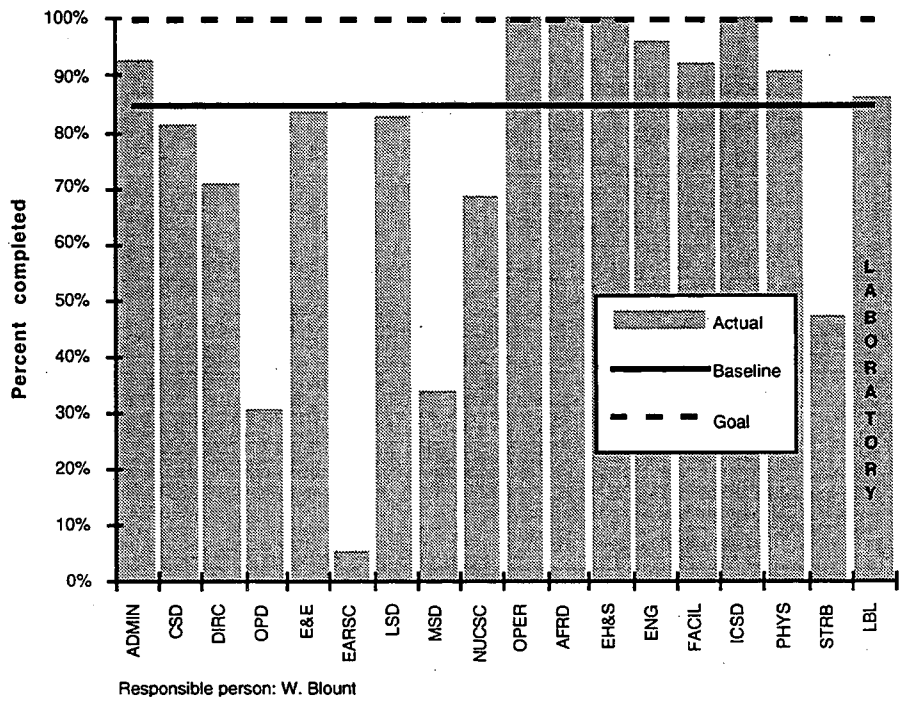
Responsible person: W. Blount

Performance Measure Result (Continued)

FY 93 Performance Measures



Complete P2Rs for All Employees



Responsible person: W. Blount

Successes/Shortfalls

In May 1994, The Human Resources Department validated completed performance appraisals in the Divisions for regular/career employees for FY93. Data collected from Divisions indicated that 86% of Laboratory employees in FY93 had completed performance appraisals.

Human Resources selected a statistically random 5% sample of all completed 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 a 100% performance appraisal completion rate, and all of the 100 performance appraisal samples reviewed provided sufficient information and were completed consistent with guidelines.

In August 1994, using a similar process, Divisions will be asked to validate completed performance appraisals for regular/career employees for FY94. Senior management has targeted a 100% completion rate. The validation methodology is incorporated as part of the annual salary review and merit increase process.

Supporting Data

See Attachment #16, S&E Salary Review and Nonrepresented Salary Review. Refer to Attachments #1, #2, #3, and #10.

Performance Objective #3

The Laboratory will comply with affirmative action requirements. ***(Weight = 20%)***

Summary

The Lawrence Berkeley Laboratory's Affirmative Action Personnel Program Plan serves as a working document that describes current policies, practices, and results in the area of personnel affirmative action. It represents the Laboratory's framework for an affirmative action approach to increasing representation for people of color and women in segments of our work force where they have been underrepresented. It also describes action the Laboratory is initiating to increase the employment of persons with disabilities and of special disabled and Vietnam-era veterans. The Plan describes the hierarchy of responsibility for Laboratory affirmative action, the mechanisms that exist for full Laboratory participation in the Affirmative Action Personnel Program Plan, the policies and procedures governing recruitment at all levels, the Laboratory's plan for monitoring, reporting, and evaluating affirmative action progress, and a description of special affirmative action programs and plans the Laboratory has used and will use in its efforts to increase the representation and retention of groups historically underrepresented in our work force.

- Section I includes the Laboratory's policies, practices, and programs in support of equal employment opportunity.
- Section II includes a summary of Laboratory-wide initiatives and progress toward addressing goals in 1993 and an overview, for each Division, of affirmative action efforts made in 1993 and action-oriented programs for 1994. This section describes specific programs and accomplishments (both Laboratory-wide and Division-based), progress made toward stated goals, and plans for 1994.
- Section III includes background material that is the foundation for the underutilization analyses required by federal law.
- Section IV is a separate Affirmative Action Plan that addresses the Laboratory's equal employment opportunity and affirmative action responsibilities with regard to Vietnam-era veterans, special disabled veterans, and individuals with disabilities.

The contents of this plan are intended to implement Laboratory affirmative action policy consistent with federal law as specified by Executive Order 11246 as amended, Revised Order No. 4 issued by the Department of Labor, and University policy. A copy of the Laboratory's 1994 Affirmative Action Plan is included as Attachment A.

In addition to the preparation of the Laboratory's AAP, the Laboratory issues a statement from the Laboratory Director confirming his commitment to the Laboratory's equal opportunity and affirmative action programs (Attachment A, Section I B, Dissemination of Policy: Internal and External, pages 13 and 14). This statement is distributed annually to the entire Laboratory population.

As stated in the Laboratory's Institutional Plan, Strategic Plan, and Annual Report, one of the guiding principles of the Laboratory's Vision 2000 is a

Summary (Continued)

reaffirmation of management's commitment to work force diversity—to a cultural ethic that fully respects every individual.

To achieve this goal, in January 1993, the Director established the Work Force Diversity Office, which subsumed the former Office of Equal Opportunity and its affirmative action functions. The establishment of this office develops a framework for the Laboratory to make the transition from a compliance entity to one that incorporates pro-active programs that address broad issues of work force diversity. It will also focus and direct senior management on developing and implementing a broad-based strategy targeted at diversifying the work force, managing diversity issues, coordinating recruitment and outreach efforts, providing mentoring, and enhancing employee development practices. This will integrate diversity into LBL's research culture and provide an environment that is accessible and hospitable to all employees. A copy of the Laboratory Director's announcement of the establishment of the Work Force Diversity Office is included as Attachment B.

The Head of the Work Force Diversity Office reports directly to the Laboratory Director, works closely with the Deputy Laboratory Director on related aspects of strategic planning, and is management's liaison to the Committee on Diversity to facilitate the implementation of the Committee's formal recommendations.

The Work Force Diversity Office, in partnership with Laboratory management, is undertaking the following specific programmatic initiatives:

- Aggressively seek women, people of color, and individuals from other protected classes who have the potential to achieve excellence at LBL.
- Initiate new recruitment methods that identify potential candidates early in their educational careers.
- Establish an employee mentoring program in order to achieve career excellence.
- Ensure a working atmosphere that is supportive and gives a sense of belonging to employees from all cultures.
- Provide resources to help managers and supervisors implement the Laboratory's affirmative action program.
- Develop new capabilities for the Laboratory and each Division to review its performance with regard to affirmative action issues.

With regard to the progress made in addressing underutilization of minorities and females, the Laboratory's Staffing Department in the Human Resource Department has improved several areas of their hiring and recruitment process.

RECRUITMENT AND HIRING FORMS

Several highly utilized forms have been redesigned and are now available for completion and electronic transmittal. A major improvement to the Job Requisition form allows for the development of a more accurate recruitment strategy. When the job classification is entered, the underutilization statistic for that area is automatically computed and filled in. A confirmation

Summary (Continued)

memorandum is mailed to the hiring supervisor. The memo includes a section that details the affirmative action hiring goals for the open position. Once a candidate is selected, the Hire/Referral form is completed. This form now has a field that is filled in regarding the achievement of the affirmative action goal that was specified in the Requisition form. These forms are included as Attachment J.

***CURRENT JOB OPPORTUNITIES* BULLETIN**

The *Current Job Opportunities* bulletin (CJO) was redesigned in 1993. The bulletin is circulated to more than 250 recruitment sources locally. The cover of the CJO now reflects a more contemporary image and includes such information as how to apply, available benefits, as well as basic information about LBL research areas and the Laboratory's mission. A section outlining our affirmative action commitment and our goal of a more diverse work force is now included. Applicants reviewing the document now locate their area of interest through sections that are color-coded according to the discipline/job category.

Additionally, vacancies listed in the CJO are updated weekly and can be accessed from the LBL telephone Job Line at (510) 486-4226. The entire CJO is available electronically to LBL computer users on the Gopher server (UNIX, VMS, PC, or Macintosh). National access via the Internet bulletin board is planned for this year. A sample CJO is included as Attachment K.

Barriers to Improvement

The total numbers of hires and separations within the 33 job groups are essentially equivalent, resulting in a minimal increase in the overall Laboratory population and thereby resulting in little or no opportunities for growth.

Objective #3 Criterion 3.1	*Ensure representation of minorities and women in under-utilized categories in accordance with UC-approved affirmative action plans.*
Objective #3 Criterion 3.1 Performance Measure 3.1.a	*Utilization of minorities in under-utilized job categories as identified in the affirmative action plan.*
Optional Summary	Agreement: Utilization of minorities (men and women) means to continue to improve, not necessarily just to attain goals. The utilization and availability ratio for each EEO category is plotted over time.
Performance Measure Result	For Performance Measure results on utilization of minorities in underutilized job categories, as identified in the Lawrence Berkeley Laboratory's Affirmative Action Plan (AAP), refer to Attachment A, LBL's 1994 Affirmative Action Plan, Section II C, 1994 Laboratory-Wide Action Programs, Availability and Underutilization, Table 2, Laboratory-Wide Underutilization, pages 54 and 55.
Successes/Shortfalls	The rate of promotion for minorities (25.2%) compares favorably with minority representation of 26.1%. • Representation of minorities during fiscal year 1993 was essentially flat, changing from 26.2% to 26.1%. • Minorities are underrepresented in 26 of the 33 structured job groups. The employee population within the 26 job groups represents 73.6% of the Laboratory population.
Supporting Data	Refer to Attachment A, LBL's 1994 Affirmative Action Plan, Section II A, Progress in Attaining 1993 Laboratory-Wide Affirmative Action Goals, Tables 2 through 4, pages 45–47.

Objective #3 **Criterion 3.1** **Performance Measure 3.1.b**	*Utilization of women in under-utilized job categories as identified in the affirmative action plan.*
Optional Summary	Agreement: Utilization of minorities (men and women) means to continue to improve, not necessarily just to attain goals. The utilization and availability ratio for each EEO category is plotted over time.
Performance Measure Result	For Performance Measure Results on utilization of women in underutilized job categories, as identified in the AAP, refer to Attachment A, LBL's 1994 Affirmative Action Plan, Section II A, Progress in Attaining 1993 Laboratory-Wide Affirmative Action Goals, Table 1, page 44.
Successes/Shortfalls	SUCCESSES • Representation of women reflects significant improvement during fiscal year 1993, increasing from 29.6% to 32.3%. • The promotion rate for women, 40.1%, significantly exceeds 32.3% representation. • Representation of women, 18.4%, in the S&E job groups is positive. SHORTFALLS • Women are underrepresented in 18 of the 33 structured job groups. The population within the 18 job groups represents 57.7% of the Laboratory population. • There was partial or no progress for women in 10 of the 15 job groups in which placement opportunities occurred and goals were established. • The rates of hiring and separation for women are essentially equivalent, potentially negating hiring effects.
Supporting Data	Refer to Attachment A, LBL's 1994 Affirmative Action Plan, Section II A, Progress in Attaining 1993 Laboratory-Wide Affirmative Action Goals, Tables 1 through 4, pages 44–47.

Objective #3 **Criterion 3.1** **Performance Measure 3.1.c**	*The Laboratory submits an Affirmative Action Plan to the University within 90 days of the effective date of the AAP.*
Optional Summary	Agreement: Due date, 4/1/94.
Performance Measure Result	This Performance Measure has been met. The Laboratory submitted the 1994 AAP to the UCOP General Counsel's Office on March 7, 1994. The Laboratory received a letter of approval on May 18, 1994 from the UCOP General Counsel Office and Equal Opportunity & Affirmative Action Office. Attachment F is a copy of their letter approving the Laboratory's 1994 AAP.
Successes/Shortfalls	None.
Supporting Data	Refer to Attachment A, LBL's 1994 Affirmative Action Plan, and to Attachment C, transmittal letter and letter from the University of California Office of the President (UCOP) General Counsel and from the Equal Opportunity & Affirmative Action Offices.

Objective #3
Criterion 3.2

Enhance employment opportunities for individuals with disabilities and covered veterans.

Optional Summary

On an annual basis, the Laboratory prepares an AAP for Vietnam-era and special disabled veterans and individuals with a disability. A copy of this Plan is enclosed as Attachment A. This document is submitted to the UCOP Office of the General Counsel for approval. Attachment C is a copy of that office's letter approving the Laboratory's 1994 AAP.

Objective #3
Criterion 3.2
Performance Measure 3.2.a

Actions taken to improve employment opportunities in accordance with the provisions of Article X, Equal Employment Opportunity, of the contract.

Optional Summary

Agreement: Respond in accordance with the Affirmative Action Plan.

Performance Measure Result

This Performance Measure is being met. All Laboratory employment policies and procedures are designed to comply with the nondiscrimination and affirmative action requirements of Contract 98 provisions. In an effort to develop diverse applicant pools, the *Current Job Opportunities* bulletin is sent to organizations that provide services to Vietnam veterans and persons with disabilities. Vietnam veterans and persons with disabilities are identified as affirmative action candidates for preferential consideration as applicants. The Work Force Diversity Office met with the Employee Development Department to provide that office with information about the Laboratory's Resumix system and to solicit resumes. The Laboratory provides sign language interpreting services for staff meetings and training programs as well as individual consultations for hearing impaired employees.

The Laboratory's Vocational Rehabilitation Coordinator coordinates requests for reasonable accommodations for persons with disabilities. A Laboratory-wide fund has been established for use when workplace modifications are necessary to accommodate an employee with a disability. The Facilities Department made significant changes to improve access to Laboratory buildings for persons with disabilities. Attachment D highlights reasonable accommodations made in 1993.

In preparation for the implementation of the Americans with Disabilities Act of 1990 (ADA), the Laboratory provided training for all supervisors and managers. To ensure success in the implementation of the ADA, the Laboratory also prepared an Americans with Disabilities Act Transition Plan (Attachment E). Guidelines for Implementing Employment Provisions of the Americans with Disabilities Act of 1990 were prepared and distributed to all supervisors and managers (Attachment F). A Laboratory-wide announcement of the implementation of the employment provisions of the ADA was made (Attachment G). The Laboratory also makes available a brochure on the ADA

Performance Measure Result (Continued)

(Attachment H) and a pocket guide titled Job Accommodations for Persons with Disabilities (Attachment I).

In addition, all employees who believe themselves to be covered by either the Rehabilitation or the Readjustment Assistance Acts are invited to identify themselves voluntarily. All applicants receive a self-identification form along with the employment application. On an annual basis, an invitation for employees to identify themselves is mailed through the internal mail system to all employees by the Work Force Diversity Office. The information provided is kept confidential, except that supervisors may be informed regarding restrictions on duties and appropriate accommodations. First aid and safety personnel may be informed, where appropriate, if a condition might require emergency treatment, and government officials investigating the Laboratory's compliance with relevant affirmative action regulations will be informed. Copies of the self-identification invitation and form sent in January 1993 are included in Attachment A, Section IV C, pages 8–11.

Implementation of Americans with Disabilities Act. In response to the recent requirements of the Americans with Disabilities Act, the Laboratory developed and implemented guidelines and informational materials for the Laboratory's community. Representatives from the Laboratory's Employee Assistance Program, Risk Management, the Employment/Staffing Office, the Human Resources Department's Policy and Benefits Unit, the Facilities Department, and the Office of Equal Opportunity provided resources to accomplish this effort. Since the enactment of the new requirements of the act, the Laboratory has distributed informational materials to all supervisors and managers and offered training sessions to all employees about the requirements of the act. An ADA Handbook has been developed and is available through the Human Resources Department.

Successes/Shortfalls

SUCCESSES

Outreach Efforts

See above, and refer to Criterion 3.1 above, Performance Measures 3.1.a. and 3.1.b. under Successes.

SHORTFALLS

Refer to Criterion 3.1 above, Performance Measures 3.1.a. and 3.1.b. under Shortfalls.

Supporting Data

- Refer to Attachment A, Section II A, Introduction and 1993 Accomplishments and Progress in Attaining 1993 Laboratory-Wide Affirmative Action Goals, pages 44–47.
- Refer to Attachment J, Hiring forms.
- Refer to Attachment K, CJO Sample.

Self-Assessment for Human Resources	
Office of Primary Responsibility (if appropriate):	
Approved By:	
Cognizant Division Director or Associate Director (Optional)	Date
Functional Manager	Date: Sept. 22, 1994
Head, Office of Primary Responsibility (Optional)	Date

Independent Evaluation of LBL's Self-Assessment Against Contract 98, Appendix F, Objective Standards of Performance Fiscal Year 1994

Functional Area: Human Resources

Evaluators: Meredith Montgomery — Division Administrator
Name — Title
Nuclear Science Division
Organizational Affiliation

Kathie Hardy — ES&H Administrator
Name — Title
Physics Division
Organizational Affiliation

Overall Evaluation:

The conclusions presented in the Human Resources Contract 98 Self-Assessment Report are considered, overall, to be valid and reasonable summaries of performance, evaluated against the identified Performance Measures. On the whole, where FY1994 data were available, they supported these conclusions. In some areas, however, peformance results for FY1994 cannot be evaluated as the data are not expected to be complete until the end of the fiscal year.

Accuracy and Completeness
On the whole, the Self-Assessment accurately describes performance results. As noted above, there are Performance Measures which have not yet been completely addressed.

Adequacy of Supporting Documents
Supporting data are generally adequate and supplementary materials were readily provided upon request.

Meredith Montgomery — 9/14/94
Signature — Date

Kathie Hardy — 9/14/94
Signature — Date

Independent Evaluation of LBL's Self-Assessment Against Contract 98, Appendix F, Objective Standards of Performance Fiscal Year 1994

Functional Area: Human Resources

Evaluators: Meredith Montgomery — Division Administrator
Name — Title
Nuclear Science Division
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Recommendations

1. Include assumptions and agreements in the body of the report. It is sometimes difficult to evaluate quantified results without knowing the parameters of the Measure.

2. It is not always immediately evident whether or not the Performance Measure has been met. In cases where it has not been met, current status and improvement actions would be easier to identify under separate headings.

3. Identify internal standards more specifically, e.g. what constitutes an "accurate job description" or refer to the guideline material.

Meredith Montgomery — 9/14/94
Signature — Date

Kathie Hardy — 9/14/94
Signature — Date

Self-Assessment Report for Fiscal Year 1994

Procurement

Performance Characterization

CHARACTERIZATION OF OVERALL PERFORMANCE

In accordance with the U.S. Department of Energy (DOE) Prime Contract DE-AC03-76SF00098, Lawrence Berkeley Laboratory (LBL) conducted a full assessment of its purchasing system. The results of the assessment have been documented and reported to DOE by adherence to the scheduled submissions as provided by the Performance Objectives of Contract 98. This document is a detailed explanation of LBL's responses to these Performance Objectives.

Even during the period that a Tri-Laboratory task force—consisting of LBL, Lawrence Livermore National Laboratory (LLNL), and Los Alamos National Laboratory (LANL), in conjunction with the Office of the President, University of California—was in the process of preparing new policies, procedures, and instructions for the procurement area, LBL effected purchases in a manner that was the most advantageous to meet the overall mission with price, quality, and efficient performance of the subcontract considered.

As a result of this assessment, it was determined that LBL/Procurement has an adequate system, consistent with the Department of Energy Acquisition Regulation (DEAR) 970.71, "Management and Operating Contractor Purchasing System," with some weaknesses. However, even with these weaknesses, Procurement is compliant with public laws, regulations, and contract clauses, conforms to efficient and effective industrial practices and the federal norm, provides maximum protection to the government funds expended, and is sufficient to support program requirements as disclosed by our review findings. These review findings are summarized here.

SUCCESSES/SHORTFALLS

Performance Objective # 1, ***Property:*** The Laboratory has a successful system for acquisition and accountability of government property through LBL/Procurement, and based upon this self-assessment review survey and samples, Procurement notifies LBL/Property Management of all subcontracts involving government property.

Performance Objective #2, ***Advanced Acquisition Planning (AAP):*** LBL Procurement has developed a new AAP system. Some of the concepts being promoted by this system include involving the total Laboratory (administrative, and program/technical Divisions) in advance planning, instituting an Advanced Acquisition Planning Advocate within LBL's Administrative Division, and establishing an electronic database for process control. AAP applies to purchases of $100,000 or more. AAP is in the beta-testing phase, but will be implemented this fiscal year.

Performance Objective #3, ***Self-Assessment of Purchasing System*** : A self-assessment of the LBL purchasing system was performed by LBL/Procurement in the form of a Contractor System Purchasing Review (CPSR). It was determined that LBL's system was adequate though it had some weaknesses in Advanced Acquisition Planning; obtaining adequate purchase requisitions (presolicitation), sole-source justifications, and written proposals or quotes; performing price evaluations; and documenting negotiations as well as other records in the purchase files, including post-award administration actions

Performance Characterization (Continued)

(specifically, any follow-up and surveillance actions for any delinquent subcontracts) and modifications.

Performance Objective #4, *Socioeconomic Subcontracting Programs:* The Laboratory has made a number of good-faith efforts toward promoting and supporting its socioeconomic programs, such as continuing the small business and small business set-aside programs; publishing and distributing the Directory of Disadvantaged and Women-Owned Businesses, a listing of over 1,800 vendors; and maintaining active membership and outreach in local technology and trade associations.

Consequently, these good-faith efforts have resulted in LBL's *exceeding* all of its original socioeconomic goals and coming close to meeting "stretch" goals. Cumulative through June 30, 1994, for small business, the goal was 49.0%, and the LBL actual was **57.1%**; for small business set-asides, the goal was 7.0%, and the LBL actual was **13.7%;** for small disadvantaged businesses, the goal was 9.5%, and the LBL actual was **12.1%;** for small disadvantaged set-asides, the goal was 2.0%, and the LBL actual was **3.7%;** and, lastly, for small, women-owned business the goal was 5.5%, and the actual was **6.4%.**

Performance Objective #5, *Competitive Subcontracting:* LBL has made significant efforts toward supporting and promoting competitive subcontracting. LBL's FY94 annual goal was set at 52% of the purchasing base. The cumulative result achieved to date for procurements over $25,000 is **72.9%,** which means, again, LBL has exceeded its goal. (Data will be updated at fiscal year end.)

Performance Objective #6, *Procurement-Related Training:* In November 1993, the Laboratory submitted a Training Action Plan to the DOE/Oakland Contracting Officer. In accordance with this Performance Objective, all milestones are on schedule for the implementation of the Training Program by October 1, 1994.

Performance Objective #7, *Close-Out:* The description of LBL's formal close-out goals was submitted to DOE on January 31, 1994, as required by this Performance Objective. On February 3, 1994, the DOE/Oakland Contracting Officer approved the Tri-Lab Standard Practice 42.4, "Subcontract Closeout." This Standard Practice does not cite specific close-out time frames for certain types of subcontracts but provides that subcontracts can be closed when there is evidence of receipt of goods or services and/or evidence of final payment. All LBL subcontracts are now closed out in accordance with Standard Practice 42.4.

Performance Objective #8, *Resolution of Audits, Assessments, and Reviews:* This Performance Objective is divided into two segments, one for *external audits* and one for *internal audits.* Procurement has proper monitoring procedures, but there has been only one major external review in the last few years and only one internal audit officially issued in the past year. The major external review of Procurement in the last few years has been the 1991 Contractor Purchasing System Review (CPSR) conducted by DOE/Oakland. The CPSR identified more than 20 recommendations requiring corrective action. The majority of these recommendations were resolved in a timely manner. Because of the Contract 98 renewal and revision time frames, the extensive Tri-Lab preparation of new procurement policies and procedures, and the slight delay

Performance Characterization (Continued)

in ORACLE going on-line, the remaining few recommendations related to these events were not resolved as promptly as the others.

LBL Internal Audit issued a report, Laboratory Internal Audit Services Report 1706.01, "Purchasing System Development Life Cycle," dated June 1993. This audit reviewed the specifications for the new computerized purchase order system, ORACLE. Although comments were offered by the audit report, no specific findings were given since Internal Audit decided to wait until ORACLE came on-line to complete its review. However, it should be noted that Procurement has an excellent record for tracking and timely resolution of audit findings.

Performance Objective #9, *Continuous Improvement:* The Laboratory selected two Procurement areas as a focus for continuous improvement, low-value procurements and the new purchasing computer system/software. Improvements have been made in these areas, but some work remains. The new purchasing computer system/software (ORACLE) has progressed to the point where beta testing was completed and a pilot phase is now operating serving a limited number of requesters, approvers, Buyers, and receivers. For low-value procurements, 14 program or technical Division employees have completed a procurement training program and are authorized to handle purchases under $500.

BARRIERS TO IMPROVEMENT

Performance Objective #1, *Property:* The main barrier to success of the Property Notification Program would be Procurement Specialist/Buyer noncompliance to the notification process. However, this barrier appears to have been surmounted, as evidenced by the 100% record of notification from the quarterly samples taken. Further, it should be noted that Procurement's new automated purchasing system, ORACLE, was customized to provide special fields indicating property. Therefore, property information can be obtained by query and government subcontract property reports printed.

Performance Objective #2, *Advanced Acquisition Planning:* As with all new systems, there is a learning curve for LBL personnel involved in the procurement process, including program/technical Division requesters.

Performance Objective #3, *Self-Assessment of Purchasing System*: Two barriers to improvement were identified: (1) completion of the Tri-Lab procurement policies, procedures, revised terms and conditions, and buyer training; and (2) Lab-wide implementation of ORACLE, the new automated purchasing processing system.

Performance Objective #4, *Socioeconomic Subcontracting Programs:* LBL, as well as other large government contractors, are exploring the possibilities of system contracts, especially to replace the LLNL-subsidized storeroom operation here at LBL, which may be canceled this October. In the past, large businesses have tended to hold advantages over small business concerns in terms of price and technical expertise in competing for system awards.

Performance Characterization (Continued)

Performance Objective #5, ***Competitive Subcontracting*****:** A current barrier to competition is adequate lead time. However, this situation should improve when the Advanced Acquisition Planning System goes on-line this fiscal year.

Performance Objective #6, ***Procurement-Related Training*****:** Limited financial resources for external professional instruction may affect the Lab's ability to achieve success in this area.

Performance Objective #7, ***Close-Outs*****:** Currently, additional personnel resources are needed to maintain the existing database that tracks close-out activities. However, when the new purchasing system, ORACLE, is on-line such tracking will be available.

Performance Objective #8, ***Resolution of Audits, Assessments, and Reviews:*** The current barriers to this Performance Objective are the unavailability of ORACLE, the incomplete Buyer Standard Practice training, the lack of development of site-specific procedures, and the lack of committees to monitor procurement practices and issue new or revised procedures.

Performance Objective #9, ***Continuous Improvement:*** As stated previously, the Laboratory has selected two procurement areas as a focus for continuous improvement: (1) new purchasing system software (ORACLE), and (2) low-value procurements. The barrier to improvement for the new ORACLE system has been the lack of adequate staff to install, test, and set up a "HELP" desk for this system. For low-value procurements, there has been some reluctance from the program/technical Divisions to do more low-dollar-value buying.

IMPROVEMENT ACTIONS

Performance Objective #1, ***Property:*** No improvement actions are required at this time.

Performance Objective #2, ***Advanced Acquisition Planning:*** The AAP System is on schedule, so no improvement actions are required at this time.

Performance Objective #3, ***Self-Assessment of Purchasing System*****:** A Corrective Action Plan, as well as a Corrective Action Schedule, was prepared and included with the LBL CPSR report; the plan provided for increased emphasis on buyer training and quality management, so no new improvement actions are needed.

Performance Objective #4, ***Socioeconomic Subcontracting Programs:*** The Laboratory has already exceeded its socioeconomic goals; therefore, no improvement actions are required at this time.

Performance Objective #5, ***Competitive Subcontracting:*** There are no improvement actions required at this time since LBL has already exceeded its annual goal for competitive actions.

Performance Objective #6, ***Procurement-Related Training:*** A Training Action Plan was developed and milestones tracked, as required by this Performance Objective. No improvement actions are required at this time.

Performance Characterization (Continued)

Performance Objective #7, *Close-Outs*: No improvement actions are required at this time. A formal close-out process is established. Close-out procedures were documented and copies of the documentation furnished to DOE for approval by January 31, 1994, as required by this Performance Objective.

Performance Objective #8, *Resolution of Audits, Assessments, and Reviews:* All findings and recommendations from external audits, internal audits, assessments, reviews, etc., regarding Procurement are tracked and closed in accordance with a corrective action schedule, milestones, or other mutually agreed upon plan, whenever possible. No improvement actions are required at this time.

Performance Objective #9, *Continuous Improvement:* As discussed previously, in accordance with this Performance Objective, substantial efforts have been aimed at procurement improvement, such as the Procurement Revitalization Workshop, improvement of the low-dollar-value procurements, and the new computer system, ORACLE. The Laboratory will continue its quality management program and identification of areas for improvement. Consequently, no improvement actions are cited here.

Performance Objective #1

The Laboratory will have an effective program for managing Government-Furnished Property (GFP) and Subcontractor-Acquired Property (SAP). ***(Weight = 5%)***

Summary

Procurement, in its role adjunctive to LBL Property Management, has an effective program for managing government property in compliance with the property control and accountability standards established by the new Tri-Lab (LBL, LLNL, LANL) Procurement Standard Practice 45.1, "Government Property"; Standard Practice 45.2, "Government Property Management Program"; FAR 45, "Government Property"; and DEAR 970.7104-43. (Consideration was also given to the property aspects of the Office of Management and Budget [OMB] Circulars A-21 and A-110.)

