

YUCCA MOUNTAIN PROJECT



June 2002

Prepared by: Russell Riding and Marco Lee



U.S. Department of
Energy
Office of Civilian
Radioactive
Waste Management

DM5507

**Yucca Mountain Project
Monthly Performance Indicators Report
June 2002
Executive Summary**

Safety

The Site Stand-down continues as a result of the 3/26/02 near miss electrical incident. A project team was appointed to conduct a root cause analysis of the incident, which identified the following causes: 1) Failure to follow procedures; 2) Lack of accountability, enforcement of standards, policies and administrative controls; 3) Communications failures; and 4) Organizational weaknesses.

Implementation of root cause analysis recommendations has begun with the following actions: 1) Realignment of the site management team, including establishment of new management positions in operations and maintenance; 2) Restarting physical work incrementally as work orders are rewritten and approved by management; 3) Establishing an ad hoc committee to oversee the revision of existing procedures and the development of new ones; and 4) Increasing the independent oversight of work activities by using quality control personnel as well as safety and health personnel. A recovery plan is being developed (due August 2002) to coordinate changes to site procedures, operations and management. Additional information may be found under 'Projects Root Cause Analysis Reports' under 'Accessing Documents and Data' on the BSC Intranet. (Page 4)

Quality

The number of new DRs generated from increased QA surveillance/inspection activity is greater than their rate of closure resulting in a steady rise in the number of open deficiencies. These numbers do not include Quality Observations.

The number of nonconforming conditions identified during the site stand down continues to outpace the incremental restart of physical work to correct them leading to a steady increase in the number of open NCRs. (page 7)

Measures

Open Condition/Issue Identification and Reporting/Resolution System (CIRS) items are on a six-month upward trend, increasing 45% since January 2002. The site stand down is a major contributor to the increasing backlog. New CIRS items likewise are on an increasing trend, up 150% since January 2002. Reasons for this month's increase include: 1) Standards and Requirements Identification Database (SRID) CIRS items due to a YMSCO/BSC joint review of BSC's property management system, 2) Self Assessment CIRS items, and 3) ES&H Compliance Surveillance CIRS items. (page 11)

Monthly Performance Indicators Table of Contents

I. Bechtel SAIC Company, LLC (BSC)

IA. Safety Indicators

IB. Quality Indicators

IC. BSC Measures

II. DOE Measures (section highlights DOE activities)

Performance Legend (for goal charts only):

Colored boxes are located at the bottom right hand corner of goal charts and in the notepages to denote current performance levels using the following criteria (unless other specific criteria is listed on the chart page):

Green = Satisfactory (i.e., on target or exceeds goal; within expected standard deviation)

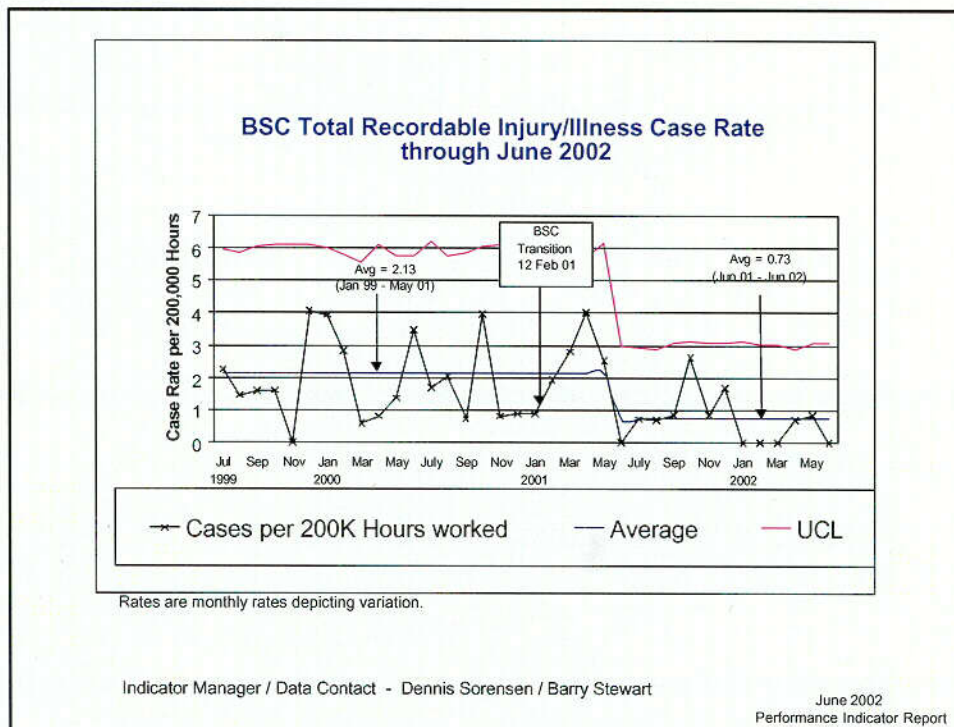
Yellow = Needs Improvement (i.e., may be on target but negative trend exists; in danger of missing target; improvement needed)

