Project Hanford
Management Contract
Quality Improvement
Project Management Plan

Fluor Daniel Hanford, Inc.

Date Published
January 15, 1999

Prepared for the U.S. Department of Energy

FLUOR DANIEL HANFORD, INC.

P.O. Box 1000
Richland, Washington
Integration Contractor for the
U.S. Department of Energy under Contract DE-AC06-96RL13200

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<td>Document Title:</td>
<td>Project Hanford Management Contract Quality Improvement Project Management Plan</td>
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V. L. Birkland  
Lockheed Martin Services, Inc.  
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<td>Project Hanford Management Contract</td>
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<td>Quality Improvement Project Management Plan</td>
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<td>General Counsel</td>
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<td>J.T. CURTIS</td>
<td>approval for attached email message</td>
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### K. If Additional Comments, Please Attach Separate Sheet
Jennifer Curtis has approved the release of the following documents:

Status of Deficiencies from August 20, 1998, EH-10 Letter - Doc. No. FDH-3852

Project Hanford Management Contract Quality Improvement Plan Implementation - Doc. No. FDH-3853

Radiological Hold Point Investigation Report Findings and Action Plan - Doc. No. FDH-3854

Fluor Daniel Hanford Quality Improvement Project Corrective Action Plan Schedule - (Note: we identified this as an Enclosure to the Correspondence Number FDH-9860098A-R3.)

Project Hanford Management Contract Quality Improvement Project Management Plan - Doc. No. FDH-3897

Project Hanford Management Contract Quality Assurance Project Plan - Doc. No. FDH-3898
Subject: FW: Do you want to review for clearance for these? URGENT!! URGENT!!

---Original Message---
From: Kuhlman, Craig A
Sent: Wednesday, January 13, 1999 5:33 PM
To: Birkland, Vicky L
Subject: RE: Do you want to review for clearance for these? URGENT!! URGENT!!

Okay from here. CAK

---Original Message---
From: Birkland, Vicky L
Sent: Wednesday, January 13, 1999 5:09 PM
To: Kuhlman, Craig A
Subject: FW: Do you want to review for clearance for these? URGENT!! URGENT!!

Steve,

I don't know if you'll want to review these or not. If you want to, then let me know, and I'll fax you clearance form to sign.

Thanks,

Vicky
376-6357

---Original Message---
From: Nielsen, M L (Maggi)
Sent: Wednesday, January 13, 1999 7:57 AM
To: Birkland, Vicky L
Cc: Nielsen, M L (Maggi); Adams, Dawn E; Rasp, Sharon A
Subject: FW: Draft for your review URGENT!! URGENT!!

Hello Vicki,

Here is the document we discussed yesterday. The structure may continue to change for a few more hours, but the information is stable. The document is being edited as you review the draft; please expect a rough spot or two. If you have questions, please contact Sharon Rasp via email or call her at 373-9274. If she isn't immediately available when you call, tell whoever answers the phone what you need. They are in a bit of a flurry to meet an extremely aggressive deadline.

To respond to your question regarding Legal review; Legal is part of their team. This is the same as the other QIP we discussed. The document needs a clearance review only; it is NOT going through release.

Thanks for all of your help,

Maggi
373-5757

---Original Message---
From: Adams, Dawn E
Sent: Tuesday, January 12, 1999 3:01 PM
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Attachment 1, Project Hanford Management Contract Quality Assurance Project Plan
Document Number FDH-3897
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<tr>
<td>BCR</td>
<td>Baseline Control Request</td>
</tr>
<tr>
<td>BWHC</td>
<td>B&amp;W Hanford Company</td>
</tr>
<tr>
<td>CAM</td>
<td>Corrective Action Management</td>
</tr>
<tr>
<td>CAMs</td>
<td>corrective action management system</td>
</tr>
<tr>
<td>CONOPS</td>
<td>Conduct of Operations</td>
</tr>
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<td>DESH</td>
<td>DE&amp;S Hanford, Inc.</td>
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<tr>
<td>DOE</td>
<td>U.S. Department of Energy</td>
</tr>
<tr>
<td>DOE-RL</td>
<td>U.S. Department of Energy, Richland Operations Office</td>
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<tr>
<td>DTS</td>
<td>Deficiency Tracking System</td>
</tr>
<tr>
<td>DYN</td>
<td>DynCorp Tri-Cities Services, Inc.</td>
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<tr>
<td>ECN</td>
<td>Engineering Change Notice</td>
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<tr>
<td>EH-10</td>
<td>U.S. Department of Energy, Office of Enforcement and Investigation</td>
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<tr>
<td>ESHQ</td>
<td>Environment, Safety, Health, and Quality Assurance</td>
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<tr>
<td>ESL</td>
<td>Evaluated Suppliers List</td>
</tr>
<tr>
<td>FDH</td>
<td>Fluor Daniel Hanford, Inc.</td>
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<td>FDI</td>
<td>Fluor Daniel, Inc.</td>
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<tr>
<td>FEB</td>
<td>Facilities Evaluation Board</td>
</tr>
<tr>
<td>HAMTC</td>
<td>Hanford Atomic Metal Trade Council</td>
</tr>
<tr>
<td>ISMS</td>
<td>Integrated Environment, Safety, and Health Management System</td>
</tr>
<tr>
<td>LMHC</td>
<td>Lockheed Martin Hanford Corp.</td>
</tr>
<tr>
<td>MSC</td>
<td>major subcontractors</td>
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<td>NHC</td>
<td>Numatec Hanford Corporation</td>
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<td>PAAA</td>
<td><em>Price Anderson Amendments Act of 1988</em></td>
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<td>QA</td>
<td>Quality Assurance</td>
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<td>QIP</td>
<td>Quality Improvement Plan</td>
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<td>PHMC</td>
<td>Project Hanford Management Contract</td>
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<td>PO&amp;C</td>
<td>Performance Objectives and Review Criteria</td>
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<tr>
<td>RRV</td>
<td>Risk Rank Value</td>
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<tr>
<td>S/RID</td>
<td>Standard/Requirement Identification Document</td>
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<tr>
<td>SNF</td>
<td>Spent Nuclear Fuel</td>
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<tr>
<td>WBS</td>
<td>Work Breakdown Structure</td>
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<tr>
<td>WMH</td>
<td>Waste Management Federal Services of Hanford</td>
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<td>Y2K</td>
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1.0 INTRODUCTION