The current system for acquisition and accountability of government property through LBL/Procurement is as follows:

- 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.
- The appropriate property clause requiring subcontractor accountability of the property is included in all subcontracts involving government property.
- Procurement Specialists/Buyers affix a Property label on the subcontract file. Also, all procurement file checklists for subcontracts over $25,000 include Property Management.
- Procurement Buyers notify LBL/Property Management of any special tooling, R&D or special test equipment, GFP, SAP, etc., upon award through submittal of a copy of the subcontract directly to Property Management. For equipment purchases, a copy of the subcontract goes to Receiving and Property Accounting (Property Accounting gets copies of all subcontracts), which in turn notify Property Management, as appropriate.
- Then, in accordance with government property regulations, if the subcontractor has had government subcontracts with property before and/or has a government-approved property management system, either the Procurement Buyer or a Property Management Specialist will obtain a list with pertinent descriptions of all LBL/government property in the custody of the subcontractor, along with a copy of the subcontractor's property management program, which describes how the subcontractor will identify, control, and safeguard the government property. Copies of these documents are kept in both the subcontract file and with Property Management for recordkeeping.

Summary (Continued)

- If the subcontractor has *not* had government contracts with property, Property Management will first send the subcontractor a questionnaire and, based on the questionnaire's answers, will ensure the subcontractor's compliance with LBL property control and accountability standards or removal of the government/LBL property.
- Since June 1994, all subcontractors with cost-type contracts have the additional requirement of identifying subcontractor-acquired property (SAP) in their invoices, as required by Standard Practice 45.1.
- Upon completion or termination of a subcontract involving government property, Property Management is informed by Procurement during the close-out process, and the property to which LBL/DOE has title is returned, or other disposition arrangements are made by Property Management.

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 surmounted, as evidenced by the 100% record of notification from the various samples discussed in the succeeding sections of this Performance Objective.

Further, it should be noted that Procurement's new purchasing system, ORACLE, was customized to incorporate special fields indicating GFP/SAP-type property. When this system is on-line, Property Management can query the database to obtain information on subcontracts with GFP/SAP-type property.

Objective #1 Criterion 1.1

A self-assessment of the effectiveness of the GFP/SAP procurement notification process shall be performed.

Optional Summary

A statistical sample was conducted in the third quarter of FY94, consisting of second and third quarter transactions. The purpose of the sample was to determine the adequacy of Procurement's Property Notification System in reporting government property, including government-furnished property (GFP), special tooling, R&D or special test equipment, fabrications, and subcontractor-acquired property (SAP) to LBL/Property Management.

A 24-transaction sample involving government property was obtained as a subset of the LBL CPSR Self-Assessment (see Performance Objective #3) 60-transaction sample from the last six months. The sample consisted of tracing the purchasing transactions to Property Management's control records, to assure GFP/SAP-type property notification to LBL's Property Management.

Nine of the 24 transactions were identified as GFP/SAP and verified by Property Management. (The remaining 15 transactions were related to non-GFP/SAP property that was acquired by LBL for its own use.)

Property Management concurred that there was 100% notification for the subcontracts involving GFP/SAP-type property in this sample.

Objective #1 Criterion 1.1 Performance Measure 1.1.a

A report is issued to senior management that contains a root cause analysis and a corrective action plan, if required, by April 30, 1994. The percentage of actions completed on schedule will be calculated.

Performance Measure Result

The "Procurement Performance Objectives Status/ Results Midyear Quarter Report," dated April 25, 1994, was presented to senior management on schedule. It summarized the results of two samples taken using transactions during the period May 1993 through March 1994 and indicated that 100% of the transactions sampled involving GFP/SAP were forwarded to Property Management. A Corrective Action Plan was not required. The report also detailed two potential methods of property notification—GFP/SAP checklists and the customization of the new purchasing system, ORACLE—which can also ensure Property Management notification of GFP/SAP subcontracts.

Successes/Shortfalls

The results of the previous first quarterly sample, the second/third quarter sample discussed in the preceding Optional Summary section, and the latest fourth quarter sample demonstrated 100%, 100%, and 100% Buyer compliance, respectively, with the LBL Property Notification Process in regards to GFP and SAP.

Supporting Data

Purchasing transactions were selected randomly during the four quarterly samples. The method of sampling varied slightly in the various quarters. The transactions sampled in the first and fourth quarters were selected from the files of Procurement personnel. The transactions from the second and third quarters were selected from the CPSR self-assessment, Performance Objective #3, that identified 24 property-related transactions from a universe sample of 60 transactions over a six-month period.

The first quarter sample consisted of 12 files, and of these 12, six had GFP or SAP-type property. Copies of all six of these purchase orders/subcontracts were transmitted to Property Management, to achieve a notification rate of 100%.

As indicated previously, the second/third quarter sample was selected differently, and its sample universe consisted of a six-month period. This sample was based on the 24 property-related transactions identified in the CPSR self-assessment under Performance Objective #3. The sample method consisted of tracing these purchasing transactions to Property Management Control records to assure GFP/SAP notifications. Of these 24 transactions, nine were identified as having GFP- and SAP-type property. (The remaining 15 transactions were related to non-GFP/SAP property, or property, such as equipment, acquired by LBL for its own use.) Property Management was notified of all nine transactions, a 100% notification rate.

A sample was performed in the fourth quarter and included 50 transactions that were selected from the active files of the Procurement Specialists. Two out of 50 transactions were identified as GFP and SAP and included the proper Property Management notification, a rate of 100%.

Although the method of sampling for the quarters varied slightly, the sampling is random and is a good representation of the notification of GFP and SAP by various Procurement personnel. A notification rate of 100% was achieved in all of the samplings.

Objective #1 Criterion 1.2	*Procurement notifies Personal Property Management of all subcontracts on which GFP and/or SAP are known to pertain at time of subcontract placement.*
Objective #1 Criterion 1.2 Performance Measure 1.2.a	*Percentage of subcontracts that involve GFP and/or SAP on which required notification was given as determined by a valid statistical sample. Will be sampled quarterly for trend data.*
Performance Measure Result	Property Management was informed of 100% of the sampled subcontracts for the samples taken for the first and second quarters and also 100% for the third quarter survey. The recent fourth quarter sample likewise disclosed 100% compliance.
Successes/Shortfalls	See paragraph above.
Supporting Data	The sampled files indicate that Property Management was notified of all GFP/SAP subcontracts.

Objective #1 Criterion 1.3	*Procurement notifies Personal Property Management of all subcontracts on which changes to GFP and/or SAP becomes known during the subcontract administration phase.*
Objective #1 Criterion 1.3 Performance Measure 1.3.a	*Percentage of subcontracts, on which changes to GFP and/or SAP became known during the subcontract administration, on which required notification was given as determined by a valid statistical sample. Will be sampled quarterly for trend data.*
Performance Measure Result	Procurement also uses its sampling methodology to measure GFP/SAP changes. During the sampling, subcontract modifications, as well as the basic award, are reviewed for GFP/SAP. However, none of the sampled subcontracts was modified just to include SAP/GFP. Consequently, there are no trend data. Also, it should be recognized that the government field task proposal/ agreement originally submitted to the government agency (DOE, NASA, NIH, etc.) for funding of the research program or project identifies not only the task descriptions, but specific items such as any required property or equipment. Therefore, the LBL technical Divisions and, subsequently, Procurement and any subcontractors know before award that certain equipment or property will be needed during the life of the subcontract. Proposed property or equipment purchases are usually included in the subcontractor's multiyear budget/proposal before award (even when the property may be purchased a year or so from the date of award) and Buyers normally will identify this subcontract with a Property label in anticipation of government property. When the property is bought, Buyers notify Property Management. Additionally, it should be noted that copies of *all* modifications to subcontracts with Property are sent directly to Property Management by the Buyers. Further, ORACLE will provide instant GFP/SAP information to Property Management on any subcontract, including modifications, when it is on-line.
Successes/Shortfalls	As a result of the four quarterly samples, there were no deficiencies noted in the Procurement Notification Process. This is a success.
Supporting Data	Since there were no subcontract modifications in the sample involving property changes, trend data were not developed.

Performance Objective #2

The Laboratory will have an effective advanced acquisition planning system in place. (Weight = 15%)

Summary

After previous efforts at developing and implementing an Advanced Acquisition Planning System (AAP) proved unsuccessful, Procurement developed a new AAP System that establishes an open environment between LBL's technical and Procurement personnel to jointly coordinate and manage acquisitions that exceed $100,000.

The program/technical Division (requesters) and Budget Office personnel 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 in excess of $100,000 to the AAP database at least 30 days prior to the time they issue the purchase requisition to Procurement. If the requester does not follow this procedure, Procurement reserves the right to add 30 days to the procurement plan to compensate for the lack of advance notice. The 30-day period will be used by Procurement to review the requester's description and requirements and develop a procurement plan. This procedure will enhance socioeconomic and competition opportunities by providing lead time for the development of source lists from market research, market surveys, public notices, advertisements, etc.

The system will be monitored by the AAP advocate and procurement coordinators. The AAP advocate's role also includes promoting the new AAP System to the program/technical Divisional administrators as well as promoting it throughout the Lab.

Additionally, the implementation of the new AAP system creates a team effort and enhances the communication between Division and Procurement personnel.

The LBL AAP System goals are:

- Improvement of socioeconomic goals.
- Reduction of costly noncompetitive procurements.
- Provision of responsive and timely services in the supply of the best possible goods and services.
- More effective personnel planning.

The new AAP System is on schedule and will be implemented by September 30, 1994, or sooner, according to a letter issued by LBL's Director.

Barriers to Improvement

As with all new systems, there is a learning curve for all LBL personnel involved in the procurement process, including program/technical Division requesters.

Objective #2 Criterion 2.1	*The existing system is baselined.*
Objective #2 Criterion 2.1 Performance Measure 2.1.a	*Baseline report of process is issued by December 31, 1993.*
Performance Measure Result	The baseline report, outlining the basic procedures of the AAP System existing at that time, was submitted to DOE/Oakland on schedule. The procedures stated the various steps involved in implementing an AAP System: the Division and the LBL Budget Office enter acquisition information into the System; the Purchasing Manager assigns a Procurement Specialist to meet with the requester and coordinate the AAP requirements; and the Specialist provides assistance in developing an acquisition plan consistent with the requester's and Procurement's requirements. Prior to the new AAP System, some major procurements were not being reviewed by Procurement in the early stages, which led to poor planning, lack of coordination, short lead times, sole sources, and, sometimes, unexpected procurements. Two peer review group reports provided some of the data used in this self-assessment. Both the Advanced Acquisition Planning Work Group, and the Interface Work Group, composed of LBL technical and Procurement personnel from the February 1993 Procurement Revitalization Workshop, found that the requesters were not aware of many purchasing requirements. Based on the report results of these work groups, Procurement began developing written AAP procedures.
Successes/Shortfalls	The AAP System is on schedule and will be implemented by September 30, 1994. See Performance Measure 2.2a for shortfalls.
Supporting Data	See the Advanced Acquisition Planning flowchart (Attachment A).

Objective #2
Criterion 2.2

The requirements of an acquisition planning system are defined.

Objective #2
Criterion 2.2
Performance Measure 2.2.a

Report containing requirements of the acquisition planning system is issued by February 28, 1994.

Performance Measure Result

The report, dated February 28, 1994, was transmitted to DOE/Oakland; it defined the requirements of LBL's new AAP System.

The report explained the process shown in the attached AAP flowchart (Attachment A). As depicted by the chart, the process emphasizes advance planning and early notification of major acquisitions exceeding $100,000.

The LBL program/technical Divisions and the Budget Office personnel will provide the acquisition information electronically to an AAP database. The database will be monitored by an AAP advocate who will act as a liaison among the various LBL Divisions. The advocate, independent of Procurement, will promote the new AAP System within the Laboratory. The advocate will work with the procurement manager and a Procurement AAP coordinator.

The new AAP System emphasizes early notification to manage major acquisitions exceeding $100,000. It establishes lines of communication and a collaborative effort between the requester and Procurement personnel in early planning and decision-making for acquisitions.

This System has also contributed to the formulation of new AAP policies and procedures, such as the recently issued Tri-Lab Standard Practices #7, "Acquisition Planning." All Procurement personnel have attended training classes for Acquisition Planning as provided by Standard Practice #7.

Successes/Shortfalls

Performance Measure 2.2.a, calling for the issuance of a report containing requirements of the Advanced Acquisition Planning System by February 28, 1994, was met.

One of LBL's successes, as stated under the other Performance Measures, is that the AAP System is on schedule and will be implemented by September 30, 1994. (A letter was sent on August 24, 1994, to the Director of LBL and the Division Directors announcing the implementation and describing the new AAP System—see Attachment D.) Another success is that training classes have already been held on the new Standard Practice #7, "Acquisition Planning."

As for shortfalls, the AAP advocate will be a key factor in the success of the new AAP System, since that person will be responsible for promoting advanced procurement planning throughout the Laboratory; however, the appointment of this advocate may not be realized because of Lab budget reductions.

Successes/Shortfalls (Continued)	Further, the new AAP system must be implemented and supported by the technical and program Divisions, as well as LBL management, if the goals of the new AAP system are to be realized.
Supporting Data	See Attachment B.

Objective #2 Criterion 2.3	*Improvements in the existing system necessary to meet requirements developed in 2.2 are defined.*
Objective #2 Criterion 2.3 Performance Measure 2.3.a	*Report containing improvements required is issued by March 31, 1994.*
Performance Measure Result	The report, timely submitted to DOE/Oakland, indicated that the new AAP System was 40% complete at that time. The requirements of the AAP System, stated in the February 1994 report (Attachment B), have been incorporated as improvements. An example of an improvement over the previous System is the electronic AAP database program.
Successes/Shortfalls	See Successes/Shortfalls under Performance Measure 2.2a.
Supporting Data	See Attachment C.

Objective #2 Criterion 2.4	*The Advance Acquisition Planning System is implemented.*
Optional Summary	The AAP System is in the final stage of completion. The AAP database has been beta-tested by various Procurement personnel and is being refined. AAP System instructions are being updated and will be revised based on the beta-test results.
Objective #2 Criterion 2.4 Performance Measure 2.4.a	*The Advance Acquisition Planning System is implemented by September 30, 1994.*
Performance Measure Result	The implementation of the new AAP System is on schedule and will be implemented by September 30, 1994, subject to the approval of LBL management. A letter was sent on August 24, 1994, to the Director of LBL and the Division Directors announcing the implementation and describing the new AAP System.
Successes/Shortfalls	See Successes/Shortfalls under Performance Measure 2.2.a.
Supporting Data	See Attachment D.

Performance Objective #3

The Laboratory shall conduct, document, and report the results to DOE of a full self-assessment of its purchasing system consistent with currently published DOE Contractor Purchasing System Review (CPSR) criteria. The assessment shall be conducted by April 1994. ***(Weight = 15%)***

Summary

The current self-assessment was a CPSR that used the following guidelines and criteria: the Prime Contract; the *Department of Energy 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 LBL policies and procedures. The LBL CPSR disclosed that the LBL procurement system is adequate but has some weaknesses. It is LBL's policy to implement a purchasing system that is in full compliance with the DOE Prime Contract and, as required therein, in full compliance also with applicable laws, regulations, circulars, directives, and manuals.

LBL will assure that its purchasing system provides maximum protection to the government funds expended and is sufficient to support program requirements.

Barriers to Improvement

For the current self-assessment, the barriers to improvement are as follows :

- The completion of the implementation of the Tri-Lab procurement policies, procedures, and revised terms and conditions.
- The completion of Buyer training.
- The time and effort involved in fully implementing the new ORACLE procurement processing system.

Objective #3 Criterion 3.1	*A documented review is made that includes CPSR Criteria.*
Optional Summary	See Summary section for this Performance Objective.
Objective #3 Criterion 3.1 Performance Measure 3.1.a	*Percentage of self-assessment accomplished.*
Summary	The self-assessment was 100% accomplished through a CPSR. This initial LBL self-assessment CPSR was conducted in the April–May 1994 time frame using the *DOE Contractor Purchasing Review Handbook* as a road map. It covered areas like planning, solicitation, evaluation and selection, negotiation, award, subcontract administration, socioeconomic programs, etc. Mission support areas, such as transportation, work-for-others, and payments, were not reviewed. The review method, based on the statistical technique of sampling, consisted of assessing the extent to which the LBL procurement system complied with applicable statutes, regulations, and procedures; Prime Contract terms; and good business practices. Sixty purchase transactions from the last six months were reviewed. Specific subcontract categories such as architect-engineering service, construction, fabrication, blanket order, consultant, small purchases, and intra-university were included in the sample transactions.
Performance Measure Result	Serious deficiencies or irregularities were not disclosed. However, some weaknesses were noted in advance planning, pre-solicitation (properly prepared purchase requisitions), sole-/single-source justifications, price evaluation and negotiation, award and files, post-award administration, and modifications, as shown by the Summary Table in the "Executive Summary of Significant Observations and Findings" (Attachment E).
Successes/Shortfalls	A significant success for LBL/Procurement was the placement of $3,196,389 with small business concerns for the 60-transaction sample. Additionally, for an R&D organization, LBL's competition statistics are good, at 43% for the sample transactions. (It should be noted that the competition statistics here, and the competition statistics in Performance Objective #5, have a different purchasing base. The base for Performance Objective #5 excludes foreign subcontracts, utilities, GSA orders, etc., while the CPSR's purchasing base, in accordance with the DOE CPSR handbook, was all-inclusive). See Performance Measure Results above for shortfalls.

Supporting Data	See "Executive Summary of Significant Observations and Findings" (Attachment E).

Objective #3 Criterion 3.1 Performance Measure 3.1.b	*Corrective Action Plan is developed based on the findings in the self-assessment. The number of milestones accomplished on schedule will be calculated. Will be graphed quarterly for trend data.*
Performance Measure Result	A Corrective Action Plan, as well as a Corrective Action Schedule, was prepared and included with the CPSR report. The Corrective Action Schedule was developed in the timeline format for tracking, milestones will be graphed quarterly for trend data beginning September 1994. Increased emphasis on quality management and training (within budget limitations) for the Buyers is the predominant solution for the cited purchasing system weaknesses. However, LBL Procurement supervisors will monitor procedural use and compliance skills and adjust the training schedule, as required.
Successes/Shortfalls	See Corrective Action Plan Schedule (Attachment F).
Supporting Data	See Corrective Action Plan Schedule (Attachment F).

Performance Objective #4

The Laboratory shall make good faith efforts in supporting and promoting socioeconomic subcontracting programs including establishing mutually acceptable annual goals. ***(Weight = 10%)***

Note: The annual goals will be expressed as a percentage of the purchasing base. The purchasing base for purposes of this Performance Objective is all obligations incurred during the fiscal year period, excluding: (1) Subcontracts with foreign corporations which will be performed entirely outside of the United States; (2) Utilities (gas, sewer, water, steam, electricity and regulated telecommunications services); (3) Federal Supply Schedule Orders when all terms of the schedule contract apply; (4) GSA Orders when all terms of the GSA contract apply; (5) Agreements with DOE management and operating contractors and University campuses; and (6) Federal government and DOE mandatory sources of supply; federal prison industries, industries of the blind and handicapped.

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

In FY94, the Laboratory made a number of good faith efforts toward promoting and supporting the DOE socioeconomic subcontracting programs. These efforts include:

- A continuation of its small business and small disadvantaged business set-aside programs first initiated in FY93. FY94 cumulative set-aside awards through the third quarter (17.4%) thus far exceed the 15.3% logged for the entire FY93.
- A program to promote minority business and woman-owned business awareness through publishing and distribution of the Directory of Disadvantaged and Women-Owned Businesses, a publication compiled and maintained by LBL containing over 1,800 vendor listings. The publication 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.
- A pro-active Laboratory technology transfer program that seeks out and provides special consideration to small, small disadvantaged, and woman-owned businesses in order to enhance their competitiveness and opportunities in collaborative research and technology licensing.
- Membership and active outreach participation in local technology and trade associations such as East Bay NET, Northern California Purchasing Council, and the Industry Council for Small Business Development. LBL's continued association with these and other organizations contributes significantly to the Laboratory's socioeconomic program.

The results of these outreach efforts is evidenced by the extent to which LBL has met its FY94 socioeconomic goals.

Barriers to Improvement

Potential barriers to improvement include:

LBL's present efforts to establish a number of systems (just-in-time contracts), to replace the soon-to-be canceled (by October 1994) LLNL-subsidized storeroom operation, will likely reduce the number of socioeconomic awards in the future. This reduction will be caused by the competitive nature of systems contracting in which large businesses tend to have advantages in price and selection over smaller businesses. Setting aside these solicitations may help, if market surveys can demonstrate that Laboratory requirements can be met by small or small disadvantaged businesses.

However, the "rule of nonmanufacturers" continues to inhibit set-aside efforts because some small businesses represent large manufacturers. ("Nonmanufacturer rule" means that a subcontractor under a small business set-aside or 8(a) contract shall (1) be a small business under the applicable size standard and (2) deliver either its own product or service or that of another domestic small business manufacturing or processing concern [FAR 19]).

Objective #4 Criterion 4.1	*The Laboratory will propose and provide supporting information (basis) for socioeconomic goals to the University and DOE annually and otherwise make good faith efforts in supporting and promoting the socioeconomic subcontracting programs.*
Optional Summary	LBL has set its socioeconomic goals in the past primarily on the basis of historical data trends as these trends have demonstrated they are a relatively accurate predictor of future performance. Internal policy changes affecting the Laboratory's socioeconomic program may also factor into the projection, as do economic and market conditions if they are found to be relevant. The resultant goals provide not only a set of achievable short-range objectives commensurate with a good faith implementation effort, but also form the basis for long-term program expansion. In setting FY95 goals, LBL worked more intensively with the LBL Budget Office and the Divisions to try to develop meaningful data. This added effort produced some information that helped with the FY95 forecast, mainly regarding construction projects.
Objective #4 Criterion 4.1 Performance Measure 4.1.a	*Socioeconomic goals will be established prior to the beginning of each fiscal year and submitted, with supporting information, to DOE upon request from the Contracting Officer. The Laboratory will issue an annual report outlining good faith efforts made at promoting socioeconomic programs by October 31, 1993.*
Performance Measure Result	The call for socioeconomic goals was issued and LBL submitted FY95 goals as well as the rationale for their derivation. An annual report outlining the Laboratory's socioeconomic good faith efforts in FY93 was submitted to DOE on October 28, 1993.
Successes/Shortfalls	Successes: LBL met the requirements for this Performance Measure. Shortfalls: None.
Supporting Data	See Performance Criterion 4.1, Optional Summary, above.

Objective #4
Criterion 4.2

The percentage rate of obligated subcontracted dollars awarded will meet yearly DOE/UC/Laboratory negotiated percentage 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

Objective #4
Criterion 4.2
Performance Measure 4.2.a

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

LBL FY94 Performance Against Goals

	Original Goals	"Stretch" Goals	Actual*
(a) Small Business	49.0%	58%	56.9%
(b) Small Business Set-Asides	7.0%	16%	13.4%
(c) Small Disadvantaged Business	9.5%	13%	11.6%
(d) Small Disadvantaged Business Set-Asides	2.0%	2%	3.8%
(e) Small Women-Owned Business	5.5%	8%	6.6%

*Cumulative through August 31, 1994.

Successes/Shortfalls

Successes: All goals through third quarter FY94 have been met and exceeded when measured against the original goal submitted in July 1993. In August 1994, "stretch" goals were negotiated and are listed above. These "stretch" goals represent a very high target that LBL will strive to meet but may not.

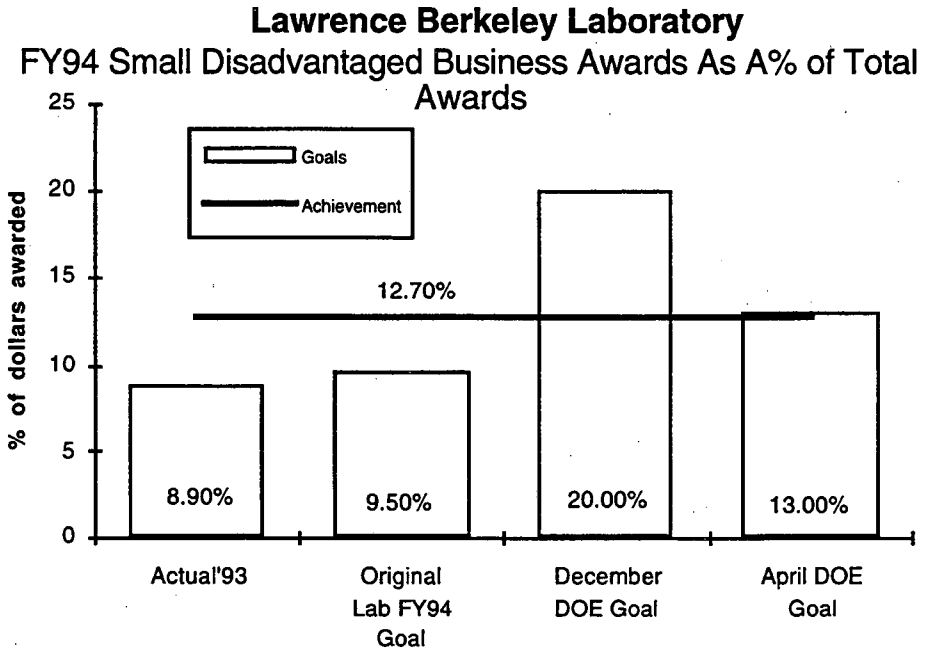
In May 1994, DOE changed the basis for goaling from a percentage of procurement base to a specified procurement base expressed in dollars. This change impacted LBL's apparent success since the $81M base used by DOE is far in excess of the $61M base LBL expects will finally result.

Shortfalls: None.

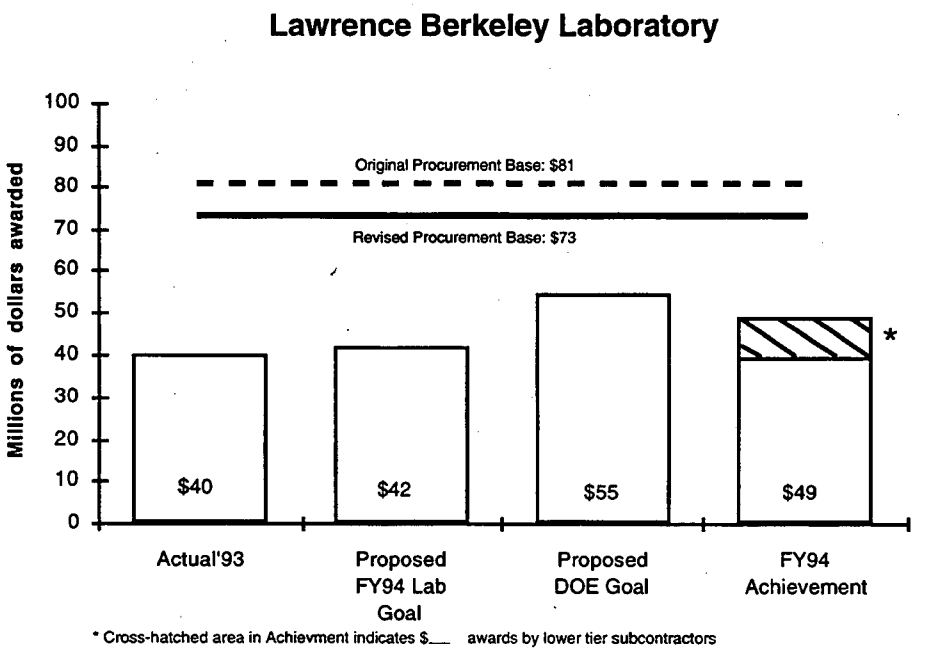
Supporting Data

See graphs on following pages.

Supporting Data
(Continued)



Performance Measure 4.2.a



Performance Measure 4.2.a

Performance Objective #5

The Laboratory shall make good faith efforts in supporting and promoting competitive subcontracting including establishing a mutually acceptable annual goal. ***(Weight = 10%)***

Note: The annual goal will be expressed as a percentage of the purchasing base. The purchasing base for purposes of this Performance Objective is all obligations incurred during the fiscal year period excluding: (1) Subcontracts with foreign corporations which will be performed entirely outside of the United States; (2) Utilities (gas, sewer, water, steam, electricity and regulated telecommunications services); (3) Federal Supply Schedule Orders when all terms of the schedule contract apply; (4) GSA Orders when all terms of the GSA contract apply; (5) Agreements with DOE management and operating contractors and University campuses; and (6) Federal government; DOE mandatory sources of supply; federal prison industries, industries of the blind and handicapped; and (7) Obligations of $25,000 or less.

Summary

The Laboratory submitted an annual report, dated October 28, 1993, outlining its commitment to good faith efforts in supporting and promoting competitive procurements during FY93.

Lawrence Berkeley Laboratory has made significant efforts supporting and promoting competitive subcontracting. LBL's FY94 annual goal was set at 52% of the over $25,000 purchasing base. The cumulative result achieved to date for these procurements is **72.9%.**

A contributory factor to this accomplishment was the fact that Procurement challenged and scrutinized sole-source requests.

Also, Procurement is making other efforts toward minimizing noncompetitive procurements. An example of this is the recent Advanced Acquisition Planning System, which will include market research, market surveys, and advertisements as part of the new AAP process. (See Performance Objective #2 for details.)

As with Performance Objective #4, the Laboratory is in the process of setting FY95 goals for competition. This process will involve working with the LBL Budget Office and selected programmatic groups to determine major procurements and their competition potential.

Barriers to Improvement

One barrier that may affect the Laboratory's commitment to competitive procurements is the lack of knowledge on the part of the requesters of the DOE Prime Contract requirements for competition. Another barrier may be the lack of adequate lead time to perform good acquisition planning.

Objective #5
Criterion 5.1

The Laboratory will propose, and provide supporting information (basis) for, a subcontracting competition goal to the University and DOE annually. The Laboratory shall otherwise make good faith efforts in supporting and promoting the competitive subcontracting program.