Red = Unsatisfactory (i.e., does not meet target goal; major deficiencies)

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Notes:

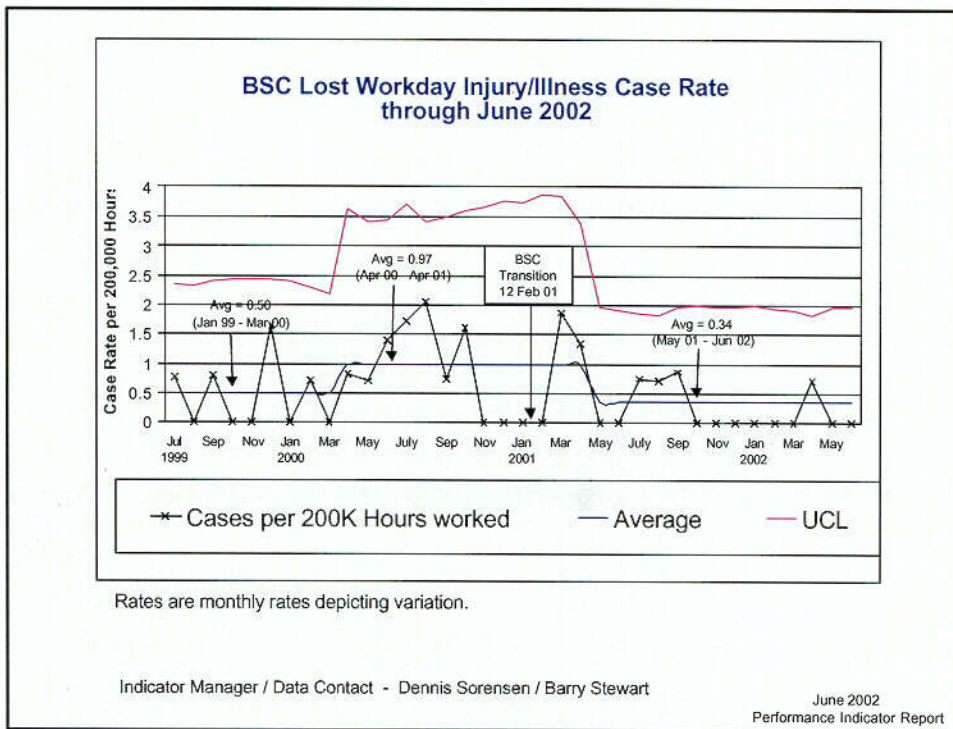
- Average Age trendlines have been added to the 'CIRS by Priority' chart (page 12).
- OCRWM Concerns Program indicators will not be included until further notice.



SUMMARY OF CURRENT MONTH'S PERFORMANCE GREEN

- May = 0.00 TRCR - GREEN, 0.00 LWDCR - GREEN
- Recordable cases include occupational injuries, illnesses, loss of consciousness, restriction of work motion, days away from work, transfer to another job, medical treatment beyond first aid.
- Lost Workday Cases include cases with days away from work, or days of restricted work activity, or both.
- Cases are OSHA Total Recordable Cases or Lost Workday Cases. UCL = Upper Control Limit (3 Sigma standard deviation). Mean (Average) is recalculated when trend warrants. Dates represent the period of time for the specific average shown. Chart data points indicate the end of the month displayed.
- **The trend analysis definitions provided below should be used for determining condition flags - green, yellow or red.**
 - Chart **Black** Line = Case Rate (Cases per 200,000 Hours).
 - Chart **Blue** Line = Case Rate Average (Mean).
 - Chart **Magenta** Line = Three Sigma (Three Standard Deviation) Control Limit.
 - Control Charts detect data trends. The following are data trends definitions:
 - Individual data points above the (magenta) control limit
 - Seven data points in a row all above or below the (blue) average
 - Seven data points in a row all increasing or decreasing
 - Ten out of eleven data points in a row all above or below the (blue) average
 - Cycles or other non-random data patterns