1.1 OVERVIEW

On July 13, 1998, the U.S. Department of Energy, Richland Operations Office (DOE-RL) Manager transmitted a letter to Fluor Daniel Hanford, Inc. (FDH) describing several DOE-RL identified failed opportunities for FDH to improve the Quality Assurance (QA) Program and its implementation. In addition, DOE-RL identified specific Quality Program performance deficiencies. FDH was requested to establish a periodic reporting mechanism for the corrective action program.

In a July 17, 1998 response to DOE-RL, FDH agreed with the DOE concerns and committed to perform a comprehensive review of the Project Hanford Management Contract (PHMC) QA Program during July and August, 1998. As a result, the Project Hanford Management Contract Quality Improvement Plan (QIP) (FDH-3508) was issued on October 21, 1998. The plan identified corrective actions based upon the results of an in-depth Quality Program Assessment. Immediately following the scheduled October 22, 1998, DOE Office of Enforcement and Investigation (EH-10) Enforcement Conference, FDH initiated efforts to effectively implement the QIP corrective actions.

A Quality Improvement Project (QI Project) leadership team was assembled to prepare a Project Management Plan for this project. The management plan was specifically designed to engage a core team and the support of representatives from FDH and the major subcontractors (MSCs) to implement the QIP initiatives; identify, correct, and provide feedback as to the root cause for deficiency; and close out the corrective actions. The QI Project will manage and communicate progress of the process.

1.2 PURPOSE

The purpose of the Project Management Plan is to define the method and requirements of operation of the QI Project, which will achieve the project goals consistent with Fluor Daniel, Inc. (FDI), Project Operating System Requirements.

1.3 SCOPE

The scope of the QI Project will cover the entire PHMC and includes the successful completion of all activities shown in Enclosure 2, Project Hanford Management Contract Quality Improvement Plan Implementation, in accordance with the schedule shown in Enclosure 4, Project Schedule, and other activities including those shown in Enclosure 4, which are deemed

1 The programmatic issues addressed in this letter were addressed in this letter as part of the common cause analysis discussed in Section 3.0, and each specific issue is addressed in Volume II, Attachment 1, of the Project Hanford Management Contract Quality Improvement Plan (QIP), FDH-3508.
by FDH management to be necessary to achieve significant Quality performance improvement and an enduring continuous quality improvement culture. Specific actions that the QI Project will drive to completion are defined in the Work Breakdown Structure (WBS) Dictionary, Section 5.0.

1.4 DELIVERABLES

- Quality Improvement Project Work Breakdown Schedule
- Work Breakdown Dictionary
- Project Hanford Management Contract Quality Improvement Plan Implementation (Enclosure 2)
- Schedule
- Completion of QIP actions
- Quality Communication Plan

1.5 QUALITY IMPROVEMENT PROJECT CHARTER

Internally and externally identified PHMC team quality performance problems have culminated in the need for aggressive systemic cultural and management changes regarding quality. Through this charter of a defined “Quality Improvement Project (QI Project),” the PHMC team is prepared to comprehensively address past quality findings, organizational alignment issues, and infrastructure conditions to implement extraordinary quality improvement measures. The PHMC team is committed to continuous quality improvement.

The FDH President and Chief Executive Officer, the FDH Leadership Team, and the PHMC Executive Management Team have embraced quality as active sponsors for the PHMC QI Project. Endorsement of the QI Project by senior levels of PHMC management promotes substantive progress in quality improvement through implementation of a well-defined and well-structured plan that serves as the foundation and guidance for enduring quality improvements.

Among its chartered responsibilities, the Quality Improvement Project will establish quality improvement priorities, assign responsibility for implementation of these priorities, establish cross-functional teams to address these priorities, and ultimately institutionalize corrective measures to provide assurance against similar future quality performance degradation. The cross-functional teams will be responsible for ensuring, that as quality issues are addressed and resolved, the final resolution is consistent with PHMC policy and procedural guidance; proper analyses of the issues are performed; appropriate solutions are formulated, tested, and measured; and organizational controls are revised to reflect these changes.