Objective #5
Criterion 5.1
Performance Measure 5.1.a

A competition goal will be established prior to the beginning of each fiscal year and submitted, with supporting information, to DOE upon request from the Contracting Officer. The Laboratory will issue an annual report outlining good faith efforts made at promoting the competitive subcontracting programs by October 31, 1993.

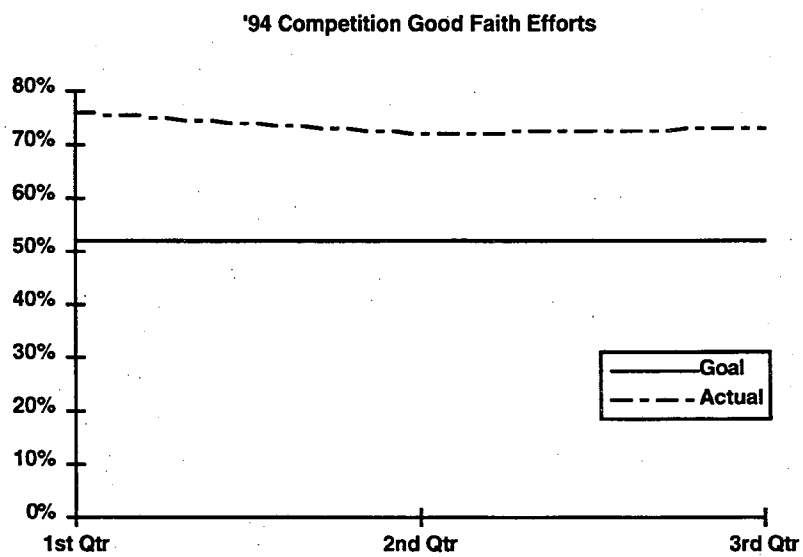
Performance Measure Result

The Laboratory submitted the annual goal for FY94 in July 1993 and with the annual report, dated October 28, 1993, outlined good faith efforts made at promoting competition during FY93. The FY94 goal was set at **52%** of the purchasing base. The cumulative result achieved to date for procurements over $25,000 is **72.9%**, which is significantly over the goal amount.

Successes/Shortfalls

The success of meeting the goal was mainly due to the thorough scrutinizing and challenging of sole-source justification requests by Procurement Buyers. Another contributing factor for the success of the goal is the awards made in the construction subcontracts area; regulations mandate that these transactions be competitive.

Supporting Data



Performance Measure 5.1.a

Objective #5 Criterion 5.2

The rate of obligated subcontracting competition meets a yearly DOE/UC/Laboratory negotiated goal.

Optional Summary

As of June 30, 1994, (covering three quarters) the cumulative rate was 72.9%, which is 40% over the historical average. The Laboratory will clearly exceed its goal at the end of the fiscal year.

Objective #5 Criterion 5.2 Performance Measure 5.2.a

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 actual competitively awarded subcontract dollars as of June 30, 1994, (third quarter reporting period) was $24,846,730. The purchasing base of subcontracts awarded over $25,000 was $34,068,108. See table in Supporting Data below.

Successes/Shortfalls

The Laboratory was successful in exceeding its goal over the first three quarters of the fiscal year, a strong indication that the commitment for competitive procurements is a priority of the Laboratory as this result is a significant improvement over past fiscal year levels.

Supporting Data

Performance Statistics for October 1993 to December 1993
(Using Accounting Invoices-Paid Data)

	Amount	% of Base	Number
Competitive Awards over $25K:	$9,198,546	75.9%	3,444
Purchase base of awards over $25K is:	$12,106,667		4,858

Performance Statistics for October 1993 to March 1994.
(Using Accounting Invoices-Paid Data)

	Amount	% of Base	Number
Competitive Awards over $25K:	$16,503,555	72%	6,770
Purchase base of awards over $25K is:	$22,909,594		9,385

Supporting Data (Continued)

Performance Statistics for October 1993 to June 1994.
(Using Accounting Invoices-Paid Data)

	Amount	% of Base	Number
Competitive Awards over 25K:	$24,846,730	**72.9%**	11,057
Purchase base of awards over $25K is:	$34,068,108		15,178

Performance Objective #6

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

Summary

In November 1993 the Laboratory submitted a Training Action Plan to the DOE/Oakland Contracting Officer in accordance with this Performance Objective. In addition, LBL management advocated devoting 2% of Procurement resources (or an average of 3.5 hours per month per Procurement full-time equivalent [FTE]) to training in FY94.

The final Training Program will specify that professional buying staff be trained in the Tri-Lab Standard Practices and in such topics as price/cost analysis, patents, insurance, EH&S provisions, and numerous other matters. Additional subjects would also be offered to both the professional buying staff and Procurement support staff as the need arose.

All milestones are on schedule for the implementation of the Training Program by October 1, 1994.

Barriers to Improvement

A barrier that may affect the Laboratory's ability to achieve complete success are the limited financial resources for external professional instruction. However, some training packages provided by the government may be useful.

Objective #6 Criterion 6.1	*Develop a comprehensive procurement-related training program.*
Objective #6 Criterion 6.1 Performance Measure 6.1.a	*Develop and document an action plan to develop the Training Program that includes milestones by November 30, 1993. Milestones completed will be reported.*
Performance Measure Result	A Training Action Plan was developed. It included the following milestones: • Establish training committee—*Completed on schedule.* • Survey Procurement staff to determine training needs—*Completed on schedule.* • Determine training budget—*Completed on schedule.* • Determine amount of training for group/level—*Completed on schedule.* • Develop training curriculum—*Completed on schedule.* • Evaluate external training—*Completed on schedule.* • Identify/evaluate internal training—*Completed on schedule.* • Identify training materials—*Completed on schedule.* • Develop training schedule—*Completed on schedule.* • Draft training program—*Completed on schedule.* • Issue final training program—*Completed on schedule.*

Objective #6 **Criterion 6.1** **Performance Measure 6.1.b**	*Implement the training program by October 1, 1994.*
Performance Measure Result	See attached document, "Performance Objective #6, Training Action Plan." It outlines training plans for both the professional and nonprofessional Procurement staff as well as training for individuals outside Procurement with purchasing responsibilities.
Successes/Shortfalls	Through June 30, 1994, all milestones have been accomplished in implementing a training program by October 1, 1994. The Training Program will be implemented as planned on October 1, 1994.
Supporting Data	See accompanying Training Action Plan.

PERFORMANCE OBJECTIVE #6
TRAINING ACTION PLAN

	Dec-93	Jan-94	Feb-94	Mar-94	Apr-94	May-94	Jun-94	Jul-94	Aug-94	Sep-94	Oct-94
CONTINUE WITH CURRENT TRAINING PROGRAM	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••	•••
ESTABLISH TRAINING COMMITTEE	•••										
SURVEY TO DETERMINE NEED/LEVEL OF TRAINING:											
Professional Buying Staff		•••	•••								
Clerical Buying Staff		•••									
Blanket Order Administrators		•••									
External Buyer		•••	•••								
DETERMINE TRAINING BUDGET	•••										
DETERMINE AMOUNT OF TRAINING FOR EACH GROUP/LEVEL											
Professional Buying Staff				•••							
Clerical Buying Staff			•••								
Blanket Order Administrators			•••								
External Buyer				•••							
DEVELOP TRAINING CURRICULUM FOR EACH GROUP/LEVEL											
Professional Buying Staff					•••	•••					
Clerical Buying Staff				•••	•••						
Blanket Order Administrators				•••							
External Buyer					•••	•••					
EVALUATE EXTERNAL TRAINING AVAILABLE	•••	•••	•••	•••	•••						
IDENTIFY/EVALUATE INTERNAL TRAINING AVAILABLE	•••	•••	•••	•••	•••						
IDENTIFY TRAINING MATERIALS/INSTRUCTORS							•••				
DEVELOP TRAINING SCHEDULE								•••			
DRAFT TRAINING PROGRAM DEVELOPED/EVALUATE									•••		
FINAL TRAINING PROGRAM										•••	•••

h/EXCEL:object6.xls (11/24/93)

Objective #6
Criterion 6.2

Identify immediate training needs.

Optional Summary

A Procedure Task Force, consisting of representatives from the Tri-Labs (LBL, LLNL, and LANL), along with the University of California's Office of the President, has been preparing new policies, procedures, and instructions in the procurement area. So far, 87 procedures, called Standard Practices, have been written. After each Standard Practice is written, and DOE review and approval is obtained, it is officially issued and implemented along with appropriate training.

Consequently, special emphasis is being placed on training pertaining to the Standard Practices as they become approved. Procurement has held eight Standard Practice training sessions since January 1994.

The training for these Tri-Lab Standard Practices has been identified as an immediate training need, along with such selected topics as price/cost analysis, patents, insurance, ES&H, etc., for LBL Procurement personnel.

Objective #6
Criterion 6.2
Performance Measure 6.2.a

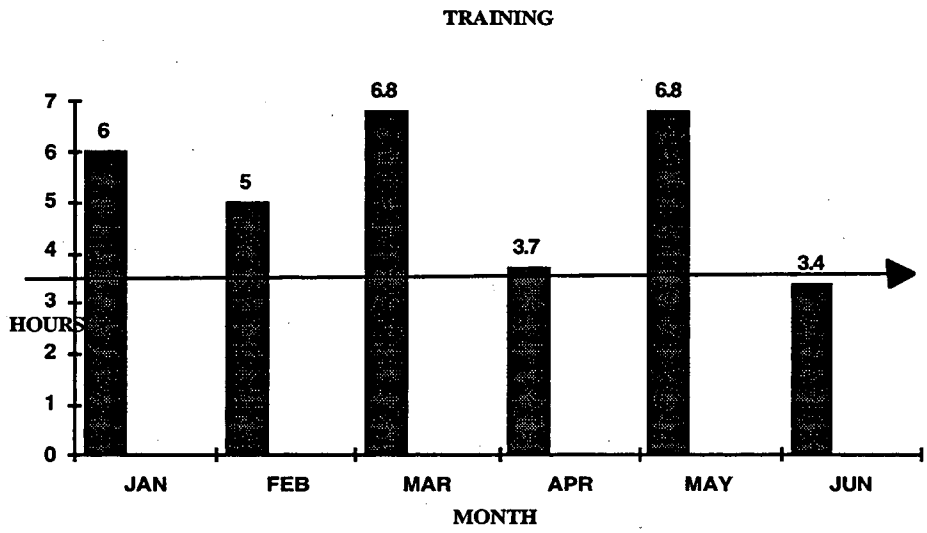
Plot planned versus training performed. Report percentage of training accomplished against that identified.

Performance Measure Result

As previously mentioned, the LBL immediate training goal for each Procurement employee is a minimum of 3.5 hours each month in Standard Practices, along with training in other selected topics. During the period January 1994 through June 1994 each professional Procurement employee devoted an average of 5.3 hours per month to training in various subjects. (See the following table and graph.)

Month	JAN	FEB	MAR	APR	MAY	JUN
Hours	6	5	6.8	3.7	6.8	3.4
GOAL	3.5	3.5	3.5	3.5	3.5	3.5

Performance Measure Result (Continued)



NOTE: Columns = Actual Hours. Line = Goal.

Performance Measure 6.2.a

Successes/Shortfalls

LBL Procurement has exceeded its training goal of 3.5 hours per month per FTE.

Supporting Data

See attached following table, "LBL Procurement Training Matrix."

LAWRENCE BERKELEY LABORATORY PROCUREMENT TRAINING MATRIX 9/9/94

catagory	TOPIC	STANDARD PRACTICE	Priority	Order Processor	Procurement Assistant	Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator	Sr. Subcontract Administrator	Section Head	Purchasing Manager
adp	Basic Excel		1		x					x	x	x	x	x
adp	Basic Word		1	x	x		x			x	x	x	x	x
adp	Oracle System Training		1	x	x	x	x	x	x	x	x	x	x	x
adp	Advanced Excel		3		x									
adp	Advanced Word		3		x									
adp	Dbase		3		x					x	x	x	x	x
const	Construction Contracting*	36.2	2							x	x	x	x	x
const	Construction Law*		2								x	x	x	x
const	Davis-Bacon Act*	22.2-1	2							x	x	x	x	x
gen	Ethics		1	x	x	x	x	x	x	x	x	x	x	x
gen	Government Property	45.1	1							x	x	x	x	x
gen	Make-Or-Buy	7.3	2							x	x	x	x	x
gen	Forecasting Requirements		3									x	x	x
gen	Real Property Leases	45.2	3									x	x	x
gen	Total Quality Management		3						x	x	x	x	x	x
k admin fin, cost type	Contract Cost Principles	31.1-1	1							x	x	x	x	x
k admin fin, cost type	Cost Accounting Standards	30.1	2							x	x	x	x	x
k admin fin, cost type	Defective Pricing	15.8	2									x	x	x
k admin fin, cost type	Limitation Of Costs	31.2	2									x	x	x
k admin fin, cost type	Managing Cost Contracts		2									x	x	x
k admin fin, cost type	Payment Of Indirect Costs		2								x	x	x	x
k admin fin, gen	Claims	32.3	2									x	x	x
k admin fin, gen	Payments Against Invoices	32.1	2						x	x	x	x	x	x
k admin fin, gen	Accounting & Estimating Systems		3									x	x	x
k admin fin, gen	Collecting Contractor Debts		3									x	x	x
k admin gen	Closeout	42.4	1						x	x	x	x	x	x
k admin gen	Contract Administration		1							x	x	x	x	x
k admin gen	Contract Dispute		2									x	x	x
k admin gen	Ordering Against Contracts & Agreements		2			x				x	x	x	x	x
k admin gen	Post-Award Orientations	15.7-1	2							x	x	x	x	x
k admin gen	Remedies		2									x	x	x
k admin gen	Extraordinary Contract Actions		3									x	x	x
k admin gen	Letter Contracts	16.3, 16.1-2	3									x	x	x
k admin, mod.	Contract Modifications	15.3, 43.1, 43, 12.2, 15.8	1						x	x	x	x	x	x
k admin, mod.	Assignments & Novations		2									x	x	x
k admin, mod.	Changes	43.1,12.2.4.1	2							x	x	x	x	x
k admin, mod.	Options		2							x	x	x	x	x
k admin, mod.	Termination	49	2							x	x	x	x	x
k admin, perf	Contract Quality Assurance	46.1	1							x	x	x	x	x
k admin, perf	Expediting		1				x	x	x	x	x	x	x	x
k admin, perf	Suspect/Counterfeit Parts		1					x	x	x	x	x	x	x
k admin, perf	Delays		2							x	x	x	x	x
k admin, perf	Stop Work		2									x	x	x
k admin, perf	Audits	42.2										x	x	x
k fin	Contract Financing	32.1	2									x	x	x
k fin	Contract Funding		2						x	x	x	x	x	x
k fin	Progress Payments	32.2, 32.1	2								x	x	x	x
K gen	Contract Law		1						x	x	x	x	x	x
K gen	Contracting Fundamentals	2.1, 16.1-1	1						x	x	x	x	x	x
K gen	Justification & Documentation	4.2	1							x	x	x	x	x
k gen	Lease vs. Purchase	7.2	2							x	x	x	x	x
k gen	Socio-Economic Concerns	19.1, 1.7.4	2						x	x	x	x	x	x
k gen	Software Licensing		2						x	x	x	x	x	x
k gen	Unsolicited Proposals	15.1-3	2							x	x	x	x	x
K gen	Contract Fraud		3									x	x	x
k gen IP	Patents, Data, & Copyrights	27.1	1							x	x	x	x	x
k gen IP	Proprietary Data	24.1	1						x	x	x	x	x	x
k type	Low Value Procurements	13.2	1				x	x	x	x	x	x	x	x
k type	Systems Contracting		1							x	x	x	x	x
k type	Best Value Procurement		2							x	x	x	x	x

LAWRENCE BERKELEY LABORATORY PROCUREMENT TRAINING MATRIX 9/9/94

catagory	TOPIC	STANDARD PRACTICE	Priority	Order Processor	Procurement Assistant	Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator	Sr. Subcontract Administrator	Section Head	Purchasing Manager
k type	Subcontract Selection		2							x	x	x	x	x
k type	Teaming Agreements		2									x	x	x
k type	Rental Agreements		3							x	x	x	x	x
leg	Service Contract Act	22.2	1						x	x	x	x	x	x
leg	Buy American	25.1	2					x	x	x	x	x	x	x
leg	Walsh Healy													
risk mgmt	Insurance	28.1	1						x	x	x	x	x	x
risk mgmt	Bonds & Liens	28.1	2								x	x	x	x
risk mgmt	Miller Act		2											
sol awrd	Consent To Award		1							x	x	x	x	x
sol awrd	Debriefing		1							x	x	x	x	x
sol awrd	Preaward Inquiries		2						x	x	x	x	x	x
sol eval	Competitive Range	15.4	1						x	x	x	x	x	x
sol eval	non-Price Factors	17.1	1						x	x	x	x	x	x
sol eval	Price & Cost Analysis	15.5, 1.7.5	1							x	x	x	x	x
sol eval	Price Related Factors	13.1-3	1						x	x	x	x	x	x
sol eval	Profit & Fee	15.10, 1.7.6, 15.6-2	1								x	x	x	x
sol eval	Factfinding		2								x	x	x	x
sol eval	Late Bids	15.3, 15.3-1	2							x	x	x	x	x
sol eval	Mistakes In Offer	15.8	2							x	x	x	x	x
sol eval	Protests	33.2	2									x	x	x
sol eval	Responsibility	9.1	2						x	x	x	x	x	x
sol eval	Responsiveness		2						x	x	x	x	x	x
sol eval	Bid Prices		3						x	x	x	x	x	x
sol eval	Financial Statement Analysis		3								x	x	x	x
sol eval	Audits	42.1										x	x	x
sol gen	Solicitations & Amendments	15.1-3	1							x	x	x	x	x
sol gen	Preproposal Conferences	15.2	2							x	x	x	x	x
sol gen	Sealed Bidding	15.1-1, 36.1	2							x	x	x	x	x
sol gen	Canceling Solicitations		3							x	x	x	x	x
sol neg	Negotiating Terms & Conditions	52.1	1					x	x	x	x	x	x	x
sol neg	Negotiation Strategy		1						x	x	x	x	x	x
sol neg	Negotiative Procurement	15-15.1-1	1						x	x	x	x	x	x
sol prep	Acquisition Planning	7.1-7.3	1							x	x	x	x	x
sol prep	Competition Requirements	6.x	1					x	x	x	x	x	x	x
sol prep	Market Research	6.1-1	1						x	x	x	x	x	x
sol prep	Multiyear Contracts		1							x	x	x	x	x
sol prep	Organizational Conflict of Interest	9.3	1							x	x	x	x	x
sol prep	Pricing Escalations		1							x	x	x	x	x
sol prep	Procurement Plans	3.4-2	1									x	x	x
sol prep	Source Selection		1						x	x	x	x	x	x
sol prep	Specifications	10.1	1							x	x	x	x	x
sol prep	Statement Of Work	35.1-1	1							x	x	x	x	x
sol prep	Set-Asides	13.2, 19.2	2					x	x	x	x	x	x	x
sol prep	Source Lists	10.1-1, 19.1-2	2						x	x	x	x	x	x
sol prep	Bid Acceptance Periods		3						x	x	x	x	x	x
sol prep	Incentive Contracts		3									x	x	x
sol prep	Publicizing Contract Actions	5.1	3							x	x	x	x	x
adp	automatic data processing													
const	construction													
gen	General (not related to specific contracting issues)													
k admin fin, cost type	Contract administration, finacile for cost type contracts													
k admin fin, gen	Contract administration, finacile general contracts													
k admin gen	Contract administration, general													
k admin, mod.	Contract administration, modifications													
k admin, perf	Contract administration, performance													
k fin	Contract financing													
K gen	Contracts, general													
k gen IP	Contracts, general Intellectual Property													

LAWRENCE BERKELEY LABORATORY PROCUREMENT TRAINING MATRIX 9/9/94

catagory	TOPIC	STANDARD PRACTICE	Priority	Order Processor	Procurement Assistant	Releaser	Expediter	Field Buyer	Buyer	Senior Buyer	Subcontract Administrator	Sr. Subcontract Administrator	Section Head	Purchasing Manager
k type	Contract, Types													
leg	Legislative issues													
risk mgmt	Risk Management													
sol awrd	Solicitations, award													
sol eval	Solicitations, evaluations													
sol gen	Solicitations, general													
sol neg	Solicitations, negotiations													
sol prep	Solicitations, preperation													

Performance Objective #7

The Laboratory shall provide for timely settlement and close-out of all subcontracts. ***(Weight = 10%)***

Summary

The description of LBL's formal close-out process, including close-out goals, was submitted to DOE on January 31,1994, as required by this Performance Objective. Subsequent to this action, the Tri-Laboratory Standard Practice 42.4, entitled "Subcontract Closeout," was approved by the DOE/Oakland Contracting Officer on February 3, 1994. Standard Practice 42.4 does not cite specific close-out time frames for certain 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.

Procurement provides for timely settlement and close-out of all appropriate subcontracts as established by the new Standard Practice 42.4. Sometimes the provisions of such directives as FAR 4.804, "Closeout of Contract Files," FAR 42.708, "Quick-Closeout Procedure," and Tri-Lab Standard Practices 49.1, "Termination for Convenience," and 49.2, "Termination for Default," will also be applied.

Since a receiving report is issued for 98% of the Laboratory's procurement transactions and final payment is made by LBL's Accounts Payable after receipt of the receiving document (which documents LBL acceptance of product), these type of subcontracts are automatically considered closed without further action and are not tracked.

For the subcontracts that require a more formal close-out, the Procurement Specialists/Buyers are responsible for coordinating with the appropriate LBL Divisions and the subcontractors to assure that all the necessary documents are obtained and properly filed in the Procurement Subcontract File in preparation for close-out and archiving.

To ensure that all contractually required actions have been completed and that all conditions having a bearing on the contractual relationship have been settled, Procurement close-out responsibilities prescribe such actions as:

- Sending a letter to the subcontractor, advising the company of the close-out status and requesting, when appropriate, certifications concerning patents, government property, lower-tier subcontractors, and level of effort.
- Confirming with the LBL program/technical Divisions that all reports and/or deliverables have been received and accepted in accordance with the subcontract requirements.
- Determining that any classified information and security clearances, government property, and patent rights have been properly dispositioned.
- Obtaining the subcontractor's final invoice.
- For applicable cost-type subcontracts, getting final indirect rates or a final audit for the subcontract.

Summary (Continued)

- Acquiring the subcontractor's release and certification of final payment (either in Accounting or Procurement).
- Sending a copy of all scientific and technical information to the DOE/Office of Scientific and Technical Information (OSTI).
- Archiving the Procurement file.
- Not closing out a subcontract that is in litigation or under appeal or, in the case of a termination, until all termination actions have been completed.

Barriers to Improvement

Currently, additional personnel resources are needed to maintain the existing database that tracks close-out activities. However, when the new purchasing system, ORACLE, is on-line such tracking will be available.

Objective #7 Criterion 7.1	*A formal close-out process is established.*
Optional Summary	See Summary above.
Objective #7 Criterion 7.1 Performance Measure 7.1.a	*Close-out procedures are documented and copies of the documentation furnished to DOE for approval by January 31, 1994.*
Performance Measure Result	As stated in the Performance Objective #7 Summary, a description of LBL's formal close-out process, as it existed at that time, was submitted to DOE on January 31, 1994. Subsequently, Standard Practice 42.4, "Subcontract Closeout," was approved by DOE on February 3, 1994, and now LBL's close-out process is in accordance with that procedure. (See Summary section above, which outlines the current LBL close-out process.)
Successes/Shortfalls	LBL successfully submitted goals for subcontract close-out completion to DOE, as required, on January 31, 1994. Additionally, after the issuance of Standard Practice 42.4, the Laboratory conducted training so that Procurement Specialists/ Buyers are familiar with the formal close-out process in accordance with 42.4.
Supporting Data	See the Tri-Lab Standard Practice 42.4, "Subcontract Closeout," as approved by DOE.

Objective #7 **Criterion 7.2**	*The Laboratory will establish close-out goals.*
Optional Summary	The Laboratory established goals to complete 90% of the close-outs in the following subcontract categories: firm fixed price, cost reimbursement or incentive subcontracts, and all other subcontract types. Of the Lab's purchases (such as equipment buys), 98% are automatically closed after Accounts Payable obtains the receiving document. This practice is in accordance with the DOE-approved Tri-Laboratory Standard Practice 42.2, "Subcontract Closeout," which allows subcontracts to be closed when there is evidence of the receipt of goods or services and/or evidence of final payment. However, as described previously, the Standard Practice also provides for a more formal close-out process of subcontracts that require further action and resolution before close-out. These would be the subcontracts that need acceptance of subcontract performance; disposition of classified information and security clearances, patent rights, or government-furnished/subcontractor-acquired property; and finalization of cost rates. Since April 1, 1994 (after the Buyer training session on close-outs), LBL subcontracts that require formal close-out are tracked quarterly to assure close-out within the parameters of Standard Practice 42.4 or the previously established goals.
Objective #7 **Criterion 7.2** **Performance Measure 7.2.a**	*The Laboratory will establish close-out goals and advise DOE of them by January 31, 1994. Performance against the goals will be tracked and reported quarterly.*
Performance Measure Result	LBL's close-out goals were submitted to the DOE Contracting Officer on schedule. Subcontracts in formal close-out are tracked and reported quarterly. The tracking of physically complete subcontracts began April 1, 1994, based upon the effective date of Standard Procedure 42.4, "Subcontract Closeout."
Successes/Shortfalls	Performance Measure 7.2.a was successfully met.
Supporting Data	See following table and graph.

Supporting Data
(Continued)

CLOSE-OUT LIST

Third Quarter FY94

(Physically complete: 4/1/94–6/30/94)

Order	Seller	$$	Buyer	Exp.	Phy. Comp.	Close-Out
4595110	U. of Arizona	12,500.00	Chen	6/30/94	6/30/94	
4596910	Ballena Systems	10,000.00	Chen	5/30/94	5/30/94	
4591910	Agratech	284,674.00	Chen	5/31/94	5/31/94	
4025600	Software Applications	40,000.00	Chen	4/30/94	4/30/94	
4197800	Barnaby D.	7,600.00	Chen	5/31/94	5/31/94	
4198400	Kirz, J.	18,000.00	Chen	6/30/94	6/30/94	
4209602	M/ICD Eng. & Prod. Corp.	43,900.00	Ball	6/20/94	6/20/94	
4597410	Ernst & Young	50,000.00	Perez	6/30/94	6/30/94	
4586210	ACME Electric Corp.	251,902.00	Perez	6/30/94	6/30/94	
4598510	Global Telemaics	25,000.00	Perez	5/31/94	5/31/94	
4597310	Shaw Resources	24,000.00	Perez	6/30/94	6/30/94	
4197300	Ed Wolf	10,100.00	Perez	4/30/94	4/30/94	
4197700	G. Roche	16,500.00	Perez	6/30/94	6/30/94	
4198000	J. Draper	5,600.00	Perez	6/30/94	6/30/94	

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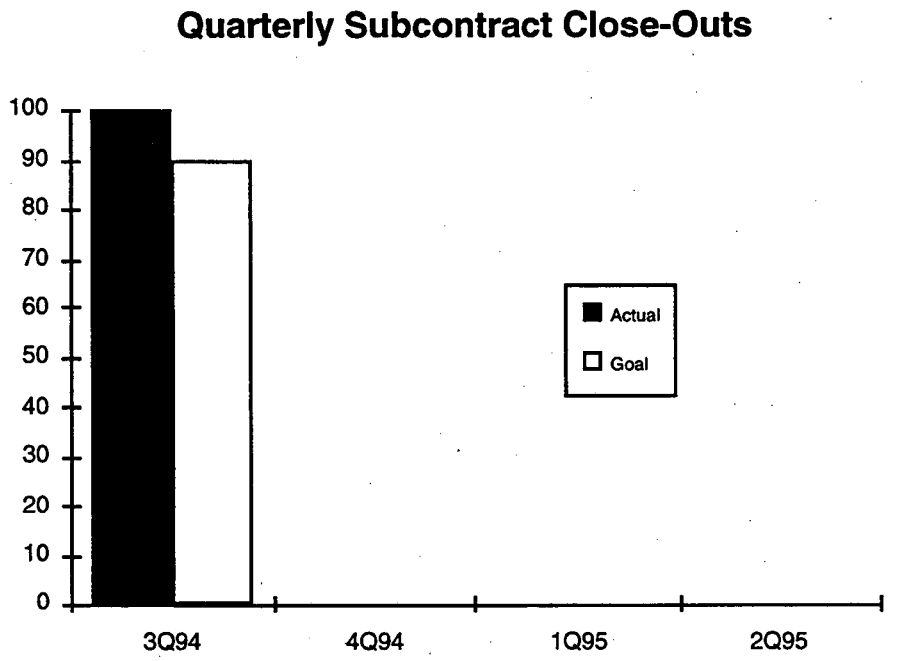
Supporting Data
(Continued)



Performance Measure 7.2.a

Performance Objective #8

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%)***

Note: The self-assessment performed under Procurement Objective #3 is excluded from the measurement of this Performance Objective.

Summary

In 1991, a contractor purchasing system review was conducted by the DOE/Oakland Operations Office. This **external** audit, conducted in November 1993, was based on the review of a sampling of subcontracts covering a three-year period. Although most of the recommendations were resolved in a timely manner, the remaining open recommendations will be resolved upon final DOE approval of the new Tri-Lab procurement policies and procedures. Since 1993, LBL, LANL, and LLNL have been collaborating in the development of a set of Standard Practices (SPs), which will eliminate most if not all the remaining recommendations found in the previous CPSR conducted by DOE, and in subsequent Surveillance Reviews performed by the DOE Contracting Officer. To date, 87 procedures, or Standard Practices, have been approved. Approximately 20 still require approval and will be submitted to DOE/Oakland for review and approval in August 1994. The procedures are written in a specific and comprehensive level of detail.