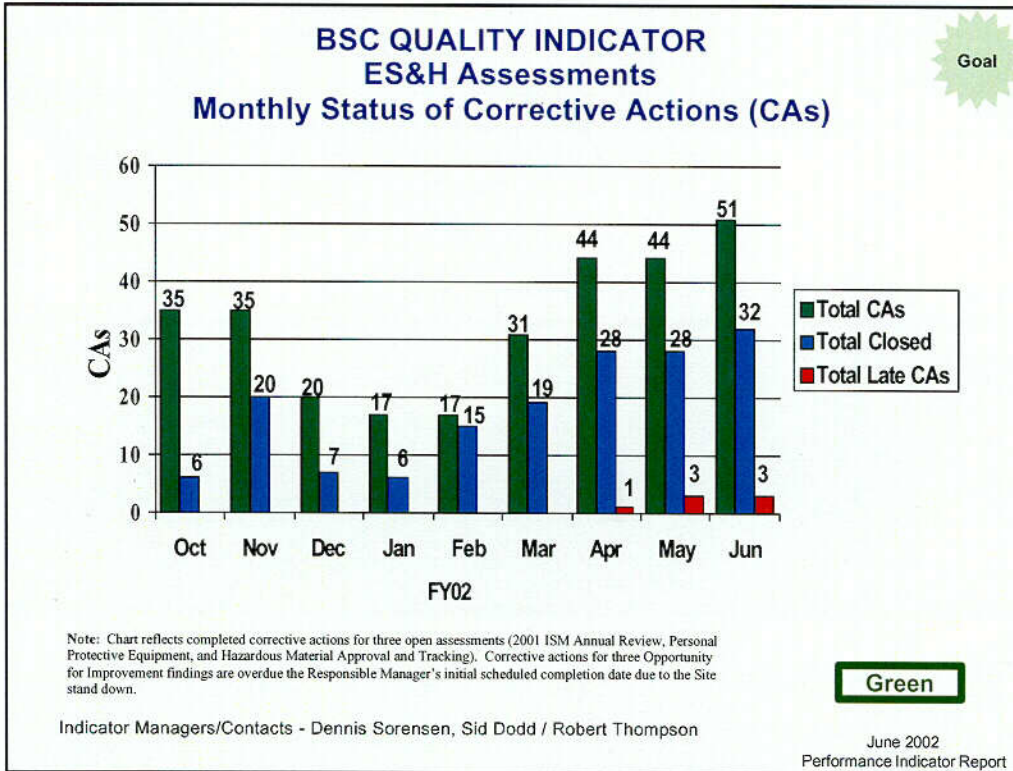
(Discussion continued on next chart)



SUMMARY OF CURRENT MONTH'S PERFORMANCE (Cont.) GREEN

- No recordable cases in June.

CO2



Goal/Performance Criteria

- Green** Assigned when no more than 10 percent of assessment corrective actions are **late** (past the Responsible Manager's [RM] scheduled completion date)
- Yellow** Assigned when over 10 percent of assessment corrective actions are **late** and no significant impacts or work stoppage result from the findings/actions.
- Red** Assigned for any **late** corrective action where a regulatory noncompliance condition was determined to pose a potential **significant** risk to public health, safety, and the environment.

Note: CAs and scheduled completion dates are provided by the RMs for each finding and identified in the Assessment Report.

SUMMARY OF CURRENT MONTH'S PERFORMANCE

Overall Performance **GREEN**

TRENDS

A small up trend in overdue CAs is due to higher priority Site stand down corrective actions being taken by Area 25 staff.

CORRECTIVE ACTIONS

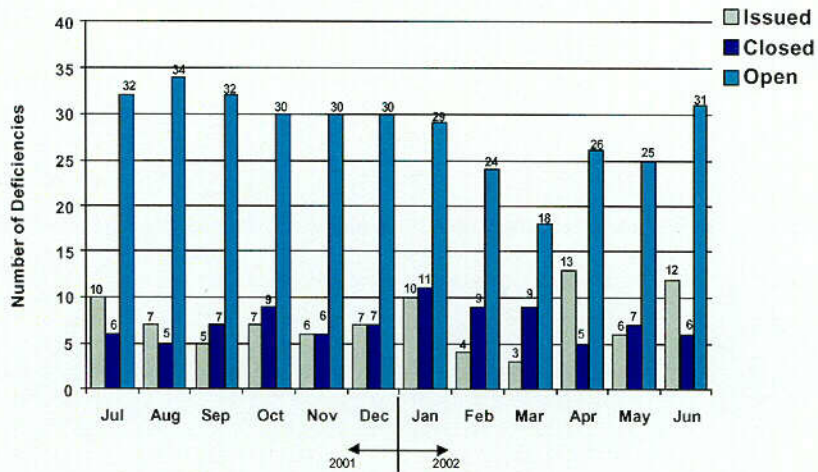
RMs assign appropriate priority to meeting their scheduled/approved CA completion dates.