Quality performance will be institutionalized by implementation through the PHMC Integrated Environment, Safety, and Health Management System (ISMS). The end state goal for the QI
Project is to provide a pathway to an effective, enduring Quality Process and an observable Quality Ethic that are part of an integrated, results-oriented management system.

The QI Project and its Charter serve as the principle mechanisms for guiding the PHMC Team in establishing a sound quality process with clearly defined roles, responsibilities, and mechanisms for managing, improving, measuring, and reporting quality performance, and a quality ethic that is consistent with our collective quality cultures.

*Quality is not a department—*
*It is an organization-wide Commitment.*

*Anonymous*
2.0 GOALS AND EXPECTATIONS

2.1 PROJECT GOALS

1. Successfully complete all actions shown in the QI Project Implementation Plan.

2. Achieve a positive "step" change in the improvement of the PHMC Quality ethic.

2.2 EXPECTATIONS

1. Successful completion of Project Goal will bring about substantial resolution of the three identified Fundamental Quality Weaknesses.

2. Effect systemic change in the PHMC Quality culture and management systems.

3. Achieve, from the top management down, an understanding of Quality and establish it as a fundamental value.

4. Identify quality processes and their interactions with work activities.

5. Define and clarify roles, responsibilities, and authority for managing those processes.

6. Simplify and focus Quality processes to achieve Quality in every aspect of Project Hanford work.

7. Put in place a robust, continuous Quality Improvement Process that adopts the management system already established with the ISMS, including accepted, objective performance measures.

8. Articulate, recognize, and reward Quality behaviors.

9. Reduce recurring quality issues by significant percentages representative of a step change improvement.

10. Use the ISMS as the management system for Quality excellence.

11. Transition from correction of deficiencies to prevention of deficiencies.
3.0 PROJECT ORGANIZATION

3.1 ORGANIZATION STRUCTURE

The organization chart on the next page presents the current QI Project organization and reporting structure. The QI Project reports to Ron Hanson, FDH President and Chief Executive Officer.

3.2 ROLES AND RESPONSIBILITIES

Leadership Team (3)

- Management of QI Project team
- Day-to-day responsibility for project execution and control
- DOE-RL and DOE Complex interfaces
- Communication with senior management (President’s Office)
- Management of Situation Room
- Production of Monthly Progress Report through Project closeout

Core Team (~25) Matrix Support

- Day-to-day responsibility for managing and tracking initiatives
- Operation of the Situation Room
- Cross-integration of issues, initiatives, lessons learned, etc.
- Promotion of innovation and breakthroughs
- Feedback and improvement
- Measurement of performance indicators
- Reporting and status
- Participation in and contribution to functional/initiative QIP actions
- Responsible for implementation of QIP initiatives for their respective companies and ensuring corrective actions are completed.

Support (as required)

- Planning and budgeting
- Scheduling
- Administrative support
- Reporting and providing status
- Visitor scheduling and control
- Maintenance of Situation Room
- Correspondence control
- Communication (internal/external)
Quality Improvement Project Team

Ron Hanson,
Fluor Daniel Hanford, Inc.,
President and CEO

Tom Anderson, Director
Dawn Adams, Deputy Director

Karen Davis, Communications
Rosemary Weaver, Executive Secretary
K. Thompson, Administrative Specialist

Tom Anderson, Team Lead

Fundamental Quality
Weakness One:
Leadership

Steve Guidice, Consultant
Richard DeBusk, FDH, Emergency Preparedness
Brad Erlandson, LMHC, Environmental
Jim Gamin, FDH, Training
Art Garcia, WMH, Maintenance
Mike Grygiel, LMHC, Req. Mgmt.
Tom Halverson, FDH, Procedures
Dave Jackson, FDH, Occupational Health & Safety
Peter LeRoy, DESH, Spent Nuclear Fuel
Pat Marmo, FDH, Procurement
Randy Ni, FDH, Conduct of Operations
Mike Page, FDH, Validation
Greg Perkins, FDH, Rad Protection
Jim Schildknecht, FDH, Enhanced Work Planning
Gene Schneebeck, DYN, Engineering
Ed Schwier, FDH, Quality Assurance
Lou Simmons, FDH, ISMS
Cheryl Whalen, FDH, PAAA
Chuck Wolfe, WMH, Conduct of Operations
Debbie Reed, FDH, ISMS

Fundamental Quality
Weakness Two:
Complexity

John Thies, Team Lead

Cindy Girres, WMH, CAMS
Cynthia Day-Phalen, LMHC, DTS
Mark Hermanson, FDH, DTS Training
Jim Bickford, FDH, Lessons Learned

Fundamental Quality
Weakness Three:
Feedback & Improvement

Dawn Adams, Team Lead
3.3 STAFFING/RESOURCES

Leadership Team

The leadership team will be comprised of a Project Director (Tom Anderson); Robert Shoup, Vice President of the Office of Environment, Safety, Health and Quality (ESH&Q); and a Project Deputy Director (Dawn Adams) who will also be responsible for Fundamental Quality Weakness Three – Corrective Action Management. It will also include John Thies who will be responsible for Fundamental Quality Weakness Two and one of the other as needed.