During this fiscal year, a single **internal** audit was performed on the new ORACLE purchasing system, which was acquired late in 1993. There are no outstanding findings or recommendations from this internal audit as of this date.

Barriers to Improvement

The resolution of all previous audits, reviews, findings will be achieved in a timely fashion. However, in general, barriers to continuous improvement in closing out of findings and recommendations to audits and reviews are:

- Implementing the new ORACLE system, which will enable us to achieve our goals much more effectively, could take the better part of a year.
- The constraints on the resources available for the training of staff.

Objective #8 Criterion 8.1	*All findings and recommendations resulting from external audits, assessments, reviews, etc., regarding Procurement are tracked and closed in accordance with the mutually agreed-upon corrective action plan.*
Optional Summary	See Summary for Performance Objective #8 above.
Objective #8 Criterion 8.1 Performance Measure 8.1.a	*Percentage of milestones met including milestones carried over from previous periods.*
Performance Measure Result	The 1991 CPSR and subsequent surveillance reviews of October 1992 and March 1993 resulted in 23 recommendations for corrective action. As of this date, 5 (or 20%) of the recommendations remain open. Three of these will be resolved upon approval and implementation of the final Standard Practices, which is expected by September 30, 1994. One of the remaining recommendations has been resolved; however, validation is required by DOE. The last open recommendation will be closed upon the implementation of an Advanced Acquisition Planning System, scheduled for September 30, 1994. (Refer to Performance Objective #2.)
Successes/Shortfalls	The CPSR identified 23 recommendations requiring corrective action plans. More than half of these recommendations were resolved promptly. The remaining recommendations were not resolved in a timely manner because of the delays experienced in negotiating the Prime Contract with DOE and the extensive collaboration required of the three Laboratories in rewriting the Standard Practices. Once implemented, these Standard Practices will provide a useful guide to be referenced for procurement-related actions.
Supporting Data	See following table, "Status of CPSR Recommendations."

Supporting Data
(Continued)

Status of CPSR Recommendations

Recommendation	Open	Date Closed
1	X	
2	X	
3		October 1993
4		November 1993
5	X	
6		May 1992
7		October 1993
8		June 1992
9		July 1992
10		June 1992
11		December 1991
12		June 1992
13	X	
14		July 1992
15		March 1993
16		October 1992
17		October 1992
18		July 1992
19		November 1993
20	X	
Special Interest Area		August 1992
93-1-1		April 1994
System Contracting		April 1994

Objective #8 Criterion 8.2	*All findings and recommendations resulting from internal audits, assessments, reviews, etc. regarding procurement are tracked and closed in accordance with a mutually agreed-upon corrective action plan.*
Optional Summary	There were no findings or recommendations that require corrective action.
Objective #8 Criterion 8.2 Performance Measure 8.2.a	*Percentage of milestones met including milestones carried over from previous periods.*
Performance Measure Result	See Optional Summary above.
Successes/Shortfalls	See Optional Summary above.
Supporting Data	See Optional Summary above.

Performance Objective #9

The Laboratory will continue the quality management program, for assuring efficiency, effectiveness and compliance of its purchasing policies, procedures, practices, execution and administration of subcontracts, that was established under Performance Objective #4 in the FY 1993 Appendix F. ***(Weight = 5%)***

Summary

The Laboratory selected two processes for continuous improvement efforts. They were:

- Low-value procurements.
- New purchasing computer system/software (ORACLE).

The selected processes were long-term projects that had begun in the previous fiscal year. Teams had already been selected for each of the areas and they expanded their charters to encompass the continuous improvement activities.

Both teams have made progress, but more work remains to be accomplished.

The New Purchasing Computer System/Software team has progressed to the point where they have completed beta testing of the system and are in the pilot phase with a limited number of requesters, approvers, Buyers, and receivers. Aside from the normal and expected number of problems associated with bringing up a new system, things appear to be working well. It is estimated the team will be able to move out of the pilot phase early in the fiscal year and begin Lab-wide implementation on an incremental basis.

The Low-Value Procurements team produced a recommendation that procurements under $500 be handled by the requesting Division by personnel trained in buying by Procurement. To this end, Procurement developed a training program and put 14 individuals through a 16-hour training program. Based on feedback received from the group and their Divisions, the training program was revised and reduced to 6 hours, and a second group of 14 individuals was trained.

The trained individuals have participated in low-value buying in varying degrees. Some individuals have made very little use of the training and delegation to purchase while others have embraced the program with more enthusiasm. However, it appears the process is not receiving the reception anticipated.

Barriers to Improvement

The barriers to improvement encountered or anticipated for the new purchasing computer system/software have been a lack of adequate staff to install and test the new computer hardware and software, the lack of an adequate Lab-wide infrastructure and interface to support the communications requirements of the new system, and lack of staff to provide training or "Help Desk" services.

A barrier to improvement regarding low-value procurements seems to be a reluctance on the part of the Divisions to do their own low-value buying. At this point there appears to be no significant incentive to cause them to embrace

Barriers to Improvement (Continued)

the concept. The committee had proposed applying a handling charge to all low-value procurements not processed by the Divisions, but this proposal was put on hold by Laboratory management.

Objective #9
Criterion 9.1

The Laboratory Procurement Management shall identify candidate critical internal procurement processes for continuous improvement.

Objective #9
Criterion 9.1
Performance Measure 9.1.a

The Laboratory Procurement Management selects critical procurement processes for continuous improvement where there is an opportunity for production improvements and/or cost control. The target number of processes is two.

Note: Cycle time reduction shall be considered as a candidate procurement process during this selection process.

Performance Measure Result

In February 1993, a Procurement Revitalization Workshop was held to see what initiatives could be developed that would improve the quality of our procurement service to our customers. Many items were identified at the meeting that had a bearing on the procurement process, but out of it came seven major initiatives considered most important to LBL and Procurement. They were:

1. New written policies and procedures.
2. Advance acquisition planning.
3. Interface between Divisions and Procurement.
4. Low-value procurements.
5. Unauthorized procurements.
6. New computer system.
7. Continuation of the COST group efforts.

It was determined that because of the limited resources in Procurement, and the magnitude of tasks and time frame in which to accomplish them, it was not practical to identify additional tasks.

Two items or processes for continuous improvement were selected from the list of seven. They were:

- Low-value procurements.
- New purchasing computer system.

The low-value procurements process was selected for its potential to greatly facilitate the process of handling transactions under $500 by having them processed in the requesting Division's office by individuals that had received purchasing training.

The new purchasing computer system is many process improvements rolled into one project. It provides for electronic requisitioning, account approvals, status, modifications, receival information, and input to the accounts payable system. These electronic means provide for more timely information, increased accuracy, elimination of duplicate data entry, and many other improvements in the procurement process.

Successes/Shortfalls	The offsite workshop produced many good ideas beyond the seven areas selected. Many of the other ideas were relatively easy to put in practice and have since been implemented.
Supporting Data	Data regarding the two topics selected for process improvement are documented in the notes and files of the Chairs of the committees.

Objective #9 **Criterion 9.1** **Performance Measure 9.1.b**	*An appropriate Quality Improvement Team composed of procurement personnel involved with the process is established for each process selected in 9.1.a by February 28, 1994.*
Performance Measure Result	Teams were appointed shortly after the offsite meeting, and work began on each of the items. Since these teams were already in place, it was unnecessary to establish new teams, but their charters were modified. The Low-Value Procurements team consisted of Rich Arri, Chair and Assistant Procurement Manager; Tom Patock, Procurement Section Head; David Chen, Senior Subcontract Administrator; Ron Ball, Procurement Specialist, Fabrications; and Nora Nichols, Senior Buyer, Computers. The New Computer System team consisted of Carl Eben, Head, Information Systems and Services Department (ISS); Marion Blechman, Senior Programmer, ISS; Sue Stephens, Senior Buyer; and Jim Bettencourt, Staff Assistant, Materials and Site Logistics Department. Steve Abraham, Senior Systems Analyst, ISS, was later added to the committee and assumed responsibility as Chair. The two teams were appointed and already working on the processes selected for continuous improvement by the February 28, 1994, date in the Performance Objective.
Successes/Shortfalls	The two teams were already assembled and working on parts of the process. Both had accomplished considerable work that was relative to the process, which greatly aided in producing meaningful results to date.
Supporting Data	The Chairs of the two teams have the supporting data.

Objective #9
Criterion 9.1
Performance Measure 9.1.c

The Quality Improvement Team determines appropriate performance measure(s) for each process based on the customer's requirement. Customer refers to the recipient or beneficiary of the outputs of the process work efforts. A baseline on each process is determined and benchmarks established where appropriate.

For example, a process and attendant performance measure may be the number of procurement requisitions (procurement packages) that are complete when the requisition is received in Procurement. The customer's requirements, here the buyer is the customer, is that there be no missing documentation; e.g., drawing packages, in the procurement package. The baseline would be the number of procurement packages requiring corrections.

Performance Measure Result

The Laboratory requesters have wanted a procurement system that would handle their procurements more quickly. The improvements desired include requirements for more efficient ways of preparing and transmitting requisitions, more rapid placement of orders, and better information on procurement status.

It was determined that the under-$500 procurements accounted for almost two-thirds of the non-Stores purchase order volume, but amounted to only about 2% of the dollars spent. By delegating procurement authority to individuals within the Divisions, the means for more timely placement of requisitions was placed in the hands of the customer. This shift will in turn result in fewer requisitions being sent to Procurement, which should reduce the backlog and allow for faster processing of the larger, more complex requisitions.

A new computer system and software will satisfy the customers' requirement of acquiring items in a timely manner, avoiding duplication of effort, and enhancing communications and tracking.

Objective #9
Criterion 9.1
Performance Measure 9.1.d

Quality Improvement Team identifies the root causes of the difference between the baseline and the customer's requirements, considers process simplification opportunities, rank-orders improvement opportunities, and develops and implements an action plan to improve the process. Process improvements shall be charted.

Performance Measure Result

Low-Value Procurement

The Low-Value Procurement team determined that in FY92, approximately 34% of all low-value (under $500) procurements were already being placed outside Procurement. The team set a stretch goal for FY94 to have 60% placed by others outside Procurement.

New Purchasing Computer System/Software

The New Purchasing Computer System/Software team had as its initial goal the full acceptance, by September 30, 1993, of the software package purchased from Oracle Corp. in July 1993. This goal was met and formed the basis for the start of bringing the system on-line. The current goal is to complete beta testing in June and begin working with real data during the pilot program in July and August 1994.

The team has worked diligently for the past 10 months to implement the program. Its efforts involved learning about ORACLE databases in general and about the specifics of the government purchasing application. As the team got deeper into the subject and after receiving training, it discovered some features and shortcomings in the program and some additional considerations internal to LBL they had not anticipated.

Some of the highlights since October 1, 1993, relative to this processes include:

October–December: Became familiar with the ORACLE database concept, applications program, training, exploring the interface between existing LBL programs and ORACLE (accounts payable, Stores inventory, PAR, etc.).

January: Began programming on the accounts payable, stores inventory and PAR interfaces.

February: Started entering data for ORACLE tables, developing means to download account authorization tables

March: Completed preliminary efforts in writing interfaces. Began testing the accounts payable interface.

April: Continued testing and modifying the accounts payable interface.

May: Began beta tests and training, employing a small group of Buyers and requesters.

June: Reworked programs from what was learned in beta tests.

July: Started pilot program and additional training for rollout. Used more Buyers from Procurement and the field, requesters.

Performance Measure Result (Continued)

August: Continued in pilot program, adding new Buyers, requesters, and approvers.

Plans for the future include:

September: Continue adding individuals to pilot.

October: Conclude pilot and begin incremental rollout, with training and production.

December: Complete basic implementation. Direct efforts toward implementing Stores and specialized types of orders and data to replace what had been produced by PAR.

Successes/Shortfalls

Low-Value Procurements

Considering the previous 34% rate of placement outside Procurement compared to the current 52% average rate of the past two months, the efforts should be considered very successful, even though the stretch goal of 60% was not met. In terms of real improvement, however, a 53% gain has been made in less than one year.

As noted above, the Divisions have been reluctant to take on more work, even though they can see the potential for a shortened procurement process. Then, too, the Divisions have been involved in discussions over other new initiatives that may be more appealing to them, such as just-in-time subcontracts, expanded blanket orders, and credit cards. They may see these other means as more helpful to them and less costly to use.

The other initiatives are still in the exploration stage, but once decisions are reached, the targeted process may have to be re-evaluated or adjusted to reflect their impact.

New Purchasing Computer System/Software

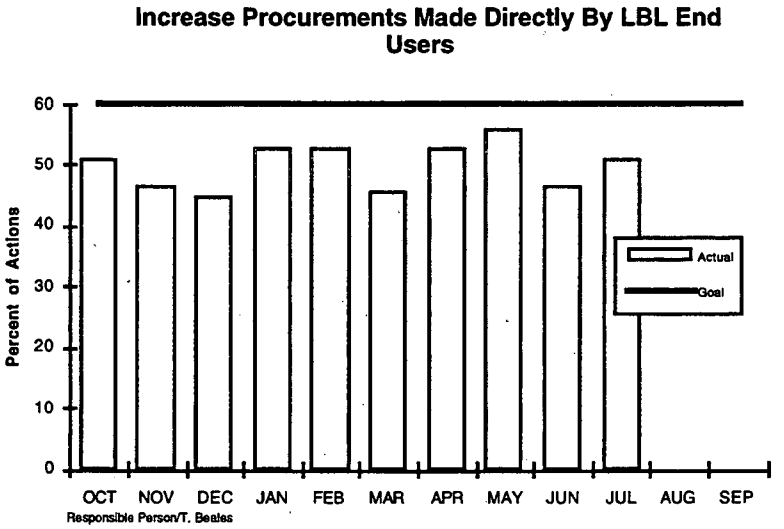
The new ORACLE-based software is successful and has processed over 500 actual production transactions and proven that it is a viable system for processing standard non-Stores purchase orders. In the ensuing months, other types of transactions will be adapted to the system, including blanket orders and Stores orders.

In the next phase, other features and capabilities of ORACLE will be explored, such as developing a more efficient method for processing just-in-time orders, making releases under blanket orders, and electronic commerce.

Any perceived shortfalls in implementing the new systems probably has at its roots insufficient resources. No one properly predicted the full amount of time or effort that would be required to bring the system up. Considering the ultimate scope of the project, and the limited resources applied to it, no apologies need be made regarding the time it has taken to implement the system.

Supporting Data

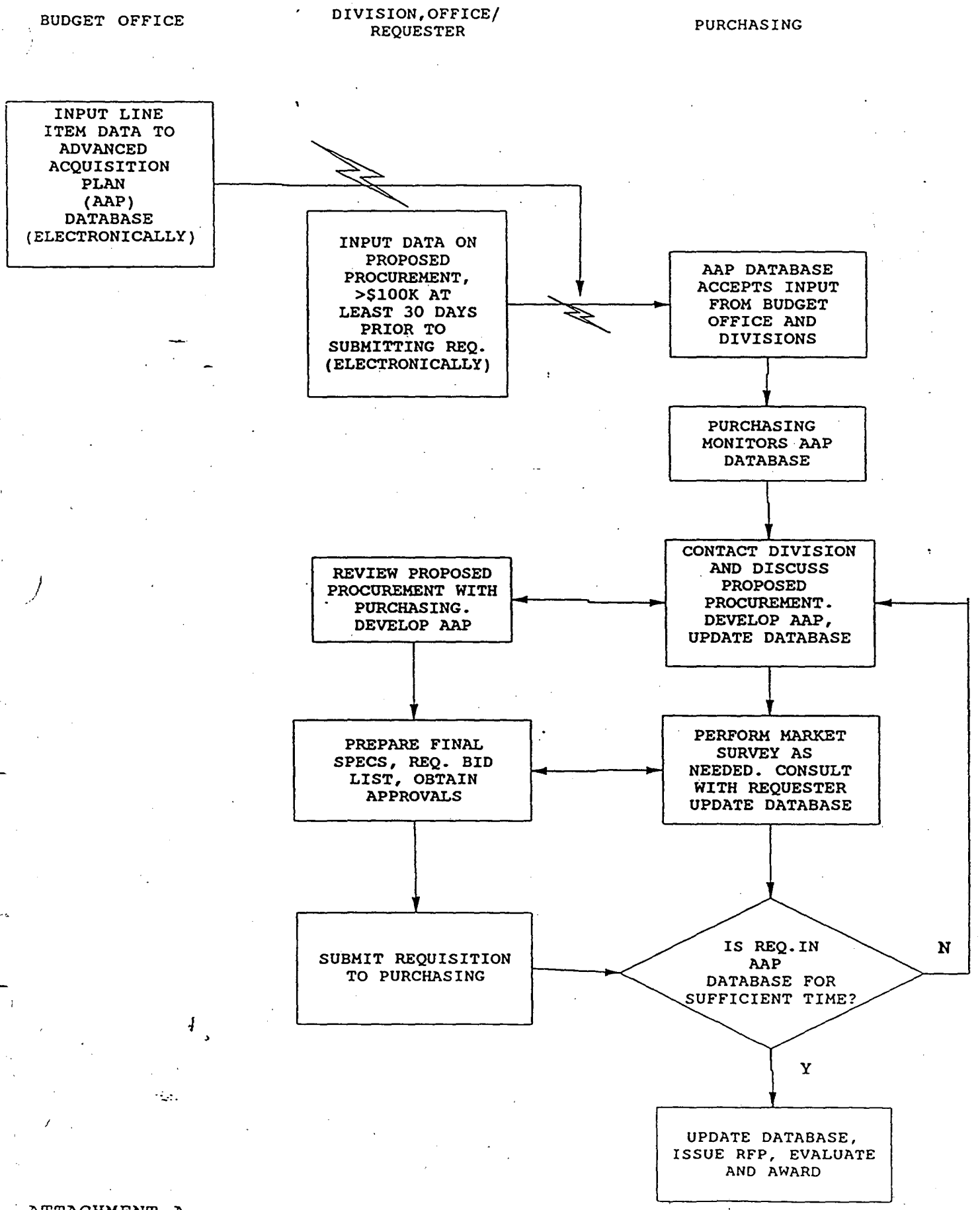
The Chairs of each team have supporting data.



Performance Measure 9.1.d

Self-Assessment for Procurement	
Office of Primary Responsibility (if appropriate):	
Approved By:	
Cognizant Division Director or Associate Director (Optional)	Date
Charles W McDonald Functional Manager	9/26/94 Date
Head, Office of Primary Responsibility (Optional)	Date

ADVANCED ACQUISITION PLANNING



ATTACHMENT B

Lawrence Berkeley Laboratory
University of California Berkeley, California 94720
(510) 486-4000 • FTS (510) 486-4000

February 28, 1994

Mr. Charles Marshall, Contracting Officer
Contracts & Assistance Management Division
U. S. Department of Energy
Oakland Operations Office
1301 Clay Street, Rm. 700 N
Oakland, CA 94612-5208

Subject: Performance Objective 2 - Advance Acquisition Planning

Dear Mr. Marshall

In accordance with the requirements of the Prime Contract, Appendix F, Performance Objective 2, we submit the attached report containing requirements of the acquisition planning system.

Very truly yours,

David C. Shepherd
Head, Contract Management

cc: J. T. Beales
C. W. McDonald
M. Hall

Report on LBL's

REQUIREMENTS OF AN ADVANCED ACQUISITION PLANNING SYSTEM

Advanced Acquisition Planning (AAP) entails establishment of an overall strategy for managing major acquisitions. This requires coordination and integration of the efforts of all personnel involved in such acquisitions as early as possible in the process. Effective advanced acquisition planning will enhance the cost-effectiveness, economy and competitiveness of LBL procured supplies and services.

The AAP process will normally be applied to procurements of $100,000 or more. As DOE pointed out in their recent management appraisal, the process must be institutionalized and have an incentive if it is to succeed. Top management will endorse and foster the concept. As reflected in the AAP process attached, the lack of an adequate AAP will entail a delay in putting together a purchasing package and will, if consistently applied, provide the incentive needed to get the attention of planners/requesters in the Divisions.

A key element of LBL's advanced acquisition planning process is the establishment of an AAP Advocate within the Administration Division. As currently envisioned, the person would be external to Purchasing, but would be responsible to promote the concept of AAP until the process is firmly institutionalized. This resource is not intended to substitute for the building of sound interfaces between purchasing professionals and the customer. Instead, the Advocate will specifically be involved in:

- Encouraging and assisting Division Administrators and requesters to embrace the concept of AAP and to enter proposed procurements into the Lab-wide AAP database.

- Training Division personnel in the use of the database.

- Reviewing the entries in the database for accuracy and completeness.

- Obtaining clarification, making corrections and organizing/presenting the data to the Purchasing Manager in a usable format so that Purchasing liaison personnel can contact the appropriate division personnel and carry out the AAP process.

The attached flow chart illustrates the key components of the process for planning:

- The Budget Office, during the budget planning process, identifies budgeted acquisitions on an annual basis and in various strategic plans. The data for the acquisitions are entered electronically into a database.

- At the Division level, data for proposed procurements greater than $100,000 are identified and entered electronically sufficiently in advance of submitting the requisition (typically at least 30 days prior) to allow Purchasing adequate time to accomplish the activities reflected on the flow chart. The responsibility to ensure adequate lead-time must fall to the head of a Division or designee. Preferably a Planner will be assigned by the Division at this stage. The Planner will coordinate planning with those organizations or persons who will play a role in the acquisition, including the AAP Advocate and Purchasing.

- Purchasing, with assistance from the AAP Advocate monitors the incoming proposed procurements entered into the electronic database by the Budget Office and the Divisions. Purchasing will designate a senior level Purchasing Liaison for each division who will be responsible for making the initial contact with the division when a proposed procurement is entered into the database. The Purchasing Liaison will serve as the initial single point of contact for the division for any procurement issues but will not necessarily be assigned to handle all the procurements. Based on the basic procurement information gathered by the Liaison, the Purchasing Manager will assign a procurement specialist to handle the transaction.

- The procurement specialist and requester/Planner will establish the detailed procurement requirements, specifications, lead times, milestones, and devise a procurement plan. They will also discuss strategies to enhance competition and socio-economic participation. In assigning the Procurement Specialist, the Purchasing Manager will take into account procurement factors such as complexity, risk, value, and technical aspects and match them with the most appropriate procurement specialist considering their knowledge, specialty, experience, skills, expertise, and workload.

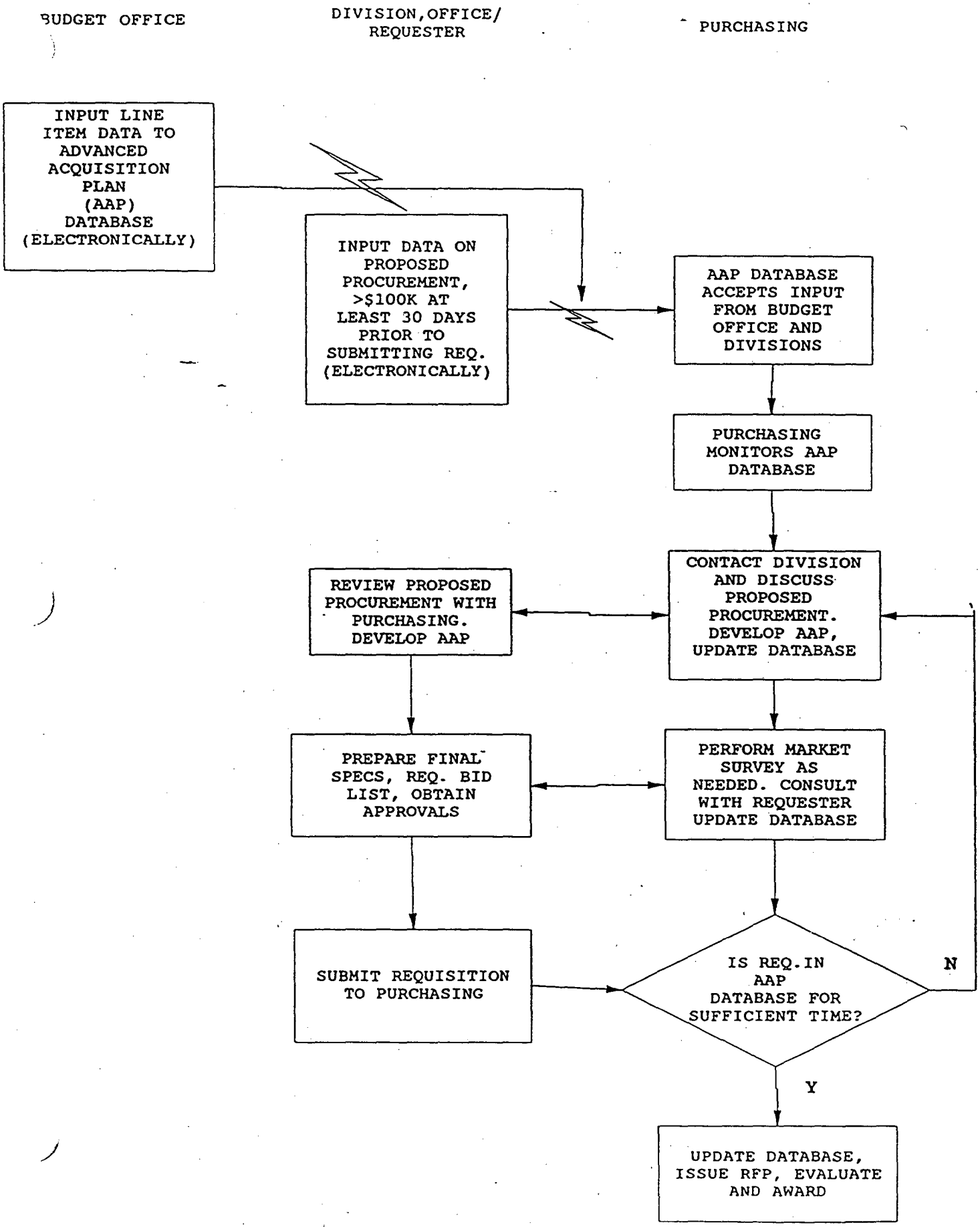
- The Division Administrator/Requester/Planner will prepare final specifications, a requisition, and a suggested bidder's list, based on collaboration from the Division's technical personnel and Purchasing. The Division Planner/Requester will obtain all signature approvals and forward requisition with all supporting documents to Purchasing.

- Purchasing will perform a market survey as needed to promote full and open competition and to minimize sole source acquisitions. Purchasing will consult with the requesting group on the contents and the results of the survey. This is a prime source for much of the information needed in planning the acquisition. The electronic AAP database will be updated by Purchasing with additional information as needed.

- When a requisition greater than $100,000 is forwarded to Purchasing, it is checked against the electronic AAP database. If the AAP database shows that an adequate acquisition plan was entered into the AAP database in sufficient time to be effectively acted upon, the AAP database is updated, the RFP/RFQ is issued, evaluated and an award made.

- In those cases where an adequate, actionable AAP was not processed through the AAP database in sufficient time for Purchasing to perform its necessary activities, the procurement process will be delayed while Purchasing returns the requisition to the Division and performs the functions included in a normal AAP process. This requirement provides the incentive for the Divisions to follow the AAP system, thus allowing the institution as a whole to benefit from advanced acquisition planning by ensuring that its needs are met in the most effective, economical and timely manner, maximizing competition and integrating the efforts of coordinating personnel.

ADVANCED ACQUISITION PLANNING



ATTACHMENT C

Lawrence Berkeley Laboratory
University of California Berkeley, California 94720
(510) 486-4000

March 31, 1994

Ms. Bobbie Vadnais, Contracting Officer
Contracts & Assistance Management Division
U.S. Department of Energy
Oakland Operations Office
1301 Clay Street, Rm. 700 N
Oakland, CA 94612-5208

Subject: Performance Objective 2 - Advance Acquisition Planning

Dear Ms. Vadnais

In accordance with the requirements of the Prime contract, Appendix F, Performance Objective 2, para. 2.3, we submit the attached report containing improvements in the existing advance acquisition planning system.

Very truly yours,

David C. Shepard
Head, Contract Management

cc: J.T. Beales
C.W. McDonald
M. Hall

Report On LBL's

IMPROVEMENTS IN THE REQUIREMENTS ON EXISTING ADVANCED ACQUISITION PLANNING SYSTEM

The Laboratories Advanced Acquisition Planning (AAP) system as defined in the previous Performance Objective 2, report is a greatly improved system from the original attempts that have been used in the past. The proposed Advanced Acquisition Planning system is presently being reviewed by the management for their endorsement and support on the concept.

Also, LBL is reviewing an AAP electronic computer database program. The program was provided to LBL by the Super Collider facilities in Texas. It is a possibility with some modification that this program can be used by LBL at the input stage in the proposed database. In parallel LBL is also looking into the creation of its own program. LBL will be looking into the appointment of the AAP Advocate, which will be a key element in the advanced acquisition planning process as mentioned in the previous report.

It is important to note that LBL's AAP has recently been created and is still up for review by management. We feel that as input and recommendations are presented from the laboratory's community, LBL will continually be making efforts toward the improvement in the AAP system until it is implemented.

LAWRENCE BERKELEY LABORATORY
Administration Division Office
Bldg. 50A Room 5131 Ext. 5131

August 24, 1994

TO: Associate Laboratory Director, Operations
Division Directors

FROM: Rod M. Fleischman
Associate Laboratory Director, Administration

SUBJECT: Advanced Acquisition Planning

Our efforts to review our business practices have resulted in a number of changes administratively. We are in a climate that demands an efficient and effective way of doing business. One key area is in how we plan for future business expenditures. In recent reviews, LBL has been cited by DOE as being unable to forecast major procurements effectively and to realize the benefits that preplanning can present. Major procurements are defined as those that exceed $100,000 in value. While Procurement has the primary responsibility for implementing these transactions, what materials and services are needed and when they are needed are best determined by the users. One key step in creating an approach that optimizes resources and minimizes duplication, is a partnership between Procurement and its customers. It is clear that in order to realize the benefits associated with good planning, your assistance is required.