All CAs are entered into CIRS.

Progress on late CAs is tracked by the Lead Assessor.

BSC QUALITY INDICATOR

Open BSC Quality Deficiencies (DRs/CARs Monthly Activity)



NOTE: Vendor deficiencies excluded; includes 3 CARs
Indicator Manager / Data Contact - Don Krishna / Matt Crawford

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

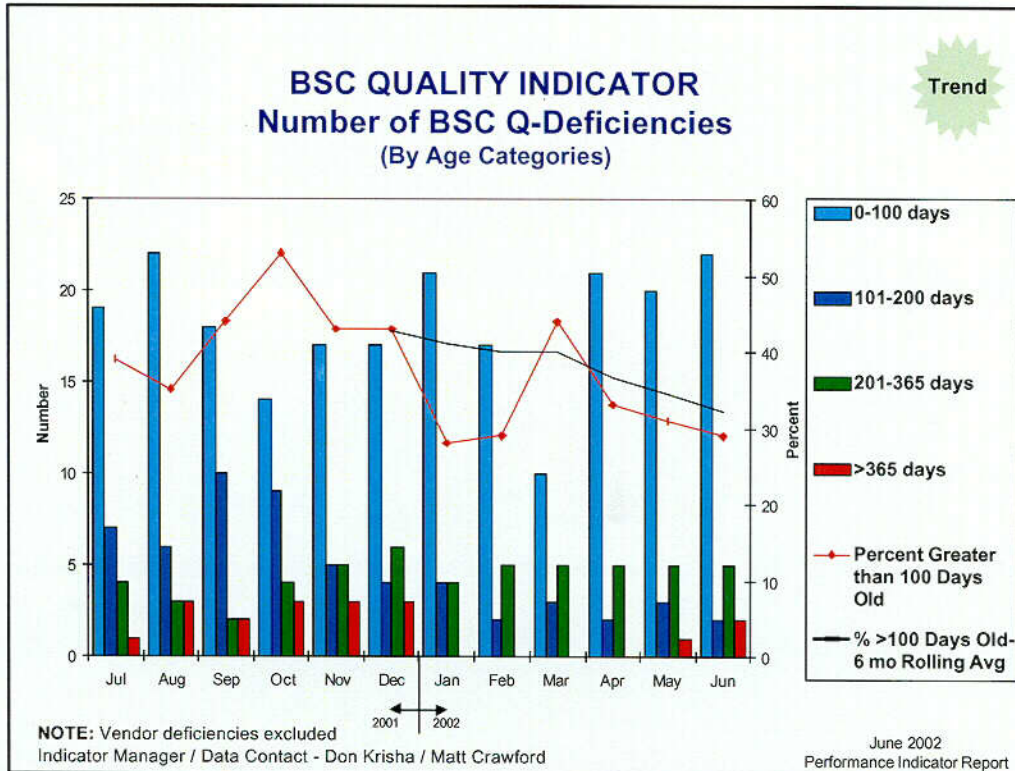
Issued 12
Closed 6
Total open 31

Of the 6 DRs closed:

- 0 DRs were open 365 days or greater
- 1 DRs were open >100 days
- 5 DRs were open <100 days

TRENDS

The number of deficiencies issued during June increased from six to twelve and the number of deficiencies closed decreased from seven to six. The total number of deficiencies issued is moving upward due to increased findings resulting from the newly implemented QA surveillance activity.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

Aging (BSC only)

BSC = 29% (9 of 31) of the open deficiencies exceed 100 days old.