Core Team (~25) Matrix Support

This team will be comprised of the leadership team plus technical matrix support from FDH, Lockheed Martin Hanford Corporation (LHMC), Waste Management Federal Services of Hanford, Inc.(WMH), DE&S Hanford, Inc. (DESH), DynCorp Tri-Cities Services, Inc. (DYN), Numatec Hanford Corporation (NHC), and B&W Hanford Company (BWHC). Members will be tasked throughout Fiscal Year 1999 to implement QI Project Implementation actions and close out corrective actions.

Support (as required)

This team will provide technical and administrative direction to the QI Project. Responsibilities include planning and scheduling, cost reporting, developing and defining training requirements, updating policy and procedure, subcontract management, and clerical and secretarial support.

The Project Director, Tom Anderson, reports directly to Ron Hanson, FDH President and Chief Executive Officer. Mr. Hanson will also serve as a member of the QI Project Management Team.
4.0 APPROACH/PROCESS

The QIP implementation will be managed as a project, driven by a schedule baseline and controlled by project management principles as outlined in this project plan and consistent with FDI Project Operating System Requirements.

4.1 MANAGEMENT OBJECTIVES AND PRIORITIES

The objective of the QIP is to ensure significant continuous performance improvement to ensure that PHMC performance is maintained. The QIP actions support this objective. The objective of this project management plan is to provide a structured framework by which project activities will be developed, tracked, statused, and closed out.

Priorities will be assigned to project actions, consistent with the following levels of action identified in the QIP:

- Immediate Action – actions that are time-sensitive and require immediate attention or action.
- Enabling Action – actions necessary to build the quality foundation of our improved quality behavior.
- Intermediate and other actions – actions identified as part of the QIP analysis that should be started as soon as practicable and consistent with completion of enabling actions.

4.2 PROJECT MANAGEMENT APPROACH

Following is a summary of the approach for this project:

- ISMS will be used as the vehicle for corrective action implementation.
- Multi-contractor teams will be used to develop specific actions. The Hanford Atomic Metal Trade Council (HAMTC) will be represented on the teams to the greatest extent practicable.
- Leadership of the teams will be shared by FDH and the MSCs.
- Team activities will be integrated at the project level. Team leads will meet regularly with the Project Director to integrate and discuss issues.
- Performance measures will be developed to measure progress on QIP corrective actions and to measure improvement as related to the three Fundamental Quality Weaknesses.
• A Situation Room will be maintained to display current status, house project documentation, and facilitate status reviews.

• Validation assessments will be performed throughout the project to ensure corrective actions are or will be effective.

4.3 ASSUMPTIONS AND CONSTRAINTS

It is assumed that funding will be available for the project office and contracted support for the functional teams. It is assumed that personnel supporting the functional teams will be available through completion of team activities.

Completion of scheduled activities will be constrained by the baseline change process and dependent upon both PHMC and DOE approval of necessary baseline changes. Scheduled activities will also be constrained by the procedure revision process and any resultant baseline impacts.

4.4 COMMUNICATION PLAN

Project status and issues primarily will be communicated through monthly status reports and status briefings in accordance with the Quality Communication Plan. As changes to policies, procedures or practices are made, a variety of employee communication messages and vehicles will be used, including all employee messages, staff meetings, and training sessions. The Hanford Reach will be used to communicate significant actions and progress.

MSC points of contact will provide communication to their respective organizations on status and project activities.
5.0 WORK BREAKDOWN STRUCTURE DICTIONARY

5.1 QUALITY IMPROVEMENT PROJECT

1.01 Fundamental Quality Weakness One (FQW1) – Senior Leadership Engagement

This section includes tasks defined to demonstrate FDH ownership and visible involvement in the Quality Program. Five specific quality issues are addressed within Fundamental Quality Weakness One:

- Communication of Quality Expectations and Requirements
- Documented Quality Policy and Vision Statement
- Management and Staff Accountability for Quality Improvement
- Management Ownership of Quality Program Performance
- Quality Ethic

Specific work functions include defining the mission, vision, and management values; rolling out the program to achieve a step change in the quality ethic; and managing to ensure that the quality ethic is adopted at the worker level. These functions are addressed with tasks identified that support a solution framework, based on three elements: (1) defining the leadership vision for Quality Improvement; (2) providing an incentive for the MSCs to make forward progress on Quality improvement using that vision; and (3) defining how the Quality improvement effort is both integrated and complementary with implementation of the sitewide ISMS.

1.01.01 Mission, Vision, Values, and Expectations

Includes tasks to communicate FDH’s mission, vision, values, and expectations for Quality at Project Hanford.

1.01.02 Process to Achieve a Step Change in Quality Ethic

Includes tasks to define the measurement criteria and management process to achieve a step change in the Project Hanford quality ethic.

1.01.03 Management of the Quality ethic to the Worker Level

Includes tasks to manage the building of a Quality ethic to the work level.
1.02 Fundamental Quality Weakness Two – Complexity and Simplification

This section includes tasks identified to delineate requirements and describe organization roles, responsibilities, processes, and interfaces for the PHMC team's contracting and technical environment.