Planning will also provide increased efficiencies in transacting the procurement. When given advanced notice, Procurement can provide more effective support in conducting the necessary market surveys and identifying the necessary resources (personnel and time) in advance. This will have two significant repercussions: Advance planning in Procurement, which will increase their operational efficiency and personal consultation and; significantly increase processing time. Experience has shown that organizations which effectively employ advanced acquisition planning realize efficiencies in processing and ultimately assist in timely delivery.

The attached outlines an approach which will assist us in realizing these benefits. It is a simple database entry tool which transmits a minimum amount of information to Procurement concerning upcoming acquisitions. While such notification should be as far in advance as possible, we must be

able to provide at least 30 days advance notice for purchases exceeding $100,000. Upon receipt of your input, Procurement will contact the appropriate representative in your organization to explore available options. These advanced discussions should help move your action through the procurement process more efficiently than our current method, which alerts the buyer upon receipt of the requisition form. An additional feature of this database is that it provides you with an immediate estimate of the approximate time the purchasing portion of the acquisition will take and some of the actions involved. This information should assist in your planning.

We have made every attempt to ensure that the tool is simple both in its use and application. A Procurement professional will respond promptly to each alert received and will assist you with your acquisition. As a result of DOE's concerns in this area, the Laboratory is committed to track those cases exceeding $100,000, where at least 30 days notice and planning is NOT conducted. Our progress in meeting this objective will be tracked, on a monthly basis as one of our performance measures under Contract 98. Additionally, the same procurement process will apply in all acquisitions exceeding $100,000 even those that do not meet the 30 day notice requirement.

In the face of insistent funding constraints, we must use every tool we can to minimize cost and increase efficiency. I would appreciate your personal attention in this matter and dissemination of this requirement to your staff, especially those who handle your planning and requisitioning. Chuck McDonald, Head, Materiel and Site Logistics, and his staff are available to discuss and this tool with you and your staff.

Attachment

cc: Laboratory Director
Deputy Director
Head, Materiel and Site Logistics
Division Administrators

REQUESTERS GUIDE

ADVANCE ACQUISITION ALERT

1.0 Getting Started

To run the Focus Toolkit, one must have an account on the Computer Center VAX cluster. The Focus Toolkit only runs on the CSA1 machine. If you do not have an account obtain one from the Computer Center personnel.

2.0 Using Toolkit

To invoke Toolkit type **ex tkit** at Focus system prompt.
When the Toolkit programs starts it displays the main menu.
Select the "Stores" option.

```
Welcome to the Information Systems & Services' Tool kit
*******************************************************
            Please select an Option
        ____________________________
        Reports:
            Account Master
            Effort/Contract Labor
            Job Order
            Ledger (Detail or General)
            People / Personnel / Training
            Property Management
            Purchase Order
            Sponsored Research
            Stores          <<____________________________
            Travel
            Warehouse (WASP)

        Utilities in the Toolkit
        Help with the Toolkit
        Leave Toolkit
        Exit
```

- **Division/Department** - Enter division name, then press ENTER.
- **Requester** - Enter last name and first name, then press ENTER.
- **Telephone** - Enter telephone number, then press ENTER.

- Available selections for dollar amount, type of requirement, type of contract, approach to selection will be displayed in a window. When the highlighted bar is on dollar amount press ENTER to display the dollar amount window, from this point on the type of requirement, type of contract, approach to selection windows will be displayed one at a time.
- **Dollar Amount** - Place* highlighted bar on desired dollar value, then press ENTER.
- **Type of Requirement** - Place* highlighted bar on desired requirement, then press ENTER.
- **Type of Contract** - Place* highlighted bar on desired contract type then press ENTER.
- **Approach to Selection** - Place* highlighted bar on desired approach, then press ENTER.
- **Estimated date of Requisition** - Enter date of requisition, format is mm / dd / yy.
- **Description** - Enter brief description, 2 lines of 40 characters are available, then press ENTER.
- **Comments** - One line of 40 characters available for comments, then press ENTER.

Upon completion of data entry the cursor will be on the function line. Enter one of the following functions.

- Enter "C" , the data entry is cancelled.
- Enter "V" , the Plan screen will be displayed.
- Enter "T" the data will be saved for transmission to the Procurement department.
- Enter "M" the cursor will be positioned at top of screen and allow you to change each of the data fields.
- Enter "N" the cursor will be positioned at the top of the screen and allow you to enter another Acquisition Alert record.

* highlighted bar is positioned by using the arrow keys.

Report On LBL's

IMPROVEMENTS IN THE REQUIREMENTS ON EXISTING ADVANCED ACQUISITION PLANNING SYSTEM

The Laboratories Advanced Acquisition Planning (AAP) system as defined in the previous Performance Objective 2, report is a greatly improved system from the original attempts that have been used in the past. The proposed Advanced Acquisition Planning system is presently being reviewed by the management for their endorsement and support on the concept.

Also, LBL is reviewing an AAP electronic computer database program. The program was provided to LBL by the Super Collider facilities in Texas. It is a possibility with some modifieation that this program can be used by LBL at the input stage in the proposed database. In parallel LBL is also looking into the creation of its own program. LBL will be looking into the appointment of the AAP Advocate, which will be a key element in the advanced acquisition planning process as mentioned in the previous report.

It is important to note that LBL's AAP has recently been created and is still up for review by management. We feel that as input and recommendations are presented from the laboratory's community, LBL will continually be making efforts toward the improvement in the AAP system until it is implemented.

EXECUTIVE SUMMARY
OF
SIGNIFICANT OBSERVATIONS AND FINDINGS

This CPSR disclosed that LBL Procurement has an adequate Purchasing System with some weaknesses as follows:

1. ADVANCED PURCHASING PLANNING SYSTEM (DOE System Standard 1)

The Laboratory does not always allow sufficient Leadtime for Government-related procurements.

Comments: However, LBL submitted a copy of its Advanced Acquisition Planning (AAP) system to the Department of Energy on 28 Feb 94 for review. Some of the concepts being promoted by this system include: involving the total Laboratory (Administrative and Program/Technical Divisions) in Advanced Planning; instituting an Advanced Acquisition Planning Advocate within LBL's Administration Division; and establishing an electronic database for process control. AAP will apply to procurements of $100,000 or more, and will be implemented this fiscal year.

2. PRE-SOLICITATION (DOE System Standard 2)

Purchase requisitions do not always contain sufficient information, including funds availability, to enable the purchasing office to adequately plan and execute well-defined solicitations and acquisitions.

Comment: This review disclosed that nineteen (19) or 32% of the Purchase Requisitions submitted to LBL Purchasing were inadequate for reasons such as: the Requisition Forms were filled out in pencil; the forms were too messy to be decipherable; and the Requisitions were deficient in descriptions, Scope of Work, etc.

3. SOLE SOURCE/SINGLE SOURCE (DOE System Standard 3)

Sometimes, the basis for each non-competitive purchase was not clearly documented, was not supported by separate justifications prepared by the requesting organization, and was not approved at appropriate levels in LBL's purchasing organization.

Comment: Of the thirty-four transactions applicable, Four (4) or 12% lacked adequate Single/Sole Source Justifications, explanations, or the Single/Sole Source codes. The four (4) transactions were two (2) Amendments to Personal Service Agreements of $30,000 and $25,000 respectively, and two small purchases under $3,000.

4. SOLICITATION (DOE System Standard 6)

When solicitation instruments are utilized at LBL, they provided an adequate basis for evaluation and selection. However, contrary to LBL Policy, Solicitations or Requests for Quotes were not always used when appropriate.

4. **SOLICITATION (DOE System Standard 6) (*CONTINUED*)**

Comment: For Seven (7) transactions over $10,000 or 15% of the fourty-sixty procurements applicable, neither Written Proposals nor Written Quotes were obtained prior to award.

5. **EVALUATION AND SOURCE SELECTION (DOE System Standard 7)**

Evaluation of proposals and source selection, (including a vendor rating system and a method for exclusion of debarred companies) is not always an appropriate and effective process at LBL.

Comments:
A. LBL does not maintain a performance database for the grading of completed subcontracts. Nor does LBL use such a system for determining responsible subcontractors for future solicitations. However, Procurement's new automated Purchasing System, ORACLE, will be able to track subcontractor performance.

B. LBL has a system set up in which the Buyers can check an automated or published "Debarred List" prior to every purchase over $25,000. But, this Review disclosed eleven (11) transactions where Buyers failed to check, or note in the purchasing file that they had checked, the Debarred List for transactions over $25,000.

6. **COST/PRICE ANALYSIS AND PROFIT/FEE (DOE System Standard 8)**

Price evaluation of proposals submitted by potential subcontractors, to determine reasonableness and ensure that fair and reasonable profit/fee amounts are negotiated, is not always conducted.

Comment: Of the sixty purchase files reviewed, Seventeen (17) or 28% failed to adequately show price evaluation and the determination of price reasonableness.

7. **NEGOTIATION (DOE System Standard 9)**

Negotiations were not always performed in an efficient and effective manner to arrive at equitable terms and conditions.

Comments: There were nineteen (19) negotiation difficulties found. Two of these were Sole Source Awards of $296,000 and $120,000, respectively, in which the Buyer stated in his Justification and Documentation Memo that no negotiations were conducted.

The other seventeen (17) were based upon the previously identified price evaluation failures. If price evaluation is inadequate, then negotiation cannot be performed in an efficient and effective manner (see System Standard 8).

8. **AWARD AND FILES (DOE System Standard 10)**

All awards were not in compliance with applicable statutes, regulations and policies, and purchase files did not always contain required documents and records.

EXECUTIVE SUMMARY
OF
SIGNIFICANT OBSERVATIONS AND FINDINGS
(*CONTINUED*)

8. AWARD AND FILES (DOE System Standard 10) (*CONTINUED*)

Purchase File Documentation needs improvement (See System Standard Observations cited in this document).

9. POST-AWARD ADMINISTRATION (DOE System Standard 13)

The administration process does not always ensure subcontractors perform in accordance with all subcontract terms and conditions.

Comment: Of the sixty sample transactions, ten (10) or 17% had delinquent deliveries with very little or no documentation to show expedition, surveillance or follow-up in the file.

10. MODIFICATION (DOE System Standard 14)

Subcontract modifications, change orders, and options are not always properly used, controlled, documented, priced, negotiated, and awarded.

Comments:
A.-- For both Architect - Engineering (A/E) and Blanket Transactions, when exercising options, the vendor is not checked for debarment, nor are the LBL Representations and Certifications updated, as a standard practice; and

B. -- For both Architect - Engineering (A/E) and Blanket Transactions, the basic award and subsequent change orders amounts are not totaled, showing the true value of the procurement.

CPSR SUMMARY TABLE

CONTRACTOR: **Lawrence Berkeley Laboratory**
DATES OF CPSR: **April 94**

CPSR HANDBOOK SYSTEM STANDARDS	POLICIES & PROCEDURES	COMPLIANCE	DOCUMENTATION	MAJOR DEFICIENCIES	CRITICAL FAILURES	SUMMARY
ORG., STAFFING, AND MIS				**Not Rated**		
WRITTEN SYSTEM				**Not Rated**		
1. ADVANCE PLANNING	○	●	●	**YES**		Marginal ●
2. PRE-SOLICITATION	○	●	●	**YES**		Marginal ●
3. SOLE/ SINGLE SOURCE	○	●	●	**YES**		Marginal ●
4. COMPETITION	○	○	○			Acceptable ○
5. USE OF STD. CLAUSES				**Not Rated (See #10)**		
6. SOLICITATION	○	○	●			Acceptable ○
7. EVAL./ SOURCE SELECT.	○	○	●			Acceptable ○
8. COST/PRICE ANAL. & PROFIT/FEE	●	●	●	**YES**		Marginal ●
9. NEGOTIATION	○	●	●			Marginal ●

□ = STRENGTH ○ = ACCEPTABLE = MARGINAL Δ = UNACCEPTABLE

N/A = NOT APPLICABLE * = CRITICAL FAILURE

ATTACHMENT E

CPSR SUMMARY TABLE

CONTRACTOR: **Lawrence Berkeley Laboratory**
DATES OF CPSR: **April 94**

□ CPSR HANDBOOK SYSTEM STANDARDS	POLICIES & PROCEDURES	COMPLIANCE	DOCUMENTATION	MAJOR DEFICIENCIES	CRITICAL FAILURES	SUMMARY
10. AWARD AND FILES	○	●	●			Marginal ●
11. INTERIM CONTRACT ARRANGEMENTS & RATIFICATIONS	○	○	○			Acceptable ○
12. PROTESTS				NOT RATED		
13. POST-AWARD ADMIN.	○	●	●	YES		Marginal ●
14. MODIFICATION	●	●	●			Marginal ●
15. PAYMENT				NOT RATED		
16. TERMINATION & CLOSEOUT				NOT RATED		
17. SOCIO-ECONOMIC PROGRAMS	○	□	○			Acceptable ○
18. SMALL PURCHASES	○	○	○			Acceptable ○
19. ARCHITECT AND ENGINEERING SERVICES	○	○	●			Acceptable ○

□ = STRENGTH ○ = ACCEPTABLE ● = MARGINAL Δ = UNACCEPTABLE

N/A = NOT APPLICABLE * = CRITICAL FAILURE

ATTACHMENT E

CPSR SUMMARY TABLE

CONTRACTOR: **Lawrence Berkeley Laboratory**
DATES OF CPSR: **April 94**

CPSR HANDBOOK SYSTEM STANDARDS	POLICIES & PROCEDURES	COMPLIANCE	DOCUMENTATION	MAJOR DEFICIENCIES	CRITICAL FAILURES	SUMMARY
20. CONSTRUCTION/ FABRICATIONS	○	○	○			Acceptable ○
21. ADPE	○	○	○			Acceptable ○
22. SUPPORT SERVICES/ BLANKET	○	○	●			Acceptable ○
23. CONSULTANTS	○	○	●			Acceptable ○
24. TEMP, PERSONNEL SERVICES & PERSONAL SERVICES				**NOT RATED**		
25. INTERORGANIZATIONAL TRANSFERS				**NOT RATED**		
26. INTERNAL ASSESSMENT				**NOT RATED**		

□ = STRENGTH ○ = ACCEPTABLE = MARGINAL Δ = UNACCEPTABLE

N/A = NOT APPLICABLE * = CRITICAL FAILURE

ATTACHMENT E

CPSR SUMMARY SHEET DEFINITIONS

The following defined terms were used to express the opinion of the CPSR regarding the condition of the LBL purchasing system:

DEFINITIONS

ACCEPTABLE: The Laboratory's management has demonstrated its commitment to continuous improvement and uses sound business practices. Overall performance meets expected levels. The contractor's procurement system is validated by sustained performance in compliance with all statutory requirements and Departmental regulations. Based upon our review, there was no evidence of deviations from the standard which lead to significant cost, schedule, legal, or program impacts on Department programs.

MARGINAL: The Lab does not meet many of the applicable Departmental regulations, statutory requirements, prime contract terms and conditions, requirements of the approved procurement system, and/or good business practices; and based upon our review, without significant corrective action, the deviation from the standard noted could lead to cost, schedule, legal, or program impacts on Departmental programs. Laudatory areas of contractor performance in the management and execution of procurement programs are outweighed by the assessments described in the review documentation.

UNACCEPTABLE: The demonstrated quality of the procurement system is below acceptable levels, and based upon our review, deviations from the standard exist which cause significant cost, schedule, legal, or program impacts on Departmental programs.

CRITICAL FAILURES: A Critical Failure is any failure of the contractor's purchasing system which has major cost, contract compliance or legal impact. Some examples of areas where Critical Failures could occur are: effectiveness of C/P analysis, determinations of subcontractor responsibility, possible fraud situations, and compliance with law and DOE regulations.

MAJOR DEFICIENCIES: Deficiencies which may cause significant cost, schedule, legal, or program impacts on Departmental programs, but which are not such importance as to be considered critical failure.

STRENGTH: This is a level of rare, high-quality performance which substantially exceeds the expected level of performance. Not only does the Laboratory meet or exceed all performance criteria in the CPSR Handbook and conduct business in accordance with sound business practices, the contractor is also in full compliance with all Departmental regulations and statutory requirements. The Lab has demonstrated consistent performance at this high level of achievement by all procurement personnel.

CORRECTIVE ACTION PLAN SCHEDULE

Weeks:	9/1	9/15	10/1	10/15	11/1	11/15	12/1	1/1/95	1/15/95	2/1/95
DESCRIPTION										
1. ADVANCED PURCHASING PLANNING SYSTEM (DOE System Standard 1)	—	—								
2. PRE-SOLICITATION (DOE System Standard 2)	—									
3. SOLE SOURCE/SINGLE SOURCE (DOE System Standard 3)							—			
4. SOLICITATION (DOE System Standard 6)								—		
5. EVALUATION AND SOURCE SELECTION (DOE System Standard 7)								—		
6. COST/PRICE ANALYSIS AND PROFIT/FEE (DOE System Standard 8)									—	—
7. NEGOTIATION (DOE System Standard 9)									—	—
8. AWARD AND FILES (DOE System Standard 10)							—	—		
9. POST-AWARD ADMINISTRATION (DOE System Standard 13)									—	—
10. MODIFICATION (DOE System Standard 14)									—	—

Figure 1

ATTACHMENT F

LBL PERFORMANCE MEASURES EVALUATION
Fiscal Year 1994

Functional Area: PROCUREMENT

Evaluators: John Broughton, Information Systems Auditor, Administration Division
Linda Maio, Division Administrator, Chemical Sciences Division

Overall Evaluation:
Generally we found the self-assessment to be well-documented and thoughtfully prepared. The staff will have addressed the findings and recommendations in the internal April 1994 CPSR on schedule, and the Procurement unit has made stellar progress in developing an aggressive socio-economic program. There were some improvements needed in the presentation (format and organization) of the document and in the expression of the data. Some baseline information was absent. The two continuous improvement objectives that were chosen are major and should result in dramatic improvements in the time and cost of procuring goods and services for the Laboratory.

Accuracy and Completeness:
In virtually all instances the report's assertions were adequately supported by documentation and data. In a few cases the data provided was of questionable relevance (objective 6.2, for example) and this can be revised. The report was largely complete in that it addressed every measure. Occasionally the narrative responded indirectly and improvements were suggested. Most pertinent supportive data or information was included when referenced in a report segment, although we were required to track down additional source data and it would be helpful to have more of this included in the attachments to the report.

Adequacy of Supporting Documentation:
Most supporting documentation was available and accurate. Some supporting documentation for a few measures had weaknesses.

Recommendations:
1. Consider replacement in the future of Performance Measure #1 with a measure that will assist in improving performance in a more relevant area for LBL. If retained, improve the statistical sampling.

2. Create a baseline for measuring the effectiveness of Advanced Acquisition Planning.

3. Finalize the Corrective Action Plan and Plan for the April 1994 CPSR.

4. Determine specific goals to meet immediate training needs and state an implementation plan.

5. Reword and reorganize material in some of the sections, as has been discussed with the Manager of Procurement.

6. Include statements about the status of corrective actions that were open as of the last annual evaluation.

Signatures:

Linda Mao	Sept. 12, 1994
(Name)	(Date)
	Sept 15, 1994
(Name)	(Date)

Attachment 1.

SUMMARY OF PERFORMANCE OBJECTIVE COMMENTS

1. EFFECTIVE PROGRAM FOR MANAGING GOVERNMENT-FURNISHED AND SUBCONTRACTOR-ACQUIRED PROPERTY
This is a small percentage of the unit's business; sample size is small, so inclusion of this performance objective as adding much value is questioned. Improvements were recommended to the description and/or process of the statistical sampling performed to verify that the property is being properly managed.

2. ADVANCED ACQUISITION PLANNING
Requirements were well-defined and the report was timely. Implementation is on schedule. Baselining was done by describing existing procedures. Because baseline data would be helpful to determine how well improvements will work, we suggest that staff review a sampling of orders processed before the plan is implemented and document their findings. By stating so strongly the need to establish an advocate position, the implication is that the system will not be adequate otherwise, which does not appear to be the case. So as not to cast doubt upon the system the discussion of the lack of an advocate as a barrier should be removed.

3. SELF-ASSESSMENT PERFORMED BY APRIL 1994
The corrective action plan and schedule needed to be strengthened; a format correction was required in 3.1. The Contractor Procurement System Review (CSPR) was very thorough and of high quality.

4. SOCIO-ECONOMIC PROGRAM
We concur there has been excellent progress in this area. The new automated system should reduce vendor classification errors that may occasionally occur. The staff has created a vendor handbook to enhance efforts in this area. The report should mention that prior corrective actions in this area have been resolved.

5. GOOD FAITH EFFORT TO PROMOTE COMPETITIVE SUBCONTRACTING INCLUDING ESTABLISHING AN ANNUAL GOAL
Satisfactory program. The Laboratory will exceed its goal for FY94.

6. COMPREHENSIVE TRAINING PROGRAM ESTABLISHED/EFFECTIVE
The report omited an explicit statement that the program will be implemented by 10/1/94. No plan was described for meeting immediate training needs (measure 6.2.a). A potential barrier is lack of adequate resources.

7. SUBCONTRACT CLOSE-OUT
Tracking is relatively new. A quarterly report is required by the performance measure, so the graph showing annual progress needs amending. In general, tracking should be easier and more accurate in the future through use of the new Oracle system.

8. FINDINGS AND RECOMMENDATIONS FROM CSPR AUDIT RESOLVED IN A TIMELY MANNER

There were 23, not 20, findings from external reviews; these are being satisfactorily resolved. Wording of the barriers section in 8.0 needed to be redone to describe "barriers;" this section read like a work plan. For measure 8.2.a, the objective requested the percentage of milestones met, including milestones carried over from previous periods. The response needed to address the objective directly.

9. CONTINUOUS IMPROVEMENT

The Laboratory selected two processes (as requested) which are Oracle and Low Value--both having rather dramatic improvement potential. Oracle could be seen as a bundle of processes and should be stressed as a major change. In 9.2.c., there was no discussion of how customer input was acquired, particularly for the low-value process (for Oracle, customer input is included in contract specifications, although this was not explicitly stated). Also, inclusion of how these will be benchmarked, as is requested in this section, appeared to be missing.

Self-Assessment Report for Fiscal Year 1994

Property Management

Performance Characterization

Lawrence Berkeley Laboratory's Property Management system complies with the contractual requirements of Contract 98. The Laboratory's Property Management system has recently been approved by DOE-OAK and DOE-HQ (refer to Attachment A). The approval was based on closure of the FY92–93 Personal Property Management Review (PPMR). The review concluded with twenty recommendations, and each recommendation was implemented per the timeline established in the Corrective Action Plan. Due to DOE Headquarters' new requirement for verification and compliance of each recommendation, the overall time frame was extended.

The Laboratory has established, in conjunction with DOE-OAK and UC Office of the President, a long-term commitment to increase the level of trust and communication between LBL and DOE through the Joint Work Group. Milestones and goals were cooperatively developed and are identified in Attachment B. Each goal will be jointly worked by property representatives from the Laboratory and DOE-OAK. In addition to developing a higher level of trust, agreement was reached to increase the type and amount of communication. One aspect of that communication is to establish, in advance, a quarterly calendar of appointments to ensure that both the DOE Property Specialist and the Laboratory Property Manager will set aside specific time periods to meet, discuss property issues, and jointly perform spot evaluations of the Laboratory's property system. A successful spot check of inventory accuracy was completed in June of this year. Agreement was reached on improved future methodologies to ensure a high level of integrity.

Because of the strong commitment to expand the education and awareness on property issues, the Laboratory has offered and has been accepted to host the Second Annual DOE-OAK Property Management Conference in October 1994. Various M&O contractors will give presentations at the conference and four LBL staff members are expected to make presentations.

■ Property Management

Performance Objective #1

The Laboratory will achieve accountability for government property. ***(Weight = 40%)***

Summary

The Laboratory has a systematic acquisition, identification, control, inventory, maintenance, and disposal process that ensures a high level of accountability for government property. This process is documented in the new UC Joint Laboratories Property Management Policies and Procedures, recently approved by DOE-OAK and DOE-AL.

These are the enhancements to the property system that increase the level of accountability of property:

- Custodian and organization (Division) designations are assigned at the time property records are created.
- Annual Custodial Holdings Reports are distributed to all custodians of either capital and/or sensitive property.
- Training courses are presented in the Property Management field, by five of the staff members, covering the acquisition-to-disposal life-cycle of property.
- The level of involvement by the Division Directors to account for unlocated property is increased.

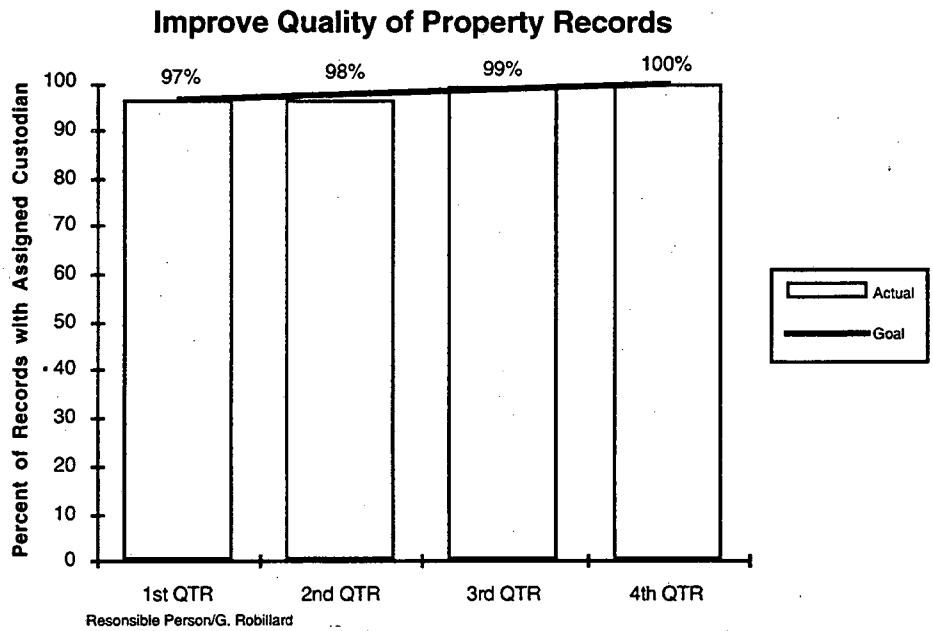
The Laboratory has met this Performance Measure.

Barriers to Improvement

Awareness on the part of all employees of their accountability for government property and their personal responsibility to ensure property transactions are documented in an appropriate manner.

Objective #1 Criterion 1.1	*The accountable individual/organization is identified for capital and attractive (sensitive) property, and the completeness of such identification is measured.*
Optional Summary	Existing work processes ensure continuity of this objective.
Objective #1 Criterion 1.1 Performance Measure 1.1.a	*Percentage of property records with accountable individual/ organization assigned. Will be calculated quarterly for trend data.*
Performance Measure Result	One hundred percent of the property records in the Property Management and Accounting System (PMAS) are identified with either an accountable individual or the appropriate organization (Division). PMAS contained at the time of the evaluation 15,268 records. The user account is used to define, through a search of the Div Code Table, the appropriate Division. The table is based on Budget's on-line Account Authorization file. The Laboratory has met this Performance Measure.
Successes/ Shortfalls	Forty-three property records are not assigned to custodians; however, each has been assigned to a Division. The unassigned property records are primarily a result of property being placed in storage prior to modifications to the PMAS system. Corrections to these records will be completed by September 30, 1994. Approximately 64 property records are not assigned to Divisions, but they do have custodial assignments. The method to assign accountability for property to organizations is based on the user account number. Previously, a comparison of account numbers to the Div Range File established the correlation. However, this system was not systematized and therefore required maintenance by hand. In March of this year a new Div Code File was established that will automatically maintain the relationship. Property Management is in the process of requesting new user account numbers for those property records that are not included in the current Div Code File. This task has a projected completion date of September 30, 1994.
Supporting Data	University of California Laboratories Joint Property Management Policies & Procedures, dated July 1,1994. Materiel & Site Logistics, Standard Procedure: Basic Receiving, dated December 1, 1993.

Supporting Data
(Continued)



Performance Measure 1.1.a

Objective #1
Criterion 1.1
Performance Measure 1.1.b

Percentage of errors associated with custodian assignments as determined by a valid statistical sample performed yearly. (Note: This assessment shall be completed prior to the 1994 Self-Assessment.)

Performance Measure Result

DOE-HQ uses a sample size of 60, per the Contractor Personal Property System Review Handbook, which references the Handbook of Sampling for Auditing and Accounting by Herbert Arkin. For any population base over 5,000 records, 60 is the defined sample size. LBL's total number of property items was 15,268 on the date of the sample extraction. DOE does not have any established acceptance level of inventory accuracy. A statistical sample of 60 records was selected from the PMAS database, based on a random sample number generator (see Attachment C), and broken down into three populations of (20) property records each. The Performance Measure was met if there was only one error out of the first 20 records. Only one error was found in the first group. Consideration was given in advance that if any record was previously defined as unlocated based on the Inventory-By-Exception process, with a Transaction Code 41, it would not be considered an error. The review occurred in June 1994 and the DOE-OAK Property Specialist was requested to participate in the review. The conclusion of the statistical sample of 20 records did define one error, which was within the acceptable error rate.

Since the review, Property Management personnel have verified the other 40 property records from the original sample of 60. The result was that 5% of the Property records were determined to possibly be in error. This determination was based on a statistical sample with a 90% confidence level.

The Laboratory has met this Performance Measure.

Successes/ Shortfalls

The methodology for performing the review was extremely time intensive, and agreement was reached that in the future an improved method would be used.

The random number generator selection was based on extracting all 60 records at one time instead of selecting three different random samples of 20 each. This approach resulted in the FY94 sample being selected from an older portion of the property file.

This initial effort represents an excellent opportunity to improve the process in successive years and increase the effectiveness and integrity of the effort.

Property Management will work with the Office of Assurance and Assessment next year to assure a valid statistical sample, and additional records will be selected for void samples.