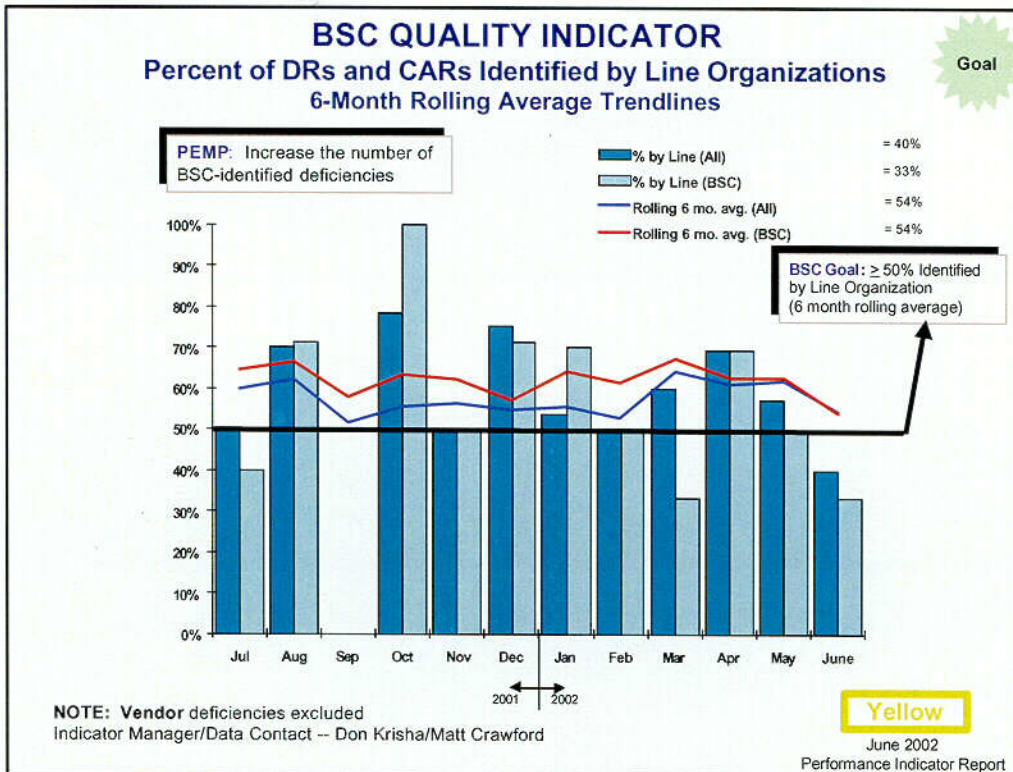
<u>Organization</u>	<u>BSC DRs¹</u>	<u>>100²</u>	<u>>200²</u>	<u>>365²</u>
Projects	22		3	2
HR & Training	2		2	
Procurement	1			
Site	4	2		
CIO	2			
Totals	31	2	5	2

TRENDS

The rolling average depicting the percent of deficiencies open greater than 100 days continues on a downward trend. This downward trend is due to the higher levels of new DRs resulting from increased self-assessment and surveillance activity. The percent of deficiencies open greater than 100 days decreased from 36% to 29% in June. The number of deficiencies open greater than 200 days increased from 6 to 7 and the number open less than 200 days increased from 19 to 24.

¹BSC only, does not include Vendor deficiencies

²Days



SUMMARY OF CURRENT MONTH'S PERFORMANCE

- 4 of 12 (33%) BSC deficiencies issued in June were identified by BSC line personnel.
- Rolling 6-month average:
 - Deficiencies initiated by OQA and BSC audits/surveillances
 - Jan '02 = 3 of 10 (30%)
 - Feb '02 = 2 of 4 (50%)
 - Mar '02 = 2 of 3 (67%)
 - Apr '02 = 4 of 13 (31%)
 - May '02 = 3 of 6 (50%)
 - June '02 = 8 of 12 (67%)

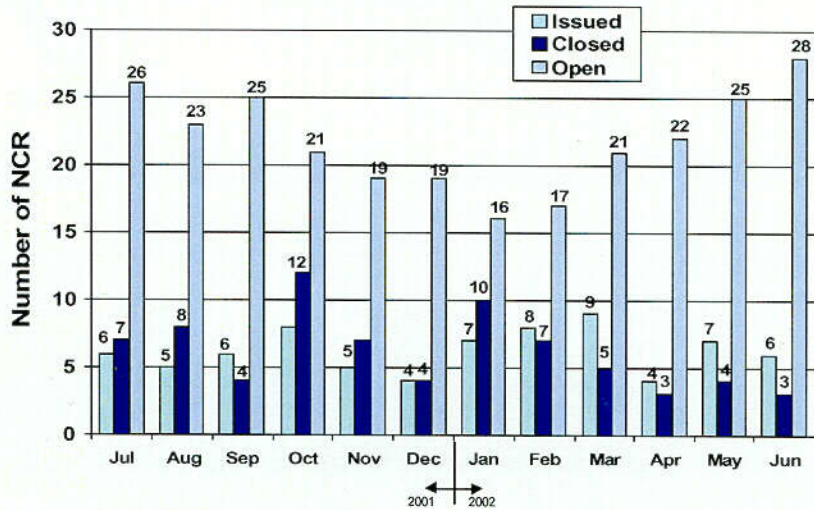
TRENDS

The rolling six-month average of deficiencies identified by the line organization was 54% and has remained above the goal for 14 months. However, the percentage of line identified deficiencies dropped from 50% to 33% from May to June due to the additional QA identified deficiencies resulting from the new surveillance activity.

CORRECTIVE ACTION

The need to self-identify deficiencies has been documented in Self Assessments (i.e. SA-OLRC-2002-005), entered into the Condition/Issue Identification & Reporting/Resolution System (CIRS) (i.e. Item 2418) and BSC Senior Management has requested all levels of management to continuously reinforce the importance of self identifying issues.