1.02.01 Operations

This section includes tasks identified to improve the Quality of Conduct of Operations (CONOPS) in the PHMC. The improvement of good CONOPS principles is applicable to organizations and line functions. Actions include:

- Establish FDH expectations and criteria for ensuring procedure compliance is maintained, including the consequences of noncompliance
- Establish PHMC CONOPS indicators to measure and trend procedure compliance improvement.

1.02.02 Engineering and Design

Engineering and Design actions have been identified to achieve the following objectives:

- Develop minimum PHMC Engineering requirements and associated performance objective criteria and Standards/Requirements Identification Document (S/RID) engineer template.
- Map Engineering procedures to balance of HNF procedures.
- Simplify the drawing control system and replace non-year 2000 (Y2K) compliant information system.
- Develop PHMC drawing metrics to report key drawing parameters to assure compliance to requirements.
- Create a plan for metrics to measure compliance to Engineering procedures.

The Engineering and Design section includes the plan of tasks that, when complete, will achieve the following results:

- Engineering procedures are aligned internally and with other FDH-level procedures and directives.
- Existing databases have been combined.
• System is Y2K compliant.

• Essential drawings will be under the jurisdiction of a Design Authority.

• Engineering Change Notices on essential drawings are current

1.02.03 Training

This section includes tasks identified to provide quality-related training, and to resolve training related discrepancies identified by the Facilities Evaluation Board (FEB).

1.02.04 Maintenance

This section includes tasks identified to implement achievable and measurable improvements that effect the quality of work processes and practices in Maintenance programs at Hanford. The objective is to develop and institute quality improvements to PHMC facilities. The tasks reflect the primary approach used for quality improvement in Maintenance programs, which include championing "worker involvement," applying best industry practices, and introducing a "graded approach" to work processes based on risk and complexity.

1.02.05 Nuclear Safety

This section is reserved for key initiatives relative to Nuclear Safety.

1.02.06 Occupational Safety and Health

This section includes tasks identified to address three specific areas:

• Line and functional management leadership through accountability and communication of expectations.

• Hazard identification, analysis, control and communication during work planning.

• Flow of contract requirements to lower tiered subcontractors.

The Occupational Safety and Health section includes the plan of tasks, that when complete, will achieve the following results:

• PHMC management and staff are trained and understand management expectations for Safety and Health accountability.
PHMC management and workforce have been trained on ISMS Guiding Principles and Core Functions, and the Automated Job Hazard Analysis tool is installed in PHMC projects work planning processes.

The flow of ESH&Q requirements to lower tiered subcontractors is defined.

1.02.07 Environmental

This section includes tasks identified to address the following specific actions:

- Integration of environmental requirements into the enhanced work planning process.
- Development and issuance of a PHMC environmental priority to drive consistent quality environmental performance within contractor organizations.

The Environmental section identifies actions and related tasks that, when complete, will achieve the following results:

- Work packages consistently reflect integration of environmental requirements into work processes.
- Environmental requirements and management's role in integrating environmental requirements with other work processes have been effectively communicated.
- Managers and staff demonstrate a stronger commitment to environmental compliance.
- Ownership in environmental compliance and performance is improved.

1.02.08 Radiological Protection

This section is reserved for key initiatives relative to Radiological Protection.

1.02.09 Emergency Preparedness

This section is reserved for key initiatives relative to Emergency Preparedness.
1.02.10 Quality Assurance

This section includes tasks identified to address the following objectives:

- Roles, responsibilities, and interfaces for Quality programs are clearly defined within the PHMC and with DOE.
- PHMC procedures are clearly defined and mapped to requirements drivers.
- MSC procedures are clearly defined and mapped to requirements drivers.
- Procurements and Projects correctly indicate Quality requirements for acquisitions as appropriate in a graded approach.
- Line management and QA staff knowledge level is increased and reflects in Quality Excellence performance.
- Quality requirements are included in hazard analysis and incorporated into procurement and work documents.
- PHMC employees, at all levels of the organization from top management to individual workers, recognize and embrace their responsibilities for Quality.
- Strict procedure compliance is understood and demonstrated as a core value and behavior.

The Quality Assurance section includes the plan of tasks that, when complete, will achieve the following results:

- Comments of reviewers of the *Project Hanford Quality Assurance Program Description (HNF-MP-599)* and supporting documents are understood and quickly resolved.
- FEB issues and management assessment findings of misapplication/misunderstanding of procedures and findings of procurement quality deficiencies are significantly reduced.
- Programmatic and implementation deficiencies noted in assessments are significantly reduced; client appraisal of performance level is raised.
- Quality requirements into procurement and work documents are strengthened.
• Performance indicators and client evaluation of PHMC performance reflecting positive improvement are published.

• FEB scores on management assessment findings of procedure noncompliance are improved.

1.02.11 Procedures

This section includes tasks identified to address the following objectives:

• Clarify and simplify PHMC QA procedures.

• Clarify Quality Program roles, responsibilities, and organizational interfaces.

The Procedures section includes the plan of tasks that, when complete, will achieve the following results:

• Action items to close the Chew report, Hanford EDP Audit report, and Critical Self-Assessment are complete.

• Validation and monitoring of program links are complete.