Supporting Data

A copy of the Random Number Generator report is enclosed as Attachment C, and the PMAS report listing the twenty property records is enclosed as Attachment D-1. Attachment D-2 is the complete listing of the 60 property numbers selected and the results of the verification. The copy of the property file used to establish the unique property numbers is stored in the Property Manager's office.

Objective #1
Criterion 1.2

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.

Optional Summary

LBL uses an Inventory-By-Exception (IBE) methodology for both sensitive and capital property. The effect of this inventory approach is that if a transaction occurs where the property is "touched" at any time during the period, it is considered inventoried and does not require inventory until the next year. Examples of the type of transactions considered "touched" would be Shipping and Receiving documents, Material Passes, and Equipment Movement Records.

However, the FY92–93 DOE Personal Property Management Review recommended this inventory method no longer be used for sensitive property, even though LBL implemented the system based on a prior recommendation from DOE-OAK. The PPMR provided an opportunity for the Laboratory to justify the continued use of IBE, but due to the significant dollar value of sensitive property unaccounted for in FY92 and FY93, the decision was made to discontinue its use as of October 1, 1994. It was decided to delay leaving IBE since the FY94 inventory had already been 60% completed using the IBE methodology. DOE-OAK agreed to this recommendation.

Objective #1
Criterion 1.2
Performance Measure 1.2.a

Percentage of attractive (sensitive) property accounted for, by value, in the most recent attractive (sensitive) property inventory conducted.

Performance Measure Result

The FY93 inventory was used for this Performance Measure, since this was the most recent inventory and reconciliation that had been completed. The FY94 inventory is still in progress and the 180-day reconciliation time period has not yet begun. The inventory start date was October 1, 1992, with an end date of October 1, 1993. The base value of sensitive property to compare against the unaccounted-for records was taken from the close of FY92, as of September 30, 1992. This value represents the morning beginning balance of FY93, as of October 1, 1992, which was $19,982,407.

The 180-day reconciliation time period closed as of May 31, 1994. At that point 96.4% of all sensitive property had been accounted for.

At the conclusion of the FY93 inventory reconciliation there was an adjustment rate of 3.6% in acquisition value of unaccounted-for sensitive property, compared to the total acquisition value of sensitive property at the beginning of FY93. The book value for both sensitive and capital unaccounted-for property is $1,430,631. The number of sensitive property items retired was 247; these items had an acquisition value of $727,163.

Performance Measure Result (Continued)

LBL's established goal is to account for at least 99.5% of the acquisition value of all sensitive property on the database. Since this level was significantly below that rate, a special structured effort was initiated to locate the unaccounted-for sensitive property. This effort was designated the "Last Quarter Push (LQP)." Attachment E-1 describes the plan. For the first time, LBL Division Directors are being personally contacted by the Property Manager. Face-to-face meetings were held to emphasize the seriousness of the situation. Division Directors were provided graphs identifying how their Division was performing compared to all other Divisions (refer to the graph in Attachment E-2). They were requested to provide a primary point of contact for the Property Management office to work with during the last quarter to locate the unaccounted-for property. Monthly reports and updated graphs were provided to the Division Directors.

This effort has been successful. During the first month of the effort over $250,000 worth of property was either located or documentation was prepared to account for the property.

The Laboratory has met this Performance Measure. However, the level of accountability is unacceptable to LBL. Continued effort will be expended and Supplementary Data will be provided to UC and DOE-OAK at the conclusion of the Last Quarter Push.

Successes/ Shortfalls

The IBE inventory methodology incorporates a set period of time for Divisions to review the list of residual property not found during the most recent cycle and then to provide the Property Management office with current locations prior to the property being considered unlocated. After the Divisions advise the Property Management office of the new location, a verification of the located property is performed by the Property staff member. This check occurs for each of the five 5 IBE cycles per year. The reconciliation was not initiated immediately after the FY93 inventory had been completed to allow for Division feedback and verification of locations. We will make modifications to the work processes to ensure improvement in this area and avoid future delays.

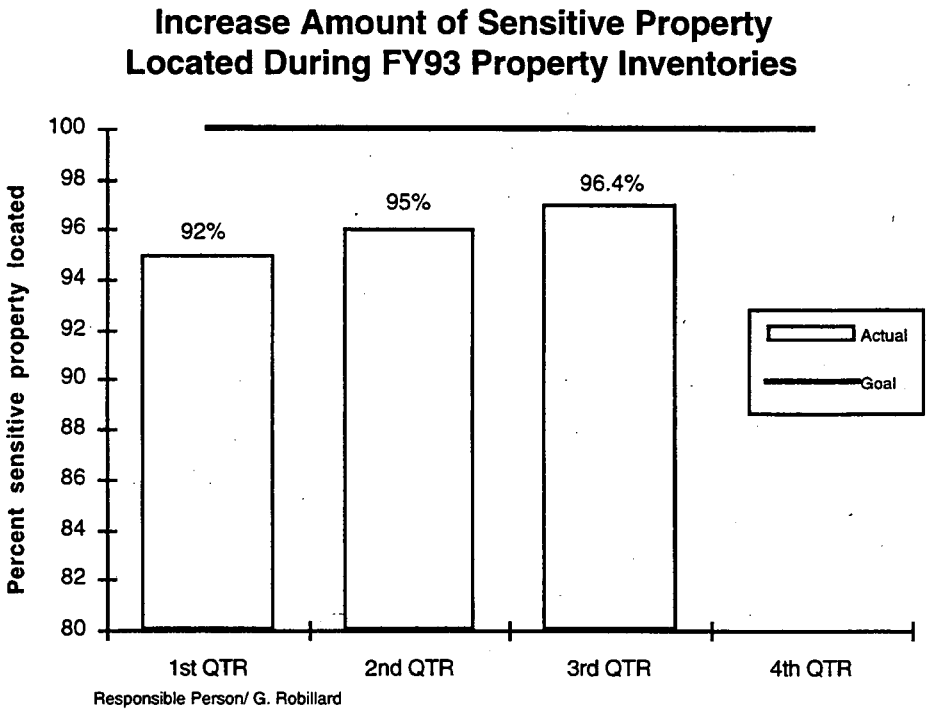
This is the first year that the reconciliation time frame has been contractually limited to six 6 months. Previously, the Laboratory continued to search for unaccounted property during the full year before declaring the adjustment. However, we anticipate positive results from the Last Quarter Push and will provide the data collected prior to September 30, 1994 , as Supplementary Data.

Supporting Data

University of California Laboratories Joint Property Management Policies & Procedures, dated July 1, 1994.

Materiel & Site Logistics, Standard Procedure: Capital Equipment and Sensitive Items, dated February 1, 1994.

Supporting Data
(Continued)



Performance Measure 1.2.a

Objective #1 Criterion 1.3

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.

Optional Summary

LBL uses an Inventory-By-Exception (IBE) methodology for both sensitive and capital property. The effect of this inventory approach is that if a transaction occurs where the property is "touched" at any time during the period, it is considered inventoried and does not require inventory until the next year. Examples of the type of transactions considered "touched" would be Shipping and Receiving documents, Material Passes, and Equipment Movement Records.

Objective #1 Criterion 1.3 Performance Measure 1.3.a

Percentage of capital property accounted for, by value, in the most recent capital property inventory conducted.

Performance Measure Result

The FY93 inventory was used for this Performance Measure, since this was the most recent inventory and reconciliation that had been completed. The FY94 inventory is still in progress and the 180-day reconciliation time period has not yet begun. The inventory start date was October 1, 1992, with an end date of October 1, 1993. The base value of capital property to compare against the unaccounted-for records was taken from the close of FY92, as of September 30, 1992. This value represents the morning beginning balance of FY93, as of October 1, 1992, which was $221,264,815.

The 180-day reconciliation time period closed as of May 31, 1994. At that point 97% of all capital property had been accounted for.

At the conclusion of the FY93 inventory reconciliation there was an adjustment rate of 3% in acquisition value of unaccounted-for capital property, compared to the total acquisition value of capital property at the beginning of FY93. The book value for both sensitive and capital unaccounted-for property is $1,430,631. The number of capital property items retired was 437; these items had an acquisition value of $6,351,067.

LBL's established goal is to account for at least 99.5% of the acquisition value of all sensitive property on the database. Since this level was significantly below that rate, a special structured effort was initiated to locate the unaccounted-for sensitive property. This effort was designated the "Last Quarter Push (LQP)." For the first time, LBL Division Directors are being personally contacted by the Property Manager. Face-to-face meetings were held to emphasize the seriousness of the situation. Division Directors were provided graphs identifying how their Division was performing compared to all other Divisions. They were requested to provide a primary point of

Performance Measure Result (Continued)

contact for the Property Management office to work with during the last quarter to locate the unaccounted-for property. Monthly reports and updated graphs were provided to the Division Directors.

This effort has been successful. During the first month of the effort over $250,000 worth of property was either located or documentation was prepared to account for the property.

The Laboratory has met this Performance Measure. However, the level of accountability is unacceptable to LBL. Continued effort will be expended and Supplementary Data will be provided to UC and DOE-OAK at the conclusion of the Last Quarter Push.

Successes/ Shortfalls

The IBE inventory methodology incorporates a set period of time for Divisions to review the list of residual property not found during the most recent cycle and then to provide the Property Management office with current locations prior to the property being considered unlocated. After the Divisions advise the Property Management office of the new location, a verification of the located property is performed by the Property staff member. This check occurs for each of the five IBE cycles per year. The reconciliation was not initiated immediately after the FY93 inventory had been completed to allow for Division feedback and verification of locations. We will make modifications to the work processes to ensure improvement in this area and avoid future delays.

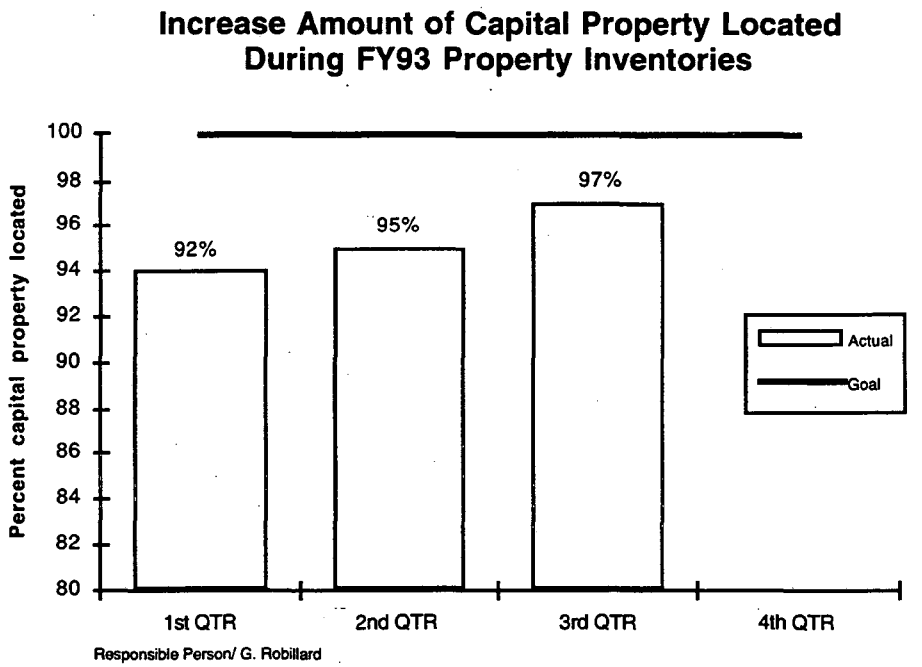
This is the first year that the reconciliation time frame has been contractually limited to six months. Previously, the Laboratory continued to search for unaccounted property during the full year before declaring the adjustment. However, we anticipate positive results from the Last Quarter Push and will provide the data collected prior to September 30, 1994, as Supplementary Data.

Supporting Data

University of California Laboratories Joint Property Management Policies & Procedures, dated July 1,1994.

Materiel & Site Logistics, Standard Procedure: Capital Equipment and Sensitive Items, dated February 1, 1994.

Supporting Data
(Continued)



Performance Measure 1.3.a

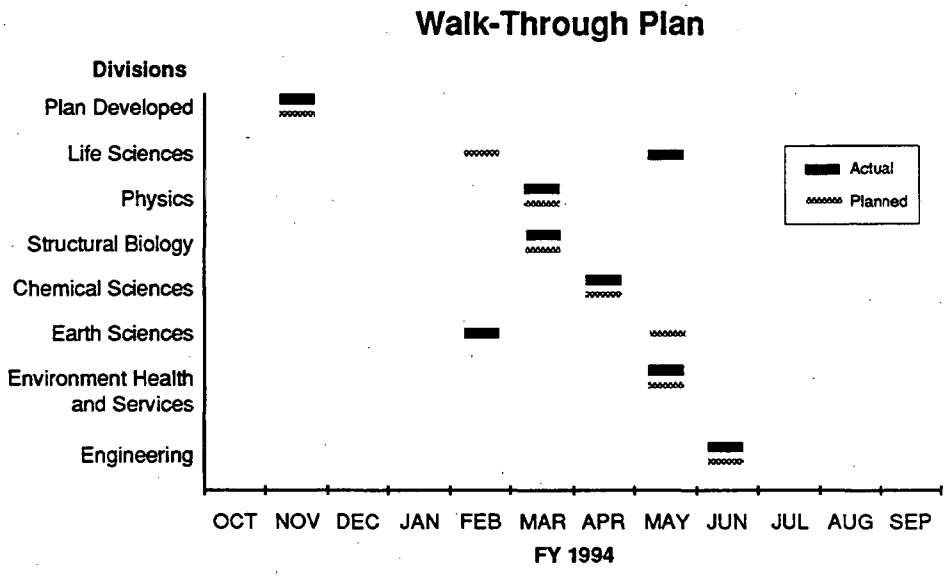
Performance Objective #2	*The Laboratory will have an effective Walk-Through Program to identify idle equipment or equipment not properly protected.* ***(Weight = 5%)***
Optional Summary	The Walk-Through Plan was developed in a timely manner and all milestones were met on time. Divisions and Property Management staff expended the effort to complete the Walk-Through in a timely manner, but we are looking for ways that we may improve this task to reduce the time while increasing the overall benefit.
Performance Measure Results	The Laboratory has an effective Walk-Through Program based on standard procedures and documentation submitted to the Division representatives at the completion of the Walk-Through. The Laboratory has met this Performance Measure.

Objective #2 Criterion 2.1	*All organizational facilities are covered by a Walk-Through at least every two years.*
Optional Summary	The FY94 Walk-Through schedule was developed in October 1993. The Walk-Through was performed between February and June 1994. The FY95 Walk-Through schedule will be established in October 1994. At the close of the FY95 effort, all organizational facilities will have been inspected.
Objective #2 Criterion 2.1 Performance Measure 2.1.a	*A comprehensive Walk-Through Plan is developed by November 31, 1993, that contains milestones, to assure that a complete Walk-Through is accomplished at least every two years. The plan will identify the necessary resources for accomplishment. The percentage of the milestones met will be calculated to assess compliance with the Walk-Through Plan.*
Performance Measure Result	A Walk-Through Plan was developed in November 1993. The actual Walk-Throughs occurred between February and June 1994. The plan defined the schedule for the FY94 Walk-Through, specifying which Divisions would be performed during the year. All Division Walk-Throughs were completed on schedule except for the swapping of two Divisions' time frames. The Plan identified the resources to complete the task and all milestones were met. Current Property Management staff will provide sufficient resources to interface with Division personnel in completing the FY94 Walk-Through. Division administrators are requested to participate in the Walk-Through, in conjunction with research personnel from the specific research area. At this time, no Division administrator has indicated a need for additional resources to complete his or her Walk-Through. The Laboratory has met this Performance Measure.

Supporting Data

University of California Laboratories Joint Property Management Policies & Procedures, dated July 1,1994.

Materiel & Site Logistics, Standard Procedure: Walk-Through, dated September 1, 1994.



Performance Measure 2.1.a

Objective #2 **Criterion 2.1** **Performance Measure 2.1.b**	*Timeliness of responsible organization actions to implement Walk-Through-documented recommendations. Percentage of actions accomplished within 90 days will be calculated.*
Performance Measure Result	During the first reporting period 99 items were determined to be idle. Of those 99 items only 42 were processed to either an Equipment Pool, Excess or Salvage, within the 90-day time period. This represents a 42% response rate for this initial period. Since some Divisions are still within their 90-day time period, the final results will not be available until September 30, 1994. The Laboratory has met this Performance Measure. However, additional supplemental data will be provided.
Successes/ Shortfalls	Previously the Laboratory performed the Walk-Through during the summer of every other year. This interval allowed for the same amount of time to pass between Walk-Throughs and permitted the effort to be completed in the summer to minimize inclement weather. Because of the contractual change, the result was that the Divisions selected for FY94 Walk-Throughs had only between 6 and 12 months since their last Walk-Throughs. This short interval resulted in Division personnel being less responsive to completing the task, since they felt they had just completed it recently. This situation was a one-time occurrence and will not be an issue in future years.
Supporting Data	University of California Laboratories Joint Property Management Policies & Procedures, dated July 1,1994. Materiel & Site Logistics, Standard Procedure: Walk-Through, dated September 1, 1994.

Performance Objective #3

The Laboratory will have an effective management program for Equipment Held For Future Projects (EHFFP). ***(Weight = 5%)***

Performance Measure Results

All Equipment Held For Future Projects (EHFFP) records were individually reviewed and evaluated as to their justification criteria. The criteria define five categories of held equipment. The requester of held equipment provides justification data for holding equipment on the Justification for Extended Storage form. The categories of held equipment as they appear on the form are:

1. Hold for use on the following project:
2. Hold for use in a potential future project. Item is difficult to replace. Explain in detail:
3. Hold as spare or replacement part for the following in-use equipment:
4. Hold as __accessory, __container, __ fixture/tooling, __ calibration device or structural sample in connection with:
5. Other. Explain:

A more detailed justification was required for some criteria than for others. A table identifying the number of records and the criteria identified is included as Attachment F. This table assisted in identifying anomalies in the process. Examples of the anomalies are Planning and Development selected the Other criterion 91% of the time; AFRD Division had the largest percentage of records held as accessory, container, or tooling; etc. These anomalies were then used as a basis for discussion between the Warehouse Manager and the Property Manager to look for areas of improvement or change in the process.

The Laboratory has met this Performance Measure.

Summary

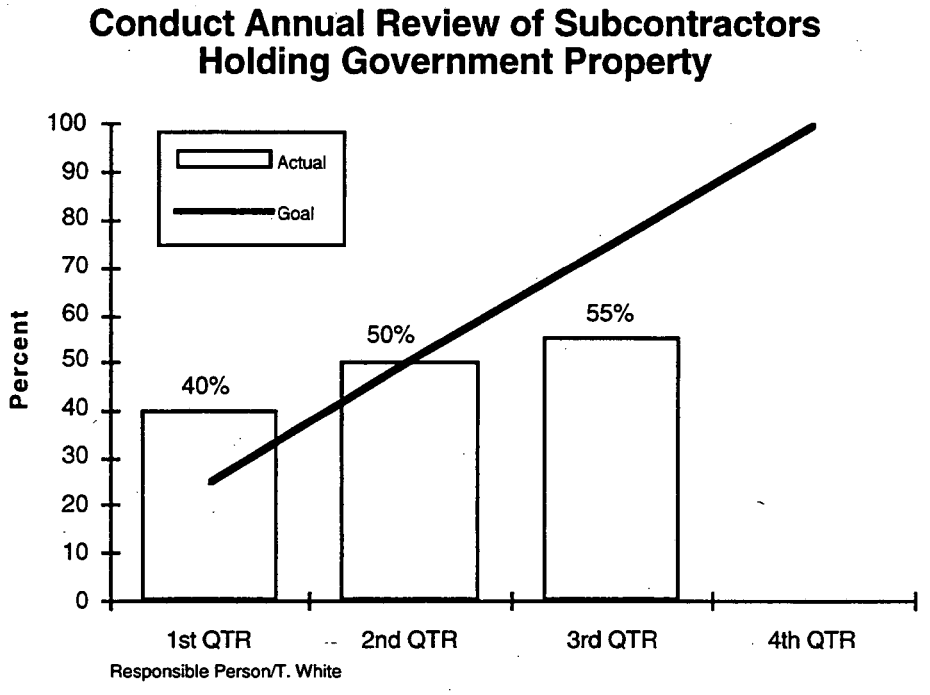
The Laboratory has a standard Warehouse Justification Review program that is performed each year by the Material Operations Group. At the conclusion of the review, the documentation is provided to the Property Management office for review.

Objective #3 Criterion 3.1	*The Laboratory will evaluate whether continued EHFFP storage is appropriate at least once a year.*
Optional Summary	The warehouse and storage operation has recently moved to a new location. The effect of that move has been an increased awareness on the part of the Divisions and Laboratory management of the costs associated with supporting the storage operation.
Objective #3 Criterion 3.1 Performance Measure 3.1.a	*Percentage of EHFFP justification records signed at the appropriate level and appropriately justified in accordance with approved DOE/UC policies and procedures.*
Performance Measure Result	A total of 94% of the EHFFP justification records had acceptable justification for continued storage. Even though the Warehouse Storage Justification procedures and processes appear to be fully functional, the review of justification for continued storage as EHFFP needs additional guidance. Nineteen out of 298 Justification Review forms did not appear to have adequate explanation for retaining property in storage as EHFFP, and several did not have any reason given for continued storage. In some cases, it was noted some forms that originally had no justification were sent back to the Division. However, in several cases the justification resubmitted was only with the one word "Expensive." Even though this is a valid reason, a more thorough explanation is required, such as "long lead times," or "unable to replace," etc. The one-word response appeared to be perfunctory and should have been returned a second time for further clarification. In other cases, the forms with no explanation were not sent back to the Division requesting further explanation. All EHFFP justification forms were signed at the appropriate level. The Laboratory has met this Performance Measure.
Successes/ Shortfalls	Even though the review process is very time consuming, an increased level of review is recommended to ensure that readable and understandable justifications are provided on the documentation. Supplemental data will be provided after the 19 forms have been modified.
Supporting Data	University of California Laboratories Joint Property Management Policies & Procedures, dated July 1,1994. Materiel & Site Logistics Standard Procedures, 12.01 Warehouse Material Held For Future Projects, dated October 1, 1992.

Performance Objective #4	*The Laboratory will have an effective program for managing Government-Furnished Property (GFP) and Subcontractor-Acquired Property (SAP).* ***(Weight = 5%)***
Performance Measure Results	The FY92–93 PPMR increased awareness of the Laboratory's responsibility over property held at subcontractor locations, and additional staff have been added to support this function. Standard procedures were developed, and a review of Procurement's subcontracts files, plus inventory of government property held at subcontractor sites, has been performed. The Laboratory has met this Performance Measure.
Summary	The Property Management group and Procurement have worked very closely during the last year to develop operational methodologies to ensure the control and use of GFP or SAP. One aspect of this process was for Property Management personnel to perform a review of all subcontracts to verify whether GFP or SAP was involved. When either type of property was determined, Property Management established subcontractor files and initiated the process of approving the subcontractor property system. Subcontractors with property were requested to complete Self-Evaluation Forms that were then used by the Property Specialist to determine the adequacy of each subcontractor's property system.
Barriers to Improvement	Sufficient manpower resources to support the continued subcontract administration task and disposal of property at subcontractor sites, as well as review of Regents' Orders with the various UC campuses.
Supporting Data	University of California Laboratories Joint Property Management Policies & Procedures, dated July 1,1994. Materiel & Site Logistics Standard Procedures, 70.07 Subcontract Administration, dated November 1, 1993.

Objective #4 Criterion 4.1	*The Laboratory will ensure annual Property Management reviews of subcontractors with GFP and/or SAP either by self-evaluation, on-site 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.*
Optional Summary	As a cost savings, LBL , Lawrence Livermore National Laboratory, and Los Alamos National Laboratory have agreed to use each other's review of subcontractor property systems. Monthly reports are shared between Laboratories identifying new subcontractors that have been reviewed.
Objective #4 Criterion 4.1 Performance Measure 4.1.a	*Percentage of subcontractors with GFP and/or SAP reviewed annually.*
Performance Measure Result	As of October 1, 1993, there were 20 subcontractors with GFP or SAP property. At the end of the performance period, June 30, 1994, 55% of the contractors had been reviewed. The baseline number of subcontractors with property for this appraisal period is 20. Almost all of these subcontractors have provided documentation on their property systems during the last two years. However, only 11 of them have been reviewed this year so far. Our goal during the Last Quarter Push is to complete a review of the nine remaining prior to September 30, 1994. The Laboratory has met this Performance Measure and will be providing supplementary data for performance on this Measure.
Supporting Data	University of California Laboratories Joint Property Management Policies & Procedures, dated July 1,1994. Materiel & Site Logistics Standard Procedures, 70.07 Subcontract Administration, dated November 1, 1993.

Supporting Data
(Continued)



Performance Measure 4.1.b

Objective #4 **Criterion 4.1** **Performance Measure 4.1.b**	*Number of discrepancies (number of instances/occurrences where Laboratory database records of GFP and/or SAP were different from GFP and/or SAP found during subcontractor inventories and the difference was not due to subcontractor loss or record keeping error) found during annual GFP/SAP inventories. Will be recorded as inventories are completed.*
Performance Measure Result	Only two discrepancy property items, meeting either the capitalization or sensitive property criteria, were identified by inventories of subcontractors. The Laboratory has met this Performance Measure.
Successes/Shortfalls	Technical coordinators are becoming more familiar with their responsibilities and limitations regarding the undocumented or unauthorized movement of property to subcontractor locations.
Supporting Data	University of California Laboratories Joint Property Management Policies & Procedures, dated July 1, 1994. Materiel & Site Logistics Standard Procedures, 70.07 Subcontract Administration, dated November 1, 1993.

Performance Objective #5	*The Laboratory will have an effective Property Management training program for Laboratory Personnel.* ***(Weight = 10%)***
Summary	Participation in training is considered a major factor in our ability to continuously improve and benefit from new and alternative approaches to resolving property issues, especially issues similar to those at other DOE and/or DOD contractor facilities.
Barriers to Improvement	Budgetary restrictions may impact our ability to participate in offsite training.

Objective #5 Criterion 5.1	*The Laboratory will ensure that Property Management personnel participate in training.*
Optional Summary	Property Management personnel have actively participated in various training forums over the last few years. Examples of the types are GSA formal training classes; participation in DOE-OAK and DOE-AL Property Management conferences; professional association educational conferences; and University Property Seminars. Three staff members are currently participating in a formal certification program for Certified Professional Property Specialist offered through the National Property Management Association.
Objective #5 Criterion 5.1 Performance Measure 5.1.a	*Develop and implement a Training Plan by October 31, 1993, for Personal Property Personnel 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 prior to assuming job responsibilities in Property Management, and (2) to assure that Personal Property Personnel's job-related skills are updated when appropriate.* *The number of milestones met on schedule will be measured.*
Performance Measure Result	Prior to October 31, 1993, a training plan was developed based on the job classification of the staff members. Three of the eight employees received their training ahead of schedule, based on their attendance at a GSA course offered at LLNL. A new staff member was added to the staff and a detailed training plan was developed for this individual that included two one-week training classes. The Laboratory has met this Performance Measure. Staff members are still scheduled to attend either courses or educational conferences. This attendance will be provided as supplementary data. All milestones were met on or ahead of schedule.
Supporting Data	Refer to Attachment G.

Objective #5
Criterion 5.2

The Laboratory will conduct an effective property accountability awareness program.

Optional Summary

Even though the Laboratory had previously developed a Property Management Guide and distributed copies to whoever requested it, a strong emphasis on personal accountability for property was lacking. In cases of loss due to personal negligence, employees have reimbursed the Laboratory for the loss of the property. The Laboratory's on-line Property Management computer application for employees to access property data, as well as create property transactions electronically, supports the goal of increased awareness and accountability. This application was developed in FY92.

Objective #5
Criterion 5.2
Performance Measure 5.2.a

Develop and implement a Government Property Awareness Training Plan for Laboratory employees by December 31, 1993, that has targeted areas of education and milestones. The goals of the plan are: (1) to assure that all Laboratory employees understand their duties and responsibilities associated with government property, and (2) to assure that all Laboratory employees understand the consequences for poor performance in complying with rules associated with government property.

The number of milestones met on schedule will be measured.

Performance Measure Result

A Government Property Awareness Training Program was developed before December 31, 1993, and placed on an aggressive implementation schedule. Five elements were defined in the training plan:

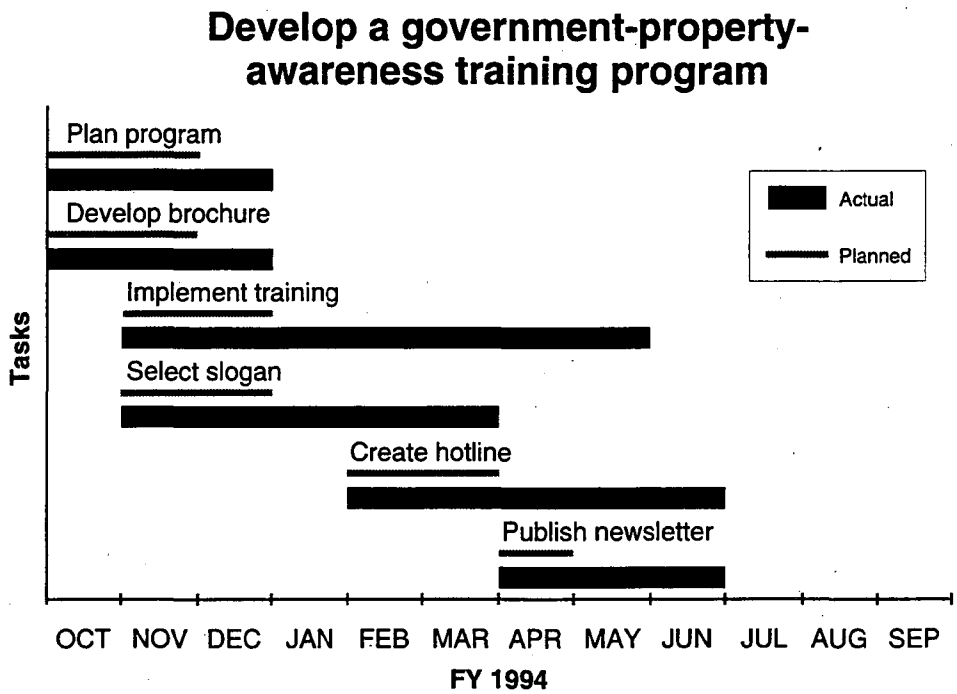
1. Prepare a Property Management brochure.
2. Develop a Property Management training curriculum.
3. Select a slogan for the Property organization.
4. Create a Property HOTLINE.
5. Publish a Property Management newsletter.