BSC QUALITY INDICATOR Open Nonconformance Reports (NCRs) (Monthly Activity)



Indicator Manager / Data Contact - Don Krishna / Matt Crawford

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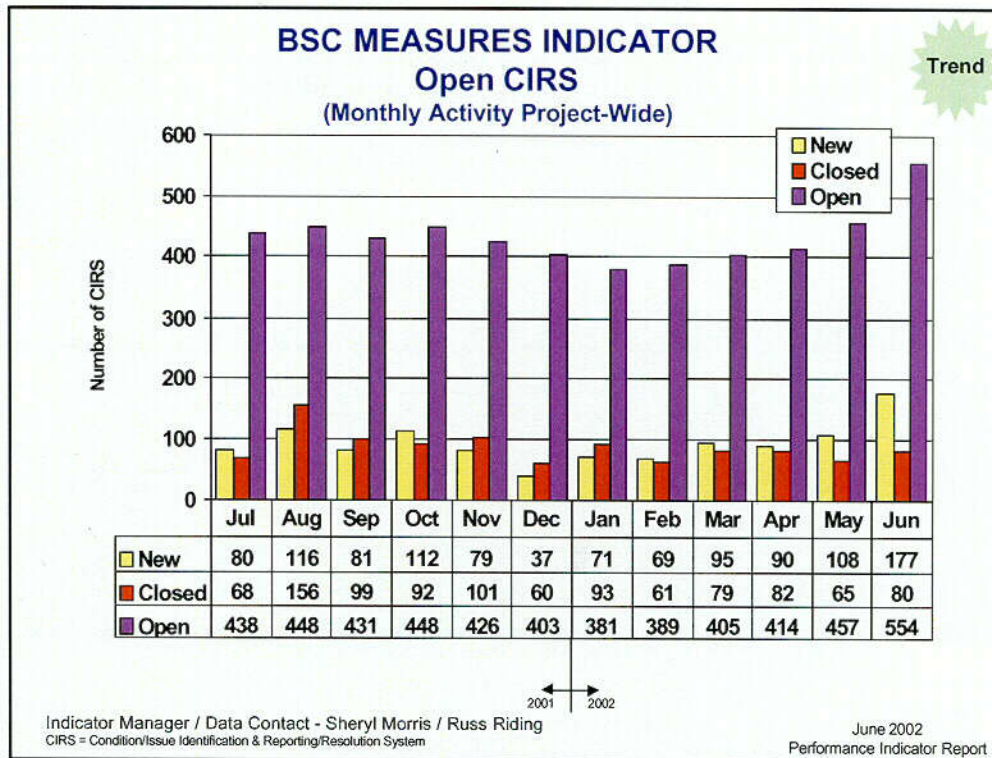
SUMMARY OF CURRENT MONTH'S PERFORMANCE

Issued	Closed	Open
6	3	28

TRENDS

The number of open NCRs continues on an upward trend as a result of the evaluations of site systems by Site Engineering and the limited amount of construction work allowed at the site.

C07



SUMMARY OF CURRENT MONTH'S PERFORMANCE

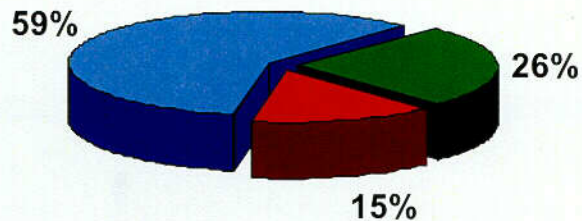
The following tables provide a comparison between BSC CIRS activities and Project CIRS activities. This analysis indicates that BSC CIRS activities are consistent with Project CIRS activities.

Open CIRS by category (BSC Only)

CIRS Type	Issued	Closed	Totals
OIs	101	67	301
NCs	58	10	132
ATs	0	0	76
Trends	0	0	0
Totals	159	77	509

Percent of CIRS by Type (BSC Only)

■ OIs ■ NCs ■ ATs



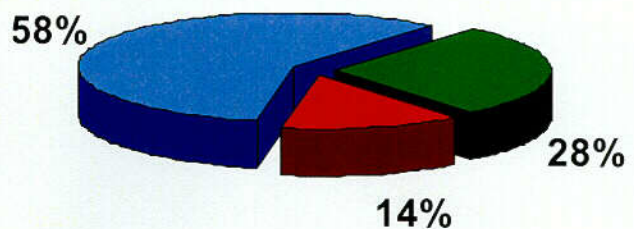
The pie charts show that the percentage of each CIRS type for BSC is consistent with project wide initiation of these same items.