• FDH Site System Engineering will provide a critical independent review of FEB reports on management systems reviews.

• Volumes I and II of the Management and Integration Plan are published.

• The HNF-PRO procedure is published on the PHMS Web site.

• A Management System Electronic Library is in place.

1.02.12 Performance Indicators

This section includes the task to ensure that performance indicators exist for corrective actions identified within the QI Project. The objective of performance indicators is to use tools, such as control charts, run charts, and Pareto analysis, to measure process performance, analyze data, and provide feedback for making management decisions.

When this task is complete, each action plan within the scope of the QI Project will have either a performance indicator(s) defined or the plan of tasks included within the QI Project schedule for defining the performance indicator(s).
1.02.13 Procurement/ Acquisitions

This section includes tasks identified to address the following objectives:

- Ensure the Evaluated Supplier List (ESL) is accurate and a process exists to maintain.

- Ensure that policies and procedures are properly flowed down to the MSCs and lower tier subcontractors.

The Procurement/Acquisitions section includes the plan of tasks that, when complete, will achieve the following results:

- ESL vendor process is implemented.

- Procedures reflect requirements applicable to MSCs and lower tier subcontractors.

1.02.14 Requirements Management

This section includes tasks identified to provide a single, clear, uniform process for the identification and flow-down of requirements within the PHMC team.

1.02.15 Management Systems

This section includes tasks identified to support the objective to clarify the Quality Program management systems, responsibilities, and organizational interfaces.

The Management Systems section includes the plan of tasks that, when complete, will achieve the following results:

- Performance Objects and Review Criteria (PO&Cs) cover the full scope of management systems.

- PO&Cs provide a graded depth of review commensurate with the importance of the management system attribute.

- PO&Cs reflect commercial best practices.

- An HNF-PRO document is written, approved, and published.
• The PHMS "keyperson" document becomes the configured identity for management approval authorizations.

• Organizational charts and management assignments are communicated in a disciplined fashion.

• Web site is established.

• Web site is linked to references within the PHMS.

1.02.16 Configuration Management

The Configuration Management (CM) section includes the plan of tasks that, when complete, will achieve the following results:

• A CM improvement plan is completed.

• Project reviews are completed against the CM requirements and the Project's individual Configuration Management Implementation Plans—resulting report is delivered to DOE-RL.

• Number of unassigned essential drawings is reduced to less than 1% of total assigned essential drawings.

• Number of essential drawings with temporary Engineering Change Notices (ECNs) (greater than 180 days since installation or approved extension) is reduced to less than 10% of the total current number of drawings effected by temporary ECNs.

• Number of essential drawings with ECNs, that have not been incorporated within 30 days, is reduced to 5% or less of the total number of essential drawings.

• ECNs on essential drawings are incorporated and the master equipment list is established.

• Changes identified as an outcome of the gap analysis performed by the Spent Nuclear Fuel (SNF) project on their newly released CM Plan will be implemented.

• Improvements based on the outcome of the CM program assessment conducted by Waste Management will be analyzed and implemented if appropriate.
1.02.17 ISMS

This section includes tasks identified to adopt ISMS as the management framework for the Quality Program at Hanford.

1.03 Fundamental Quality Weakness Three – Feedback and Improvement

Includes tasks to address weaknesses in the PHMC corrective action management system (CAMs) and feedback and improvement processes.

1.03.01 Corrective Action Management System

This section includes tasks identified to address the following activities:

• Take immediate actions to establish an infrastructure for implementing CAM Requirements throughout the PHMC.

• Review CAM Requirements to correct existing gaps in the current system.

• Provide clear specifications for the minimum requirements of a Deficiency Tracking System (DTS).

The CAM section includes the activities that, when complete, will achieve the following results:

• A system which allows management to plan, budget, and monitor activities to correct deficiencies based on risk.

• Clearly defined roles and responsibilities for implementing corrective action management requirements.

• A Corrective Action Management process with critical elements and minimum standards of consistency defined.

• A corrective action management system integrated with a Feedback and Improvement System that implements ISMS expectations.

• A corrective action management system that defines and drives the requirements for a deficiency tracking system.
1.03.02  **Deficiency Tracking (Project Execution Plan)**

This includes tasks required to upgrade DTS to support a functional CAMs.

The scope focuses on implementing priority DTS upgrades, that will result in software program modifications that support the CAMs.

1.03.03  **Lessons Learned Program**

This section includes tasks identified to begin developing a culture within the PHMC Team where employees routinely:

- Consult previous lessons learned while planning significant activities, jobs, and projects.
- Document and archive lessons learned after completing significant activities, jobs, and projects.

The Lessons Learned Program section includes the plan of tasks that, when complete, will achieve the following results:

- The present system is easier to use.
- Users understand the value of lessons learned to them, the Site, and the DOE Complex.

1.03.04  **Management Review and Assessment**

This section addresses the following areas:

- The identification of the “critical few” indicators and reporting systems that focus management attention and corrective actions on the issues that are most urgent and important.
- The performance of senior management reviews of assessment results.
- The effectiveness of existing processes and procedures by which we conduct management and independent assessments.
The Management Review and Assessment section includes the plan of tasks that, when complete, will achieve the following results:

- The total number of critical issues is reduced and the time required to close them is shorter.
- Assessment results indicate improved performance.