The Laboratory has met this Performance Measure, even though each element in the plan took longer to complete than anticipated because of conflicting priorities.

Successes/ Shortfalls

The initial schedule was too ambitious and did not take into consideration all of the various aspects needed to complete the work. Also, the elements were worked individually and not simultaneously.

Supporting Data



Performance Measure 5.2.a

Performance Objective #6	*Findings and recommendations from formal, written audits, assessments, and reviews, etc., regarding Property Management are resolved in a timely and appropriate manner.* ***(Weight = 35%)***
Summary	During the appraisal time frame, 31 recommendations/findings were worked on. The largest group (20) was based on the DOE PPMR. The next largest grouping was based on the UC internal audit on sensitive property, Report Number 1401, which had 10 recommendations. The remaining recommendation was from another UC internal audit on plant and equipment, Report Number 1403. There was one recommendation from this audit.
Barriers to Improvement	Available time to define and implement improvements, while maintaining the Performance Measure documentation.

Objective #6 Criterion 6.1	*All findings and recommendations regarding Property Management are tracked and closed in accordance with the mutually agreed upon corrective action plan.*
Optional Summary	The DOE PPMR had an agreed-upon Corrective Action Plan (CAP), but the two UC internal audits did not have a CAP required or prepared. All recommendations from the DOE PPMR were completed as scheduled, and recommendations of the two UC audits were implemented in a timely manner.
Objective #6 Criterion 6.1 Performance Measure 6.1.a	*Number of findings and recommendations during the self-assessment period. The ratio of findings and recommendations per audit, assessment, or review shall be calculated.*
Performance Measure Result	There was a base population of 31 recommendations. The ratio of audits per recommendations is the following: • DOE PPMR: 20 to 1. • UC Audit 1401: 10 to 1. • UC Audit 1403: 1 to 1. The Laboratory has met this Performance Measure.

Objective #6 Criterion 6.1 Performance Measure 6.1.b	*Number of open findings and recommendations, including findings and recommendations carried over from previous periods.*
Performance Measure Result	There were five recommendations carried over from the DOE PPMR and one each from each of the two UC internal audits. All recommendations were closed out in a timely manner. The Laboratory has met this Performance Measure.
Objective #6 Criterion 6.1 Performance Measure 6.1.c	*Percentage of milestones met, including milestones carried over from previous periods.*
Performance Measure Result	All seven milestones were met. The DOE PPMR milestones were per the CAP time frame and the two UC audits did not have a CAP date assigned to them. The Laboratory has met this Performance Measure.

Self-Assessment for Property Management	
Office of Primary Responsibility (if appropriate):	
Approved By:	
Cognizant Division Director or Associate Director (Optional)	Date
Functional Manager	9/26/94 Date
Head, Office of Primary Responsibility (Optional)	9/21/94 Date

Supporting Data

ATTACHMENT A

Department of Energy
San Francisco Operations Office
1301 Clay Street
Oakland, California 94612-5208

SEP 15 1994

Mr. Rod Fleischman, Director
Administration Division
Lawrence Berkeley Laboratory
MS: 50A-5131
Berkeley, CA 94720

Subject: Approval of the LBL Personal Property Management System

Dear Mr. Fleischman:

Based on our validation of LBL's satisfactory closure of all corrective actions resulting from the 1992 Contractor Personal Property System, the LBL Personal Property System is hereby granted approval.

We appreciate the significant efforts of you and your staff, and are certain that by continuing to work in close partnership we are ensured continued success.

If I can provide any additional information or be of any assistance, please contact me at (510) 637-1773.

Sincerely,

Lee Williams
Organizational Property
Management Officer

LAWRENCE BERKELEY LABORATORY

JOINT WORKING GROUP

AREA OF EMPHASIS	TASKING	MILESTONE
System Baseline	Evaluate LBL procedures and their effectiveness to comply by comparison to other M&O's.	December, 1994
Performance Evaluations	Assess current processes to identify and move from a transaction orientation into a systems methodology.	October, 1994
Non-Value Added Tasks	Define areas of close interaction and determine value gained by LBL or DOE and evaluate near term changes to obtain increased effectiveness	December, 1994
Performance Measures	Review FY94 Performance Measure results to assess if compliance concerns are being responded to effectively.	November, 1994
Stakeholder Participation	Define benefit for Stakeholder participation and develop specific methods to seek their input.	December, 1994
Contract Reform Initiatives	Assess alternative initiatives to determine applicability for LBL and DOE-OAK.	December, 1994

ATTACHMENT C

ANDOM SAMPLING
FY94 PERFORMANCE MEASURE 1.1.B STAT SAMPLE

..umber of samples= 60
lower bound= 0
pper bound= 15268

1	301
2	488
3	712
4	1087
5	1161
6	1462
7	1995
8	2027
9	2109
10	2419
11	3024
12	3184
13	3285
14	3528
15	4013
16	4700
17	4915
18	5660
19	5662
20	6447
21	6555
22	6664
23	6785
24	7577
25	7866
26	8105
27	8236
28	8825
29	8971
30	9127
31	9187
32	9641
33	10030
34	10308
35	10809
36	10990
37	11554
38	11627
39	11828
40	11949
41	12027
42	12153
43	12657
44	12965
45	13184
46	13410
47	13473
48	13619
49	13758
50	13761
51	13797
52	13890
53	14065
54	14150
55	14240
56	14302
57	14613
58	14750
59	14903
60	15015

FY94 STATISCAL SAMPLE

BUILDING	ROOM	AREA	USERNAME	PROPNO	NOMEN	MANUFACTURER	MODEL	PUR AMOUNT	ACQDATE	LIFE	DATE	CODE	DIVCODE
950	0100		HOYER EH	5344371	DRIVE-WIGGLER MAGNET	LBL	NONE	330251	85/05	10	91/06	45	AF
011	0324		TINOCO I	6005875	PLOTTER-GRAPHICS	HEWLETT PACK	7475A	1265	86/05	7	94/01	40	LS
046	0125		VIOLA T	6012170	COMPUTER-PC AT	IBM	5170	2240	86/08	7	92/11	41	EG
042	0101		SALVAGE	6020991	PRINTER-PC	APPLE	A9M0310	412	86/09	7	93/08	45	AD
051	0001		STEVENSON RR	6023251	PRINTER-PC	APPLE	A9M0310	428	86/09	7	93/10	45	AF
075	0106		MORIMOTO HG	6030860	PRINTER-THINK JET	HEWLETT PACK	2225A	331	87/04	7	94/03	40	CB
011	B52		VOLLHARDT KP	6039252	PRINTER-LASERWRITERIINTX	APPLE	M6000	3959	88/03	7	94/05	40	CS
058	HB C		BANGERTER RO	6039733	COMPRESSOR-WATER COOLED	CRYOGENICS	8500	7785	88/04	25	94/01	40	AF
050B	1275B		EADES CA	6045772	PRINTER-LASER	APPLE	M0160	3099	87/04	7	94/03	40	CP
901	ODK2		0278313	6072457	POWER SUPPLY	MEGAVOLT	RDC2001	15960	78/07	10	91/04	62	PH
076	0100	E90401	MOTORPOOL	6084115	TRUCK-LIGHT	FORD MOTOR	PICK-UP	6860	69/08	8	93/01	40	AD
070	0218		STRIEBEL K	6086577	COMPUTER-PC XT	IBM	5160	2688	85/04	7	93/10	40	AS
B29C	0100	TRLR	CHEN LJ	6088212	TRAILER-OFFICE	CATOLAC	OFFICE	17127	79/10	10	94/03	40	AD
018	0319		TOBIAS CW	6092516	CAMERA-16MM MOVIE SILENT	BOLEX	H16	675	76/07	10	93/12	45	MM
066	0430		SALMERON MB	6101539	INDUCTOR-SPECIMEN SYSTEM	PERKIN ELMER	2100	32000	79/04	10	94/05	40	MM
901A	0100		5933241X	6113495	PLOTTER-DIGITAL	TEKTRONIX	4662	6422	80/10	10	93/04	65	AD
007	0214		WILLIAMS MD	6117622	ANALYZER-PRECISION GAS	UTHE TECH	100C	6575	77/09	10	93/08	45	AF
007	0214		BELL MJ	6132021	COMPUTER-PC+CSE ASSEMBLY	IDEAL	486	2500	92/04	7	94/03	40	EG
007	0222		NGIM RD	6132045	COMPUTER - LAPTOP	ZENITH	286	4199	88/09	7	94/03	40	EG
062	0314		GRONSKY R	6145595	ION MICRO-MILLING INS	GATAN	600TMP	53420	88/09	10	92/10	45	MM

TOTAL ITEMS: 20
TOTAL AMOUNTI: 498196

ATTACHMENT D-1

RANDOM SAMPLING FY94 PERFORMANCE MEASURE 1.1.B STATISTICAL SAMPLE

Item #	Custodian	EXT	DOE#	Nomenclature	Location	S/N	Comments
301	Egon Hoyer	7235	5344371	LBL Wiggler magnet drive	950/0100	not accessible	verified - at SLAC
488	Ignacio Tinoco	642-3038	6005875	H/P Graphics plotter	11/324		verified
712	Tom Viola	7544, 7554	6012170	IBM AT PC computer	46/125C		T/C 41
1087	Reuse	PRC	6020991	Apple printer	42/101		verified
1161	Robert R. Stevenson	7724, 5185	6023251	Apple printer	51/1		verified
1462	Hiromi Morimoto	4373/ 7336	6030860	H/P Think Jet Printer	75/106		verified
1995	Peter Vollhardt	642-0286	6039252	Apple Laserwriter Printer	11/B52	CA8061JY2	verified
2027	Roger Bangerter	6376	6039733	Cryogenics water coold compressor	58/HB C		verified
2109	Craig Eades	6569	6045772	Apple laser printer	50B/1275B		verified (transferred)
2419	0278313	Storage	6072457	Megavolt power supply	901 storage		verified
3024	Motor Pool	5475	6084115	Ford pick-up	76/100		verified
3184	Kathryn Striebel	4385	6086577	IBM XT computer	70/218		verified
3285	Laura J. Chen	6117	6088212	Catolac office trailer	B29C/100		verified
3528	Charles Tobias	642-3764	6092516	Bolex 16mm silent movie camera	18/319	238964	verified
4013	Miquel Salmeron	6230	6101539	P/E specimen sys inductor	66/430		verified
4700	5933241x	Excess	6113495	Tektronix digital plotter	Excess		verified
4915	Don Williams	5314, 7887	6117622	Uthe Tech gas analyzer	7/214		verified
5660	Mike Bell	6183	6132021	Ideal computer cse assembly	7/214		verified
5662	Bob Ngim	6182, 6181	6132045	Zenith laptop computer	7/222		verified
6447	Ron Gronsky	642-3801	6145595	Gatan ion micro-milling ins	62/314		verified
6555	Robert M. Miller	4738	6147223	Apple Mac SE computer	46/270G		verified
6664	Howard Matis	5031	6148947	Lecroy Power Supply	9L931218		verified - B50084
6785	Steven Visco(trnsfrd)	5821, 7409	6150674	Computer Source 386 PC	~~B62A/6~~		verified - 62-139
7577	Carole Casaretto	7693	6161304	Apple printer (dot matrix)	50B/2239		verified (M/P)
7866	Nancy Johnston	5093	6164626	Eastman Color printer	50B/1275	14653718	verified
8105	Laurent Fenouil	642-5554	6167337	Club AT 486 computer	18/205	51677	verified
8236	William L. Brown	7183	6168822	AST Research 486 computer	10/202E		verified
8825	Michael Siminovitch	5863	6175486	Apple M6000 laserwriter printer	46/231	CA1100MN	verified
8971	Larry Domansky	5262	6177039	Gateway 486 computer	B90J/107	not accessible	verified
9127	Yongqin Chen	642-3772	6178838	Spectra Physics yag laser	11/D44		verified
9187	Susan Waters	5690	6179552	Apple Mac II Ci computer	66/223	11F1146308724	verified
9641	Tony Warwick	5819	6184396	H/P spectrum analyzer	2/457	3137A01406	verified
10030	Joan Daisey	7491/ 6591	6189025	EDC 486-DX25 computer	90/3077	none	verified
10308	Martin Pollard	4561, 6327	6191929	H/P deskjet 500 printer	~~70A/2255C~~		verified - 74-3102
10809	Carl W. Cork	4295	6197198	Sun Microsys 47 sparcstation comp	6/BL1005		verified
10990	Michael Wilde	6847	6199055	EDC 486-50 computer	9C940519		verified - B49547
11554	John Pon	7935, 6011	6205664	H/P 4M laserjet printer	76/222	JPBF061890	verified

11627	Tihomir Novakov	5319	6206418	Apple Mac centra 610 computer	73/101	F2332NGBCN7	verified
11828	John Hearst	642-3556	6208450	EDC 486-DX26 computer	3/148	none	verified
11949	C Gruhn		6211702	LBL time projection chamber	9C920930		ver - trans frm 9L820101
12027	Gavin Robillard	4184	6212921	IBM computer RISC sys	9C900904		verified - B29105
12153	Eric Beals	5351	6214857	DEC 3100 Vaxstation	70/231	AB03604UEU	verified
12657	Richard M. Johnson	5901/ 5519	6224849	Temtek kiln	77/244	not accessible	verified
12965	Art Poskanzer	5618	6244847	NCD computer-x terminal	50D/141	not accessible	verified
13184	Bruce Gee	7443	6247220	Vat isolation undulato valve	~~80/100~~		verified 6 - installed/beamline
13410	Jason C. King	642-6389	6249767	Spectra Physics laser mode locker	~~11/D91~~	20730880	verified - 11/D93
13473	Brian Volkman	7315	6250435	H/P diode array detector	3/350	3033A00497	verified
13619	Phil Batson	6391	6251975	MKS Inc transducer - 600 appt	2/423	1306-9204	verified
13758	Tammy Brown	4165	6253368	Sony bus rear view camera	bus #20		verified
13761	Roger Dwinell	7701/ 5088	6253399	LBL beam trimmer chasis	51/22	n/a	verified
13797	C Conrad		6253788	Surgilase CO2 laser	70A/4431		verified - transferred
13890	Roger Bangerter	6376	6254761	Semicon ion source	~~58/HB C~~		verified - 58/SBTE Tunnel
14065	Tommy Corbin	7617/ 5251	6256703	EG&G hand/ft contaminat monitor	75A/100		verified
14150	Steve Selkowitz	5064	6257601	Next N2000 printer (PO#39836A2)	457/7110		verified - subcontract
14240	Tom Viola	7544, 7554	6259025	ASUS 486 computer cse assembly	46/132		verified
14302	Ashley Long	5901/ 5903	6259681	Apple Mac SE	77/222	F751AFYM5010	verified
14613	Brian M. Smith	6508	6262902	CT Sys 486DX2-6 computer	~~B75B-101~~	CTI9402010	verified B75B-115 - tmsfrd
14750	Bart Davis	4201	6264296	Apple Mac Quadra 610 computer	90/4000	XB415C1C1YC	verified
14903	Marie-Agnes Stephens	5384, 7018	6265835	Sun Microsys 544 workstation	88/249	423EO478	verified
15015	Robert Bergmen	642-2156	6271133	Nicolet Ins ft-ir spectrometer	11/D80		verified
~~12345~~	location has changed - new location is noted under comments						
transferred = item has been transferred to another user							

ATTACHMENT D-2b

LAST QUARTER PUSH ON FY93 UNLOCATED PROPERTY

Contract 98 requires LBL to retire, in a timely manner, all property unaccounted for after the inventory and reconciliation time frame have been completed. Property Management completed the inventory and reconciliation, and Property Accounting performed the actual retirement. Property Management and Property Accounting are developing the report to submit to DOE-OAK. Since over 3% of the total dollar acquisition value of property was not accounted for, a special new effort has been developed, called the Last Quarter Push (**LQP**) to respond to this unacceptable level of property accountability.

LQP involves a variety of steps and methods to provide awareness and training to the Laboratory community and specifically to the Division Director's, Division Administrator's, and Property Coordinator's. The following describes the steps involved:

- Establish the baseline inventory population, taking into account feedback provided by division personnel and verifications performed.

- Submit to DOE-OAK a report identifying the specific unlocated property involved and providing a copy of this document and a commitment to locate and verify 99.5% of the property file prior to September 30, 1994. This will result in the Laboratory achieving our inventory goal.

- Provide a copy of each division's unloacted property listing and include a graph that identifies all division's status. Request the Division Director acknowledge the number of items and value unaccounted for and return a signed copy of the memo. Recommend that each division assign a point of contact to work with Property Management personnel on the **LQP**. Suggest alternative sorting or printing report capability and present a class for the personnel assigned to support the **LQP** task.

- Train division personnel in the use of the history reports to track property from it's previous location or custodian. Teach them how to use bar code readers so they may perform their own inventory and verification.

- Instruct personnel on how to use the VAX Clusters and the Toolkit application and use of Property Management HOT LINE to call in for additional data or printouts.

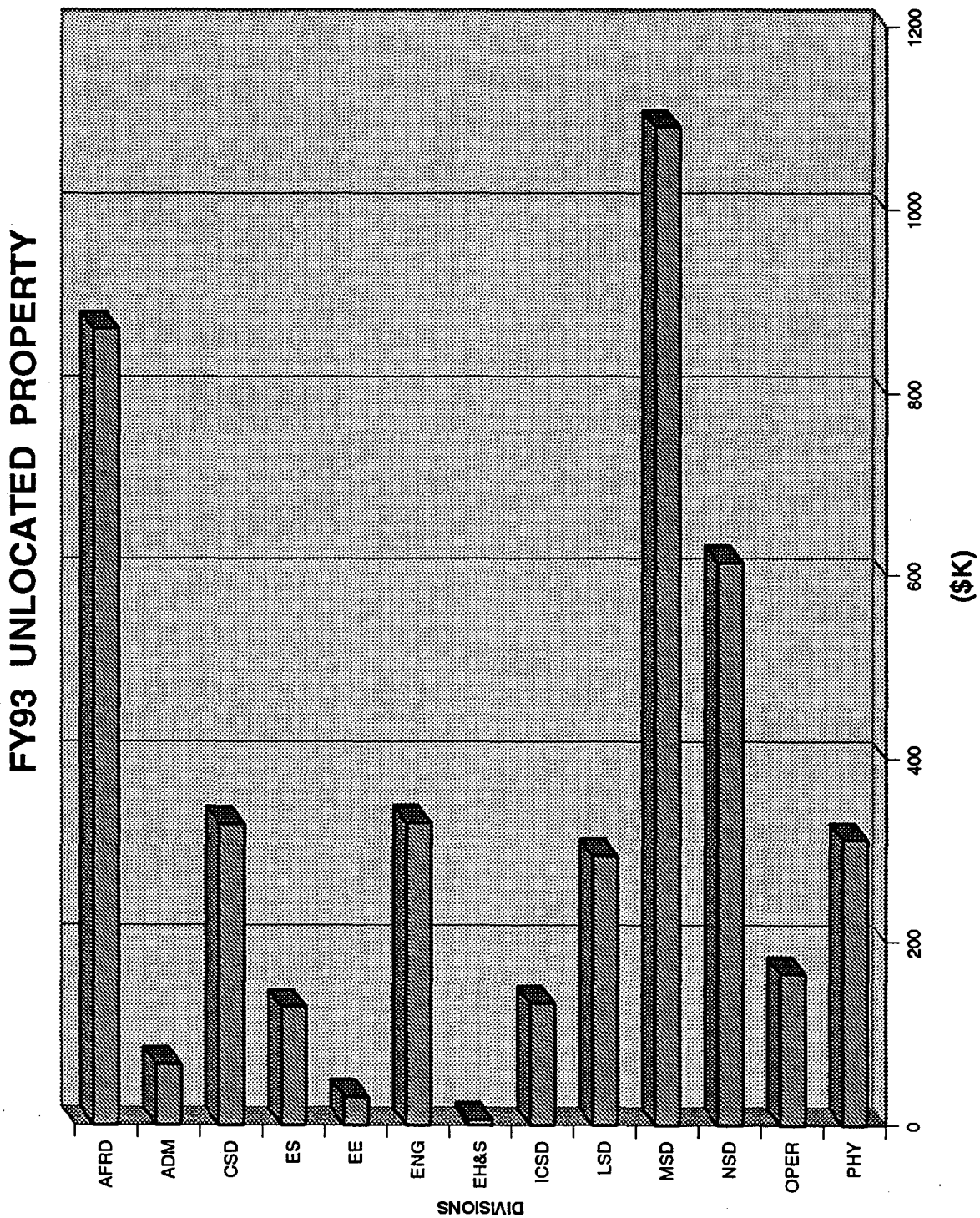
- Provide monthly status reports to division management, and more frequently as required to division personnel.

- Distribute the Property Talk Newsletter and request Currents run an article on property accountability.

CONCLUSION:

Prior to September 30, 1994 a status report will be distributed to Laboratory management, DOE-OAK, and UC identifying the results of the **LQP** effort and lessons learned during the process.

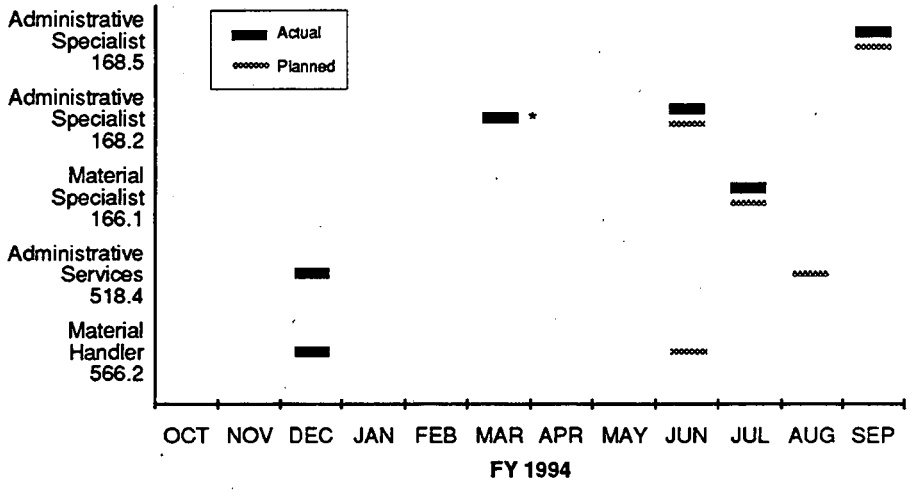
GMR 6-146
6/15/94


FY93 UNLOCATED PROPERTY
AFRD
ADM
CSD
ES
EE
ENG
EH&S
ICSD
LSD
MSD
NSD
OPER
PHY
DIVISIONS
0
200
400
600
800
1000
1200
($K)

EQUIPMENT HELD FOR FUTURE PROJECTS

DIVISION	CODES 1	2	3	4	5	TOTAL
AFRD	16	13	26	13	1	69
ADMIN	2	10	1	1	0	14
CHEMICAL SCIENCE	9	3	3	0	0	15
EARTH SCIENCE	3	4	0	0	0	7
E&E	11	23	6	2	5	47
ENG	1	9	3	3	4	20
EH&S	1	1	1	3	5	11
ICSD	2	1	0	0	1	4
LIFE SCIENCE	0	2	1	0	0	3
MATERIAL SCIENCE	3	1	5	2	0	11
NUCLEAR SCIENCE	2	12	3	0	3	20
PHYSICS	11	19	3	0	0	33
PLANNING & DEVELOP.	0	2	0	0	22	24
STRUCTURAL BIOLOGY	1	0	2	0	0	3
PLANT ENG	0	0	1	4	0	5
C&M	0	6	4	0	2	12
TOTAL	62	106	59	28	43	298

Property Management Training Plan



Courses Attended

Property Management (168.5)	National Property Management Association Education Seminar
Property Specialists (168.2)	GSA Government Contract Property Administ.
PDC Supervisor (166.1)	GSA Disposal Contract Law
Property Assistant (518.4)	GSA Basic Elements of Property Management
Material Handler (566.2)	GSA Personal Property: Utilization & Disposal

LBL PERFORMANCE MEASURES EVALUATION
FISCAL YEAR 1994

Functional Area: Property Management

Evaluators: Gerald Basel — Supervisor, Property Accounting-Financial Management

Adel Flores — Internal Auditor, Internal Audit Services

Overall Evaluation:

We have reviewed the Property Management Self-Assessment FY94, including its charts and attachments, as part of the Laboratory-directed evaluation process in accordance with UCLAO guidance. Our review and evaluation included examination of supporting documents and interviews of property management personnel. In our opinion, the Property Management Self-Assessment FY94 addressed properly, completely, and accurately the performance objectives, criteria, and measures. We appreciate the cooperation and assistance we received from Property Management throughout the evaluation process.

Accuracy and Completeness:

In our opinion, the Self-Assessment addressed the performance objectives, criteria, and measures accurately and completely. Results were reported in accordance with UCLAO format instructions. Minor observations were discussed with Property Management.

Adequacy of Supporting Documentation:

In our opinion, the source data used in the Self-Assessment was appropriate to the performance measures. Documentation to support the performance measure results was deemed adequate and reliable. Conclusions reached were supported by data and documents presented to the evaluation team.

Recommendations: none.

Signature:

Gerald Basel — September 9, 1994 (Date)

Adel Flores — September 9, 1994 (Date)

PART III

APPENDICES

Appendix 1: Areas for Improvement Tables

Appendix 1

Areas for Improvement Tables

Improvement Actions for Environment, Safety, and Health*				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates
Not applicable				

*NOTE: No improvement actions for the ES&H functional area were applicable.

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

*NOTE: No improvement actions for the Facilities Management functional area were applicable.

Improvement Actions for Financial Management				
Performance Objective #	**Performance Measure #**	**Key Actions**	**Major Milestones**	**Associated Dates**
3,4	3.1a, 3.2a, 4.1a	Begin full implementation of Purchasing and Receiving System		October 1, 1994
3,4	3.1a, 3.2a, 4.1a		New Purchasing and Receiving System fully implemented.	April 1, 1995
3	3.7	Continue monthly letters and phone calls to delinquent accounts. Also, work with LBL personnel and outside agencies to resolve outstanding issues.	Reduce receivables over 180 days old to 10% below FY93 baseline	September 30, 1994
4	4.3a	Using cost information gathered during FY94, analyze ways to reduce cost per transaction.	Reduce processing cost per paycheck to 5% below FY94 baseline.	September 30, 1995

Improvement Actions for Human Resources				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates
2.0	2.2a	Written P2R Guidance		5/3/94
		Salary Review Guidance	Scientists/ Engineers, Nonrepresented	8/12/94 8/23/94
			Division P2R validation	9/7/94
			HRD Validation Sample	9/21/94

Improvement Actions for Procurement*				
Performance Objective #	Performance Measure #	Key Actions	Major Milestones	Associated Dates

*NOTE: No improvement actions for the Procurement functional area were applicable.

Improvement Actions for Property Management				
Performance Objective #	**Performance Measure #**	**Key Actions**	**Major Milestones**	**Associated Dates**
1	1.2.a and 1.3.a	Follow-up on Last Quarter Push effort.	August 30, 1994 September 30, 1994	
2	2.1.b	Support divisions on movement of idle property to equipment pools.	August 30, 1994 September 30, 1994	
3	3.1.a	Review of EHFFP Justifications.	September 30, 1994	
4	4.1.a	Review of Subcontractors	September 30, 1994	

Appendix 2

Performance Measure Assumptions for FY94

Appendix 2

Environment, Safety, and Health

Performance Measure Assumptions for FY94

Understanding of Environment Safety and Health Performance Measure Elements

FINAL

The following text represents the collective University of California and Department of Energy understanding of the specific elements involved and data collection periods to be used when assessing FY94 Appendix F.Environment, Safety and Health Performance Measures. Dates in parentheses are the date agreement was reached.

1.1.a

- Each Laboratory together with its local DOE office is defining the de minimis values for collective dose. It is anticipated that each Laboratory will have a different value. (11/30/93)

- Information collection dates related to occupational dose data for the 5 year and 2 year running averages will be based on the calendar year. (11/30/93)

- This measure should be used as a management tool to proactively determine programmatic changes that will effect dose. (2/18/94)

- Information collection dates are from 1/1 - 6/30/94. (4/26/94)

Performance Measures 1.1.a " Radiation Protection " and 1.1.d "Waste Minimization" present specific data collection challenges. Pre-existing external requirements have molded associated data collection and reporting systems into activities that are based on the calendar year. Such a system makes reporting small or incomplete portions of a year problematic and time intensive (e.g. adding data from Nov. and Dec. 1993 to 1994 data). The goal of this proposal is to provide as much timely data as possible for the 1994 assessment while focusing the evaluation on what is meaningful from that limited data set. In addition, this proposal recognizes the eventual need for data that represents a complete 12 month period.

It is clear that for the 1994 assessment, it is not possible to get a full year of data that reflects management's ability to influence performance based on the measures since they were not in effect until October of 1993.

Therefore we propose the following scenario for reporting and evaluating these two measures:

<u>Radiation Protection</u>

1) For the 1994 reporting period, data will be reported for January 1,1994 through June 30,1994. This is only half of the normal FY94 reporting period, however it will provide a status report on radiation dose trends for this interval.