Open CIRS items by category (Project)

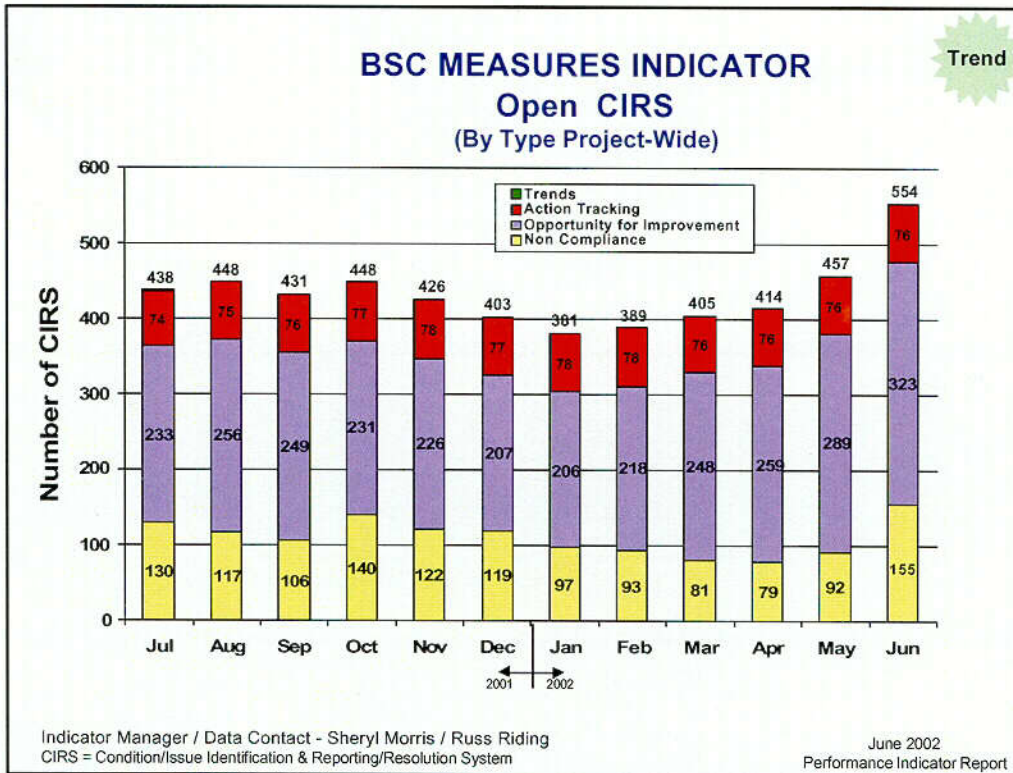
CIRS Type	Issued	Closed	Totals
OIs	104	70	323
NCs	73	10	155
ATs	0	0	76
Trends	0	0	0
Totals	177	80	554

Percent of CIRS by Type (Project)

■ OIs ■ NCs ■ ATs



(Summary continued on next page)



(Summary continued from previous page)

The percentage of BSC CIRS activity compared to Project total is 92%.

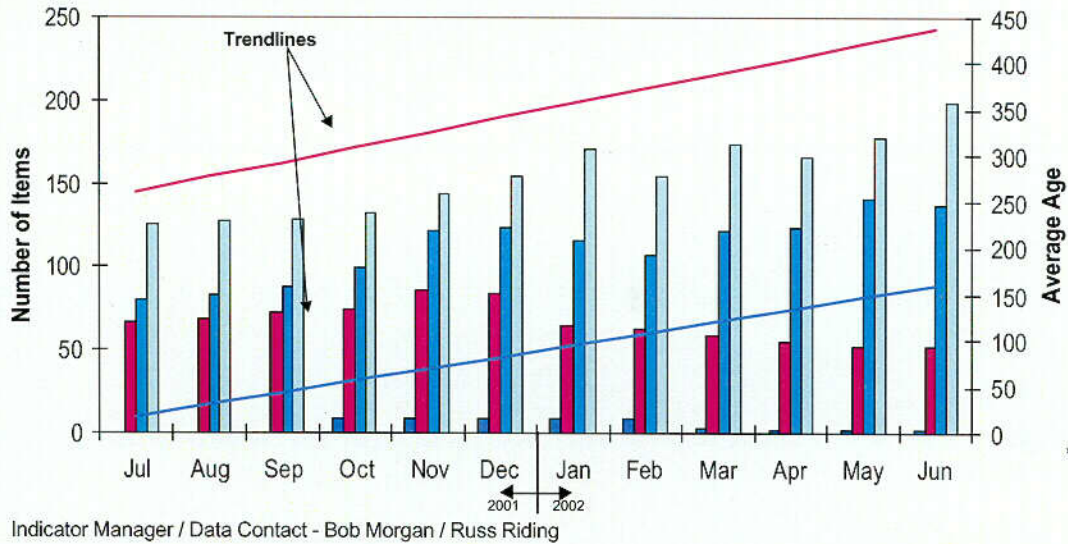
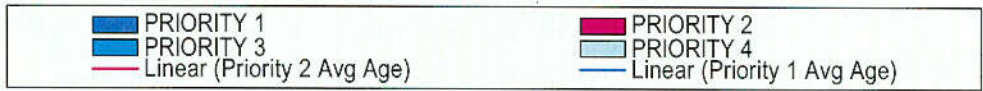
TRENDS