1.03.05 Clarification of Feedback and Improvement Process

This section includes key actions identified to improve feedback and improvement corrective action systems.

1.04 Projects

Major projects have developed QIPs. This section includes key integration tasks that are being executed within the Project QIPs.

1.04.01 Spent Nuclear Fuel

This section includes key actions identified to continue to improve the quality, safety, compliance and performance of design, construction, and operations activities within SNF. The actions required to correct the deficiencies noted in the EH-10 letter to FDH, dated August 20, 1998, are managed separately.

1.04.02 Tank Waste Remediation System

This section includes key actions identified to continue to improve the quality, safety, compliance, and performance of design, construction, and operations activities within Tank Waste Remediation System.
1.04.03 Waste Management

This section includes key continuing and future improvement initiatives to improve the quality, safety, compliance, and performance of the Waste Management operation. Specific areas that have already recognized significant improvement include:

- Consolidation and Standardization of Maintenance Management to address differences in quality and control of maintenance activities at numerous WMH operated facilities.
- Consolidation and Standardization of numerous other central support functions including Training, Management Assessment Support, CAM and trend analysis, Price Anderson Amendments Act (PAAA) screening and trending, S/RID development and improvement, Safety Analysis and improvement, Engineering, Fire Protection analysis, Integrated Safety Management support to line management, readiness assessment support, and procedure development.

Future quality initiatives will focus on the standardization of records management, requirements management, environmental compliance, and quality assurance.

1.04.04 Infrastructure

This section is reserved for key initiatives relative to Infrastructure.

1.04.05 Facility Stabilization

This section is reserved for key initiatives relative to Facility Stabilization.

1.05 Initiatives

This section includes tasks identified to execute specific focused initiatives, including closure assessment and verification; PAAA; S/RIDS; RCIP; and FEB.

1.05.01 Closure Assessment and Verification

This section includes the tasks required to assess and verify the status and documentation completeness of deficiencies.
1.05.01.01 DOE Letter (July 13, 1998)

This section includes the tasks required to assess and verify the status and progress of deficiencies as identified in a letter from DOE-RL, dated July 13, 1998. Upon completion of these tasks, all 49 issues will be either closed or on track with their corrective action plans.

1.05.01.02 Risk Rank “5” Deficiencies

This section includes the tasks required to assess and verify the closure of risk rank “5” deficiencies.

1.05.01.03 Facility Evaluation Board Issues

This section is reserved for key initiatives relative to FEB.

1.05.01.04 EH-22 Issues

This section is reserved for key initiatives relative to EH-22 Issues.

1.05.01.05 Independent Assessments

This section is reserved for key initiatives relative to Independent Assessments.

1.05.01.06 HPT/RCT Hold Point Investigation Report

Complete actions from Hold Point Investigation.

1.05.02 PAAA

This section is reserved for key initiatives relative to PAAA.

1.05.03 S/RIDS

This section is reserved for key initiatives relative to S/RIDS.
1.05.04 RCIP
This section is reserved for key initiatives relative to RCIP.

1.05.05 FEB
This section is reserved for key initiatives relative to FEB.

1.06 Contractor Initiatives That Transfer Industry Best Practices to Hanford

This section includes initiatives that identify corporate best practices that may be applied by Project Hanford contractors, and the transfer of those practices to Hanford. Section 1.06 through 1.06.07 is reserved for key initiatives regarding transfer of best practices.

1.06.01 LMHC
This section includes initiatives and related tasks that LMHC has identified to transfer corporate best practices to Hanford.

1.06.02 DYN
This section includes initiatives and related tasks that DYN has identified to transfer corporate best practices to Hanford.

1.06.03 LMHC
This section includes initiatives and related tasks that WMHC has identified to transfer corporate best practices to Hanford.

1.06.04 NHC
This section includes initiatives and related tasks that NHC has identified to transfer corporate best practices to Hanford.

1.06.05 B&W, Hanford
This section includes initiatives and related tasks that Babcock and Wilcox, Hanford has identified to transfer corporate best practices to Hanford.
1.06.06  FDH

This section includes initiatives and related tasks that FDH has identified to transfer corporate best practices to Hanford.

1.06.07  DESH

This section includes initiatives and related tasks that DESH has identified to transfer corporate best practices to Hanford.

1.07  Silos of Quality Excellence (Transfer of Knowledge and Lessons Learned)

This section includes activities that incorporate and institutionalize throughout Project Hanford the lessons learned and knowledge bases that have been experienced within smaller centers of excellence. This section is reserved for key initiatives relative to lessons learned.

1.08  Corrective Action Plans

This section addresses the task of developing functional corrective action plans.

1.09  Project Management

This section includes tasks required to manage and control the execution of the QI Project and report the progress.

1.09.01  Project Planning and Controls

This section includes tasks required to plan and control the execution of the QI Project. The scope of this section includes project planning, developing and maintaining schedules, staffing, addressing issues, and controlling project execution.
1.09.02 Project Reporting

This section includes tasks required to provide consistent project reporting. Tasks include conducting weekly status reviews and provide monthly status reports to management and stakeholders.