2) In evaluating the measure for the 1994 assessment , UC and DOE will look at whether a program is in place that should meet the expectation of the performance measure to manage and plan exposures and to recognize and report significant changes in workload.

3) For the 1995 assessment, a full 12 months of data will be reported for January 1, 1994 through December 31,1994 and data will be evaluated against running averages from previous years as stated in the performance measure.

1.1.b

- Toxic chemical exposure is defined as airborne concentrations of hazardous chemicals exceeding OSHA PELs and/or ACGIH TLVs to which personnel are exposed for periods of time indicative of actual risk (i.e. use of Time Weighted Averages). (11/30/93)

- The number of reportable ORPS occurrences of radiation and toxic chemical exposures will be based on the rating year. (11/30/93)

- The number of reportable occurrences versus number of measurements will be reported. (2/18/94)

- Reportable data will be based on measurements available on samples taken after 10/1/93 and through 6/30/94. Any substantiated toxic exposures that occurred after 6/30/94 and before the final report is submitted will also be reported. A full 12 months of data will be reported for FY95 and subsequent years (e.g. 7/1/94 to 6/30/95 etc.) (2/18/94)

- ORP reportable occurrences include internal radiation exposures exceeding a CEDE of 0.1 rem, and external radiation doses exceeding 0.5 rem. (5/26/94)

1.1.c

- A Lab/DOE sub-team is in the process of defining the baseline population from which statistics will be collected at each Laboratory. It is envisioned that the base will be slightly different for each Laboratory. Subcontractors will be included to the extent possible for FY 94. (11/30/93)

- Accident analysis will be performed on data from the last three calendar years (1991-1993). (11/30/93)

- For the 1994 rating year, use 1/1/94 to 6/30/94 data to compare to previous three calendar years. (4/26/94)

1.1.d

- A total of 3 waste streams will be chosen for the purposes of the 5% reduction. (11/30/93)

- The 10% aggregate weight reduction may include non-hazardous solid waste. Air emissions and sanitary outfalls are excluded from this goal. (11/30/93)

- Based on current data collection methods, the performance period will be as specified in the attached position paper. The FY 94 date in the measure is an anomaly and reflects internal inconsistencies that we wish to correct at this time. (11/30/93)

- Recycling is considered to be a method of waste minimization. (2/18/94)

- Information collection dates are from 1/1 - 6/30/94. (2/18/94)

Waste Minimization

1) For the 1994 reporting period, data will be reported for January 1,1994 through June 30,1994.

2) Assessment will be made as to whether 3 waste streams have been jointly (Labs and DOE) identified for reduction and the methods planned to reduce the waste throughout the calendar year are deemed adequate to meet the measure by the end of 1994. It is recognized that the data for the first six months of 1994 may not be sufficient to trend and analyze for decreased production rates or decrease in aggregate weight therefore, progress towards achieving the target will be assessed for this rating period.

3) For the 1995 assessment, a full 12 months of data will be reported and analyzed for the period of January 1, 1994 through December 31, 1994.

1.1.e

- This measure will be treated as either a "meets expectation" or "needs improvement" evaluation based on whether or not a program with the required elements has been implemented by 7/1/94. (11/30/93)

1.1.f

- Also a "meets expectations" or "needs improvement" type of evaluation. The response should describe what is in place and the Laboratories will share this information. (11/30/93)

1.1.g

- The Toxic Release Inventory is as defined by EPA agreements. The executive order will be followed. (11/30/93)

2.1.a

- "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; LBL - OAA and LANL - LAO). (11/30/93 and 2/18/94)

• Best management practices are not to be considered as violations or findings. (11/30/93)

• All uncontested violations and findings will be counted. Contested violations will not be reported under this measure. (2/18/94)

• "Validated" means after both sides agree that it is a violation or finding. (11/30/93)

• Data will be normalized based on the number of inspections each Laboratory has by reporting number of inspections and number of uncontested violations / findings. (11/30/93 and 2/18/94)

• The trending will be done on the number of violations and findings in a calendar year. (11/30/93)

2.1.b • Tracking and trending will not include off-normal reports of excursions that do not exceed regulatory requirements. Such excursions are within compliance limits. (11/30/93)

• Data will be collected for the calendar year. (11/30/93)

• Assessment will exclude historical releases discovered in 1994 which occurred prior to 1994, e.g. leaking tanks. (4/26/94)

2.1.c • The performance measure allows time for dialogue, on a case-by-case basis, to determine whether a violation is to be classed as serious. (11/30/93)

• Data will be collected for the rating year. (11/30/93)

2.2.a • The time frame for tracking will be determined by the rating year. (11/30/93)

• The primary intent is to track compliance with milestones and trending is not necessary. (4/26/94)

2.2.b • "Agreed upon" covers external regulatory agency requests such as Federal and State EPA and Local regulatory agencies. (11/30/93)

• Data will be collected for the rating year. (11/30/93)

- All agency requests received through official written correspondence will be tracked. (2/18/94)

- Assume that requests with no due dates are considered on time when delivered. (2/18/94)

- Does not include any of the documents on the FFA. These documents are covered in PM 2.2.a. (2/18/94)

3.1.a

- Discussion will continue throughout the development process of each Laboratory's management system so that information and ideas can be shared. (11/30/93)

PM 3.1.a, "Full implementation will include the use of quantifiable performance measures in FY95 as part of the performance assessment process." BY MUTUAL AGREEMENT OF THE ES&H TEAM THAT DEVELOPED THE FY95 PM'S, THIS EXPECTATION WAS CHANGED TO READ: "In FY95, the Laboratory will evaluate the implementation of the program." THIS CHANGE ACKNOWLEDGES THE DIFFICULTIES THAT EACH LAB ENCOUNTERED DURING THE FY94 IMPLEMENTATION PERIOD WITH DEVELOPING SUCH MEASURES AND MODIFIES THE EXPECTATION FOR FY94 FOR PM

3.2.a

- "Accepted" means only those Orders that are in the University of California contract. Attached is a list of specific reports to be tracked. The Laboratories will manage to the list unless informed otherwise by DOE. (11/30/93)

- Submittal dates for the Annual Environmental Report will be a joint decision between each Laboratory and their site office. (2/18/94)

- Delete EIS/OIS Report, Keep Annual Environmental Report. List agreed upon 2/18/94.

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 equal to or greater than 90%.

Recurring ES&H Budgetary and Planning Information and Reports Required by Accepted Orders and Guidance

Driver	Information & Report Description	Discipline	Data Source	Due Dates/ Frequency
5400.1 P. IV-2	Environmental Monitoring Plan	ENV	LBL, LLNL	Review Annually, Revise Triennially 11/9/94
5400.1 P. III-1	Environmental Protection Implementation Plan (EPIP)	ENV	LBL, LANL, LLNL	Annually 11/9/94
5400.1 P. III-2	Ground Water Protection Management Plan and sub-plan Ground Water Monitoring Plan	ENV	LANL, LLNL, LBL	Review Annually, Revise Triennially 5/9/94
5400.1	Long range environmental protection plan	ENV	LLNL	Annually Date determined by DOE
5400.1	Office of Management and Budget Circular A-106 (covers pollution abatement projects)	ENV	LLNL, LBL	Annually[a] Date determined by DOE
5400.1 P. III-2&3	Waste Minimization and Pollution Prevention Awareness Plan	ENV	LLNL	Review annually, revise triennially May 9, 1995
5400.1, SEN 37-92 Impl. Guidanc. of Jan 1990	Annual Report on Waste Generation and Waste Minimization Progress	ENV	LANL,LLNL	Annually DOE has not specified date for 1994
5400.1	Annual Site Environmental Report*	ENV	LBL, LLNL	Annually
	Environmental Restoration & Waste Management 5-Year Plan**	ER	LANL, LBL	

* Not a budget or planning report

** Not in Section I of Appendix G (not ES&H)

[a] - DOE Order 5400.1 requires DOE field office submittal by May 1 and December 15 each year, but LLNL has generally been required to provide input annually.

NOTE: It is typical for the guidance and due dates to change from year to year for these reports. To the extent that UC does not control these elements, it is the intent of the parties that due dates for submittals by the Laboratories be mutually agreed upon with their respective DOE site or area offices. Performance relative to this measure will be based upon these due dates.

3.3.a

- First line managers or supervisors are included in this measure. (11/30/93)

- "Management" refers to management of people and/or dollars. (11/30/93)

3.4.a • Measure applies to nuclear facilities already categorized and all non-nuclear facilities that have been classified as moderate or high hazard. Hazard classification issues exist for LANL/LAAO therefore the process will start with those facilities where there is agreement. (11/30/93)

3.4.b • Self-assessment on conduct of operations is facility specific and covers all facilities subject to DOE Order 5480.19. (11/30/93)

3.4.c • "Final" means the final ORPS report submitted by the Laboratory. (11/30/93 and 6/9/94)

• Report on only those corrective actions targeted for completion in calendar year 1994. (2/18/94)

3.4.c
says all final reports submitted by the laboratory. On 6/9 we agreed that a final report was a report determined to be final by DOE. (We did this because that is the only criteria available on the ORPS retrieval program).

4.1.a • The Laboratories will use existing draft guidance to decide what level of hazard assessments to perform on non-nuclear facilities. (11/30/93)

• Execution will follow the schedules unless DOE responds otherwise. (11/30/93)

4.2.a • Discussion will continue related to how the product should look. (11/30/93)

• The process to identify operating parameters and establish a monitoring system should be in place by the end of the rating year. (11/30/93)

5.1.a • This is a "meets expectations" or "needs improvement" type of evaluation based on whether or not a policy is in place by 2/1/94. (11/30/93)

5.1.b • This is a "meets expectations" or "needs improvement" type of evaluation based on whether or not an integrated program is in place by 6/1/94. (11/30/93)

Appendix 2

Financial Management

Performance Measure Assumptions for FY94

FINANCIAL MANAGEMENT FY94 APPENDIX F ASSUMPTIONS

PERFORMANCE OBJECTIVE #1

Meet DOE requirements for content, format, and timing in the submission of required budgets, financial data, and reports.

CRITERIA:		PERFORMANCE MEASURES:	
1.1	Direct and indirect budgets to be submitted in accordance with DOE requirements.	1.1a	Identify Due dates of DOE budget submissions to be tracked. Graph % of budgets on time.
	Assumptions:		*To be graphed as follows:* • *Bar graph for Submitted on time or Early, Submitted Late, and # of Reports or Actions Required. (LANL 1.2a prototype).* • *Vertical axis represents number of reports or actions.* • *Horizontal axis represents months of the year.* • *Displayed with one set of bars stacked with different shades or colors.*
1.2	Submit responses to written requests for financial information to DOE.	1.2a	Record date requests are received. Record date requests are responded to. Chart % of on time performance.
	Assumptions:		*Will measure only Formal written requests with deadlines of 8 working hours or more and sent to the Controller's organization. Not faxes and not phoned in requests.* *To be graphed as follows:* • *Bar graph for Submitted on time or Early, Submitted Late, and # of Reports or Actions Requested. (LANL prototype).* • *Vertical axis represents number of reports or actions.* • *Horizontal axis represents months. of the year* • *Displayed with one set of bars stacked with different shades or colors.*

FINANCIAL MANAGEMENT FY94 APPENDIX F ASSUMPTIONS

PERFORMANCE OBJECTIVE #2

Provide effective management of DOE funds to ensure their appropriate use and to preclude use of funds beyond authorized levels.

CRITERIA:	PERFORMANCE MEASURES:
2.1 Assure that all costs and commitments will be within DOE authorized funding levels.	2.1a Identify funding levels,. Control costs to B&R level 9, graph % within funding levels. Control commitments within authorized major funding levels (ECOR).
Assumptions:	*"Within funding limits" to mean within funding modifications.* *"Commitments" definition to be consistent with Definition used in Uncosted Obligations Report.* *Provide separate graphs for Capital Equipment, Construction, and Operating funds by quarter.* *Meeting the objective of this performance measure is applicable only at year end for all fund types except line item construction. The U.C. grade will be assessed consistent with this statement.* *Graph costs plus commitments to ECOR limits.* *Graph Costs to Level 9 limits.* *To be graphed as follows:* • *Bar graphs showing percent within funding limits.* • *Vertical axis represents % of costs or costs plus commitments within funding limits.* • *Horizontal axis represents quarters in FY.*

2.2	Assure that work-for-others and technology transfer activities are properly authorized, costed and reported, including the use of BSC 1419, as appropriate.	2.2a	Identify work-for-others costs and revenues at the funding order level. Graph % of funding levels on a monthly basis, taking into consideration interim UC funding.
	Assumptions:		*Monthly non-DOE funded totals represent billed General Ledger costs.* *UC Interim funded represents General Ledger costs exceeding authorized funding at the funding order level for continuation accounts only.* *"Commitments" definition to be consistent with Definition used in Uncosted Obligations Report.* *All interim UC funding requires appropriate certification of continued project funding and may not exceed 90 days.* *To be graphed as follows:* • *Bar graphs showing percent within funding limits and percent prefinanced by UC. (LLNL prototype).* • *Vertical axis represents % of costs or costs plus commitments within funding limits.* • *Horizontal axis represents months in FY.*

2.3	Assure effective Letter of Credit (LOC) practices with special emphasis on: a. minimizing account balances b. proper compensation of financial institutions.	2.3a	Identify major components of agreement. Graph the % of agreement achieved.
	Assumptions:		*Review for accuracy and approve for payment the banks' monthly account analysis and billing statement.* *To be graphed as follows:* • *Vertical axis represents % of billing statements that are complete.* • *Horizontal axis represents months. (LLNL prototype).*
		2.3b	Identify daily balances for each Letter of Credit (LOC). Graph the daily balances for each LOC by month against zero target line.
	Assumptions:		*No explanations necessary. Bar graph will be used.*
2.4	Operate all imprest funds in accordance with DOE policy.	2.4a	Review DOE requirements. Document compliance to DOE requirements.
	Assumptions:		*Each lab will negotiate a solution to the personal liability issue with DOE. Each lab will document its compliance with some type of assurance document. This is a yes/no type of measure.*

2.5	Assure all revenues are promptly collected, processed, and classified appropriately.	2.5a	Develop reports showing collections and classifications. Validate classifications and document to DOE requirements.
	Assumptions:		*A spreadsheet will be maintained by each lab. The spreadsheet will document the processing of each item of revenue collected and its disposition (ie. sent to the U.S. Treasury or deposited in LOC account).* *To be graphed as follows:* • *Bar graph will represent the moving average of accurate/timely performance per month.* • *Vertical axis represents % of accurate performance.* • *Horizontal axis represents months.*
2.6	Assure timely and effective resolution and/or follow-up on financial findings of external and internal review groups.	2.6a	Establish a process for prioritizing, scheduling, tracking, and following-up on financial findings.
	Assumptions:		*Each laboratory will provide a description of the process and/or system used to accomplish this objective.*
		2.6b	Produce reports showing the delta between labs' scheduled resolution dates and the actual resolution dates.
	Assumptions:		*Specific findings will be reviewed and discussed with the responsible functional department(s) to establish the corrective action plan and resolutions date.* *To be graphed as follows:* • *Bar graph will represent the quarterly moving average of % on or ahead of schedule vs. behind. schedule* • *Vertical axis represents % of Resolution Dates Met/Missed .* • *Horizontal axis represents quarters of the year.*

2.7	Policies and procedures are documented and readily available.	2.7a	Establish FY94 completion schedule of policies and procedures.
	Assumptions:		*Provide a plan for completion of policies and procedures as part of the self assessment.*
		2.7b	Identify the number of new and revised policies and procedures completed or revised during the FY.
	Assumptions:		*Quarterly bar graph of plan to actual.* *To be graphed as follows:* • *Each quarter will have one bar representing number of actually completed P's and P's and one bar representing number of P's and P's scheduled for completion. (LLNL prototype).* • *Bar graph will represent the quarterly moving average of % on or ahead of schedule vs. behind.* • *Vertical axis represents cumulative number of polices scheduled to have been completed..* • *Horizontal axis represents quarters of the year.*
2.8	Effective internal controls are in place.	2.8a	Categorize exceptions noted in the annual contract audit as significant or minor. Provide explanations for significant items.
Delta	***Assumptions:***		*For this year, U.C. proposes that the labs document all significant internal controls findings resulting from internal and/or external audits/reviews.*

FINANCIAL MANAGEMENT FY94 APPENDIX F ASSUMPTIONS

PERFORMANCE OBJECTIVE #3

Financial systems operate to provide accurate output on a timely basis.

CRITERIA:	PERFORMANCE MEASURES:
3.1 Operate an efficient and effective accounts payable system that results in timely scheduling of payments and obtains a minimum of 85% of available cost effective discounts, with a target of 90%.	3.1a Cumulative graph showing % taken with a standard of 85% and a target of 90% and graph $ value of discounts taken.

Assumptions:

Measure gross cost effective discounts available. Discounts $\leq$ $10 not cost Effective.

To be graphed as follows:

- *One Bar Graph and one line Graph with target/standard lines*
- *Monthly total cumulative discount dollars available and taken.*
- *Monthly cumulative % of discount dollars taken- line graph with target & standard lines.*
- *Vertical axis represents dollar values in one graph and percentages in the other.*
- *Horizontal axis represents months of the year.*

3.2 No more than fifteen percent (15%) of vendor payments occur before or after due date.

3.2a Cumulative graph showing % of payments made with 15% minimum standard line and a 10% target line.

Assumptions:

Consistent with 2200.6.

Payment dates to be calculated from date of constructive receipt or invoice date whichever is later.

Use gross number of invoices not just controllable invoices.

Will measure invoices not dollars.

To be graphed as follows:

- *Bar Graph*
- *Monthly cumulative % of payments made on the due date.*
- *Include 90% target line and 85% minimum standard line.*
- *Vertical axis represents number of invoices.*
- *Horizontal axis represents months of the year.*

3.3	Ninety-five percent (95%) of travel claims will be accurately paid within three weeks of receipt.	3.3a	Cumulative graph showing % paid with 95% minimum standard line.
	Assumptions:		*Performance clock begins when receipts are received in Travel Accounting from the traveler. All receipts are recorded at the end of that business day.* *Measure is for closure of all travel vouchers submitted.* *To compensate for holidays, three weeks is defined as 15 working days.* *The clock stops when Travel Accounting completes and sends the completed voucher out for signature and/or payment.* *If the information (receipts and paperwork) received is inadequate to complete a voucher and additional information is needed, a date is recorded which stops the clock until that information is received by Travel Accounting.* *To be graphed as follows:* • *% of Travel expense claims paid within three weeks from receipt.* • *Vertical axis represents %.* • *Horizontal axis represents months of the year.*
3.4	Monthly ledger closing period will be within 5 working days with a goal to reduce to 3 1/2 working days.	3.4a	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.
Delta	***Assumptions:***		*FIS ready date as the close date.*

3.5 Suspense account balances will be minimized and corrected within 30 days of identification.

3.5a Identify dollar total and number of suspense account transactions Monthly. Graph corrective actions by month and cumulative average against a 30 day standard line.

Assumptions:

To be graphed as follows:

- *30 day standard line is not calculable. The following information will graphically display the average monthly suspense account activity in a meaningful way.*
- *Bar Graph with moving average number of transactions printed on top of each bar.*
- *Cumulative average monthly dollars in to suspense accounts and cumulative dollars going out of the suspense accounts.*
- *Cumulative average monthly transactions going into suspense accounts.*
- *Vertical axis represents dollar values in one graph and a moving average number of transactions in the other.*
- *Horizontal axis represents months of the year.*

3.6	Subsidiary ledgers will be reconciled to the general ledger no less than quarterly, and corrections performed within 30 days. Corrections will be made, if material and cost-effective, on a monthly basis.	3.6a	Identify subsidiary ledgers and accounts to be reconciled quarterly to the general ledger. Graph the number of reconciling adjusting transactions made against a 30 day standard line.
Delta	***Assumptions:***		*Task team saw little value in graphing number of adjusting transactions. Instead we propose charting percent of subsidiary ledgers reconciled each quarter.* *Subsidiary ledgers identified to be reconciled at least quarterly are:* • *Accounts Payable* • *Travel* • *Accounts Receivable/WFO if applicable* • *Labor Distribution* • *Payroll* • *Property* • *DOE/FIS* *Reconciliation is complete when the subsidiary ledger agrees with the control total in the General Ledger.* *To be graphed as follows:* • *Stacked Graph showing each subsidiary ledger to a total of 100% of reconciliations completed by quarter. If not all subsidiary ledgers were complete, the bar would represent less that 100%.* • *Vertical axis represents %.* • *Horizontal axis represents quarters.*

3.7 Assure timely recording, appropriate aging, and aggressive follow-up on accounts receivable; achieve a measurable reduction in delinquent accounts. Recommended target is to reduce receivables over 180 days old by 10%.

3.7a Establish baseline level of delinquent accounts from FY93 and graph # of delinquent accounts for FY94.

Assumptions:

Delinquent accounts are defined as those over 30 days old at the end of the particular quarter.

Dollars and not invoices will be measured.

Graph as a combined bar and line with the line tracking the '93 baseline and the bar the '94 actuals.

To be graphed as follows:

- *Bar graph will consist of one bar representing FY93 accounts receivable by quarter and one bar representing FY94 levels by quarter.*
- *Vertical axis represents dollars.*
- *Horizontal axis represents quarters of the year.*

3.7b Graph the average age of accounts receivable by type over time.

Assumptions:

Defined types of Accounts receivable that will be graphed are:

- *Work for Others*
- *Employees*
- *Others*

To be graphed as follows:

- *Graph as a line graph for each type of AR with a symbol to identify and the individual dollar numbers at each point.*
- *Vertical axis represents days old.*
- *Horizontal axis represents quarters of the year.*

3.7c Define, document, and implement collection procedures. Produce monthly aging report of Revenues Receivable. Graph monthly dollars outstanding at 30, 60, 90, and 180 + days.

Assumptions:

To be graphed as follows:

- *Stacked bar graph with ≥180 days on the bottom and 30-59 days on the top.*
- *Vertical axis will represent dollars.*
- *Horizontal axis will represent the months of the year.*

PERFORMANCE OBJECTIVE #4

Establish and operate efficient systems.

CRITERIA:

4.1 Reduce the cost per accounts payable transaction with sustained or improved performance.

PERFORMANCE MEASURES:

4.1a Establish FY93 baseline cost factors. Graph production cost per transaction with minimum standard line and target line.

Assumptions:

Use DOE Financial Management Systems Improvement Council (FMSIC) assumptions. Labor costs will include fringe benefit costs and no other burdens. In the case of working supervisors, include measurable time spent on processing accounts payable.

Transactions defined as number of invoices.

To be graphed as follows:

- *Bar Graph of cumulative average.*
- *It will have an FY93 baseline and an improvement target line defined by each laboratory.*
- *Vertical axis will represent dollars.*
- *Horizontal axis will represent the months of the year.*

4.2	Reduce the processing cost per travel claim.	4.2a	Establish FY93 baseline cost factors. Graph production cost per travel claim with minimum standard line and target line.
		Assumptions:	*Use DOE Financial Management Systems Improvement Council (FMSIC) assumptions. Labor costs will include fringe benefit costs and no other burdens.* *Travel claims defined as expense reports submitted. In the case of working supervisors, include measurable time spent on processing travel expense reports.* *To be graphed as follows:* • *Bar Graph of cumulative average.* • *Will have an FY93 baseline and an improvement target line defined by each laboratory.* • *Vertical axis will represent dollars.* • *Horizontal axis will represent the months of the year.*
4.3	Reduce the processing cost per paycheck.	4.3a	Establish FY93 baseline cost factors. Graph cost per paycheck with minimum standard line and target line.
		Assumptions:	*Use DOE Financial Management Systems Improvement Council (FMSIC) assumptions. Labor costs will include fringe benefit costs and no other burdens. In the case of working supervisors, include measurable time spent on processing payroll* *To be graphed as follows:* • *Bar Graph of cumulative average.* • *It will have an FY93 baseline and an improvement target line defined by each laboratory.* • *Vertical axis will represent dollars.* • *Horizontal axis will represent the months of the year.*

4.4	Demonstrate Leadership and achievement in financial management and systems improvements in support of DOE and laboratory financial initiatives.	4.4a	The laboratories will prepare analyses of the impact of system/process innovations on cost, efficiency, cycle time reduction, and increased capacity.
	Assumptions:		*Narrative.*

Appendix 2

Human Resources

Performance Measure Assumptions for FY94

Section A-Performance Objectives

Part IV-Human Resources

Performance Objective

1. The Laboratories will deliver HR systems in a cost effective manner following the principles and philosophy of the Preamble to Appendix A.

Criteria:

1.1. A current job description system for all positions in accordance with the University's job classification standards.

Measures:

1.1.a. % of positions for which accurate position descriptions exist. Baseline is 50% by April 1994 and 95% by December 1994, thereafter, % of existing position descriptions reviewed and revised.

Agreement: "All positions" refer to regular/career positions which could include parttime employees but not casual or intermittent employees. The percent of the covered population for which there is an accurate position description will be measured. (The job description systems at LLNL and LBL are acceptable to DOE. DOE-AL accepted LANL's proposal to incorprate the job description elements into the employee's performance appraisal.) A 2% sample (by job series 100, 200, etc. for LLNL; by TSM, SSM, GS/OS and TEC for LANL; and by employee groups, i.e., S&E, Tech. and Admin for LBL) will be reviewed to determine completeness/accuracy. Rate of good sample will be used to determine % of acccurate PDs for the whole population.

1.1.b. 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. Establish baseline in 1994.

Agreement: 5% stratified sampling of all positions will be used as follows:

LBL-5% of S&E, tech and admin groups
LLNL-5% of each series
LANL-5% of each series..

The following sources, stated in order of preference, will be used to obtain the 5% sample: 1) reclassification proposals 2) job postings and 3) random job audits.

1.1.c. Cumulative % of classifications reviewed and updated. Baseline is to have classification reviewed at least once every five years.

Agreement: Report annually on cumulative % of classifications reviewed (including results/actions) with the goal of 100% by 5 year period.

1.2. A job evaluation system which describes and assesses the internal value of job classifications and places them in a structure appropriate to the occupational group.

1.2.a. The Laboratory formally documents its job evaluation system by July 31, 1994.

For LBL: 10% of all classified jobs are evaluated by October 30, 1994, using this evaluation system.
For LLNL: 10% of all classified jobs are evaluated by October 30, 1994, using this evaluation system.
For LANL: 10% of all classified jobs are evaluated by October 30, 1994, using this evaluation system.

Agreement: Document the existence and use of formal job evaluation system(s). Performance against this measure will depend on the program goals and from the Towers Perrin classification system reviews.

1.3. 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.

1.3.a. 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%.

Agreement: Classification will be defined as those job titles with 10 or more incumbents. 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. Resulting percentage will be compared to the 75% baseline.

1.3.b. Salary ranges are competitive with market.

For LBL 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 that 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 4/1/94 compared to control points for FY94. Assesses how well the Laboratory projected market movement when it set the range control points prior to the start of the fiscal year.

1.3.c. Laboratory guidelines for setting initial salary and subsequent salary increases which ensure consistency and equity internally and externally are approved by management and implemented by January 31, 1994.

Agreement: 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.

1.3.d. % of salary ranges established or modified without prior consultation with DOE in accordance with Appendix A.

Agreement: The Laboratories do not establish or modify salary range(s) without approval. This will be verified and documented for the self assessment.

2. The Laboratories will develop and maintain work force excellence. (Weight=20%)

2.1. Training program quality and applicability.

2.1.a. A systematic approach to the annual assessment of individual and organizational training needs is in place.

Agreement: Describe the Laboratory's annual management development and skills training planning process.

2.1.b. % of employees with a current development plan. Baseline is 75% by September 30, 1994.

Agreement: A 2% sample will be used. The percent of completion is calculated by dividing those completed by the total sample. Resulting percentage is compared to 75% baseline.

2.1.c. A system for tracking and documenting individual and organizational training requirements and course completions is in place by July 1, 1994.

Agreement: System is not necessarily one system/data base.

2.1.d. % 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. Baseline is 95%.

Agreement: DOE to help identify DOE-mandated ES&H training. Eliminate baseline of 95%.

2.2. Effective employee performance management.

2.2.a. 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 description of each Laboratory's system for performance appraisals. Report latest viable data. For FY 94, use September, '93; In June '95, use '94 data. Percentage completed determined by dividing the number of completed performance apprasisals by the eligible population. Percentage completed is compared to 95% baseline.

3. The Laboratories will comply with affirmative action requirements. (weight=20%)

3.1. Ensure representation of minorities and women in under-utilized categories in accordance with UC-approved affirmative action plans.

3.1.a. Utilization of minorities in under-utilized job categories as identified in the affirmative action plan.

Agreement: Utilization of minorities (men/women) means to continue to improve-not necessarily just to attain goals. Utilization and availability ratio for each EEO category plotted over time.

3.1.b. Utilization of women in under-utilized job categories as identified in the affirmative action plan.

Agreement: Same as 3.1.a.

3.1.c. The Laboratories submit an Affirmative Action Plan to the University within 90 days of the effective date of the AAP.

Agreement: Due date-4/1/94.

3.2. Enhance employment opportunities for individuals with disabilities and covered veterans.

3.2.a. Actions taken to improve employment opportunities in accordance with the provisions of Article X, Equal Employment Opportunity, of the contract.

Agreement: Respond in accordance with the Affirmative Action Plan.

Appendix 2

Property Management

Performance Measure Assumptions for FY94

Property Management Assumptions

LBL unique - PM 1.1.a

If either an organization (division) or an individual (custodian) was assigned to a record, the measure was met.

LLNL interpreted this as both required. In discussions with LBL Internal Audit team they agreed that it could be either organization or individual in order to comply.

LBL unique - 1.1.b

I assumed that based on using a random number generator, we would achieve a statistical sample, but this does not appear to be the case since there was no defined confidence level.

TRI Lab - 4.1.b

Only capital or sensitive items would be considered a discrepancy. If material was found to be located at a subcontractor's site without authorization, this would not be counted as a discrepancy. LBL did not find any discrepant material during the inventory process.