The FDH QI Project Corrective Action Plan Schedule is included as an attachment to the PHMC Quality Improvement Plan Implementation. The schedule provides:

- Activity identification numbers
- Responsible team lead
- Activity description
- Original and remaining durations
- Forecast start and finish dates.
6.0 DOCUMENTATION, FEEDBACK, AND CLOSURE

6.1 REPORTS AND BRIEFINGS

Monthly status reports will be prepared and transmitted to the FDH Executive Management Team, MSC Presidents, and DOE-RL. These reports will be structured similar to the Monthly Project performance reports and will include a summary of accomplishments and issues, schedule status, and cost performance, and pending challenges and opportunities.

Monthly status briefings will be given to the FDH Executive Management Team and the DOE-RL Site Management Board. These briefings will cover schedule performance (including accomplishments), discussion of issues, and actions required at the senior management level.

Frequent briefings will be provided by the QI Project Director to the FDH President, Executive Vice President, and Vice President ESH&Q.

6.2 MEETINGS, MINUTES, ISSUES, AND ACTIONS

Meetings will be agenda-driven. Minutes will be documented for QI Project team meetings, senior management meetings and briefings, and for DOE-RL meetings and briefings. Agreements, commitments, actions, and issues will be recorded and tracked by the QI Project staff.

Actions from meetings, briefings and other sources will be assigned and tracked by the QI Project staff.

A formal issues list will be maintained and posted in the Situation Room. Once an issue is closed, it will be documented in the project files. A file will be maintained for each QIP corrective action activity.

6.3 CHANGE PROCESS

6.3.1 QI Project Resource and Schedule Changes

Changes to the QI Project schedule will be processed through the Project Director for approval. Changes impacting QIP Actions as outlined in the PHMC QIP Implementation ("QIP Actions") will be processed as a baseline change (see below). Other changes that do not impact QIP Actions will be processed using the attached form and approved by the QI Project Director.

Changes to the QI Project cost will be processed in accordance with the Baseline changes as noted below and be approved by the QI Project Director and the FDH President.
6.3.2 Baseline Changes

Proposed changes that impact project or indirect baselines (technical, schedule, cost or funds) will be documented and approved in accordance with HNF-PRO-533, "Change Control", which outlines thresholds for approval of changes at various levels within the PHMC and DOE-RL.

Proposed Baseline Change Requests (BCR) will be reviewed and prioritized by the QI Project Director to assure that priorities are consistent with other QI Project activities.

FDH and MSC personnel authoring the baseline change requests will assure that the proposed changes are fully staffed within the PHMC and with the appropriate DOE-RL counterparts prior to processing the BCR.

6.3.3 Policy and Procedure Changes

Changes to policies and procedures will be processed in accordance with HNF-PRO-589, "Processing Project Hanford Procedures," and Management Directive 31-02, Temporary Additions to the Procedure Publication Process." The policy and procedure revision process includes system engineering review of all proposed changes and MSC review and assessment of impacts.

The Team Lead responsible for the policy/procedure revision will ensure that proposed changes are fully staffed with MSC points of contact prior to processing the revised policy/procedure for approval.

The Project Director will prioritize QI Project related policy and procedure changes and provide that information to Systems Engineering to assure that appropriate priorities are assigned during the review process.

6.3.4 Action Closure Process

Each QIP Action will be closed formally within the PHMC as outlined in this section. Each responsible Team Lead is responsible for preparation of the documentation package for formal transmittal to the QI Project Director.
A closure package will consist of the following:

- Transmittal letter summarizing the actions taken to close a specific Quality Improvement Action.

- Copies of or reference to related documentation (e.g., revised procedures, training lesson plans, results of verification assessments that have been conducted, formal letters) that substantiate closure of the action.

6.4 PROCESS AND REQUIREMENTS FOR PROJECT COMPLETION FILES

Documentation for all Quality Improvement Actions will be transmitted to the QI Project Director for acceptance and maintenance in project completion files. Required documentation includes proof of completion such as revised policies/procedures, training records, letters, memorandums of understanding, reports/assessments, and independent verification reports. The Functional Leads are responsible for assuring that the required documentation is provided upon completion of the corrective action.

The project documentation files also will include record copies of status reports, briefings, meeting minutes, baseline change requests, and the project plan/schedule.

Project documentation will be assessed to determine required record retention time.
### Quality Improvement Project

#### Project Schedule/Action Plan Change Request

<table>
<thead>
<tr>
<th>Schedule Line Number, or “New”</th>
<th>Requested change(s) (baseline start or finish date, add line, delete line, change wording, etc.)</th>
<th>Logic (predecessor &amp; successor line #, FF, FS and lag)</th>
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Do the changes affect completion of EH-10 Commitments or other schedule lines?  

Yes [ ] No [ ]

Affected Schedule Items: ____________________________________________

Justification: _____________________________________________________

Requestor: __________________________  Print/sign name: __________  Date: __________

Affected Team Lead(s): ___________________________________________

QIP Project Director: __________________________  Signature: __________  Date: __________

[ ] Accept  [ ] Deny

Schedule change incorporated.

__________________________________________  Name/Date

Completed form to be filed in Project File.