The percent of BSC open CIRS items is consistent with the project percentages as indicated by the tables and pie charts on the previous pages.

The number of total open Project CIRS items increased by 97 from 457 to 554 (21%). The number of Opportunities for Improvement (OIs) increased from 289 to 323 (12%) and the number of Noncompliances (NCs) increased from 92 to 155 (68%). The number of Action Tracking remained constant at 76.

Open CIRS are on a six month increasing trend, increasing 45% since January 2002. This month's total is higher than any month going back to December of 2000.

BSC Measures Indicator Open CIRS (By Priority and Age for the Project)



Priority 1) Significant Conditions Adverse to Quality, Operability or Safety
 Priority 2) Conditions Adverse to Quality or Safety
 Priority 3) Low Impact Items
 Priority 4) Potential Improvements

Note: Not all CIRS items are prioritized.

SUMMARY OF CURRENT MONTH'S PERFORMANCE

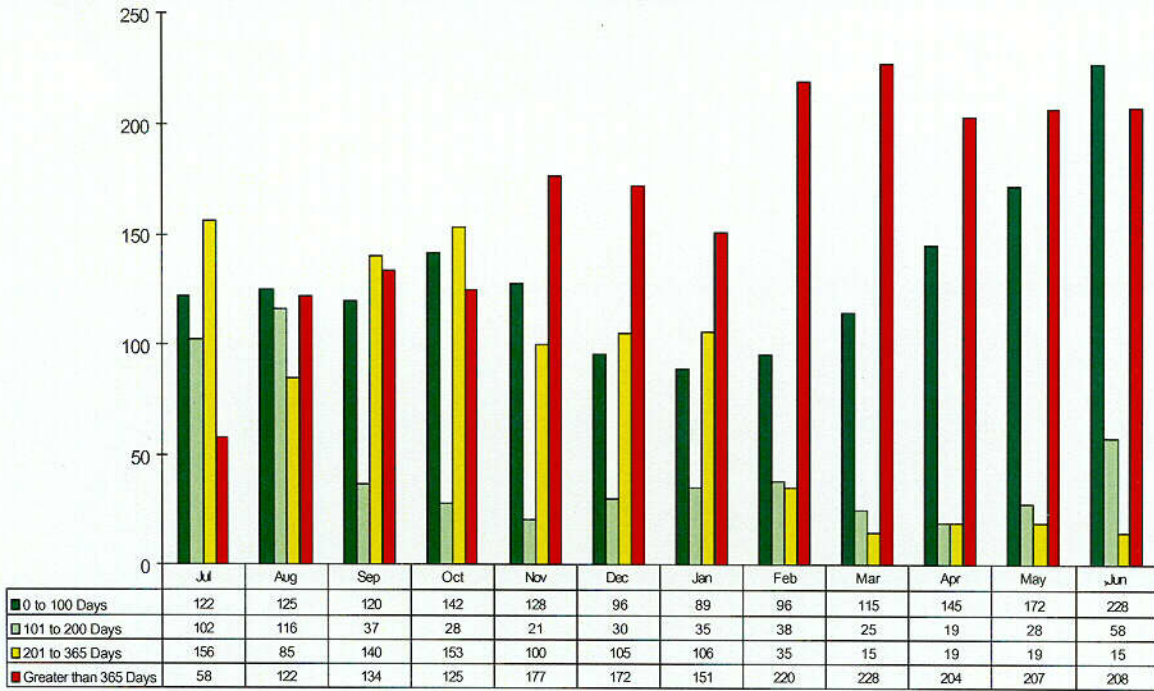
The number of Priority 1 and Priority 2 items remained constant in June. The number of Priority 3 items decreased 3% going from 141 to 137. The number of Priority 4 items increased 12% going from 178 to 199.

The average age of Priority 1 items increased 12% going from 132 to 162 days. The average age of Priority 2 items increased 19% going from 439 to 458 days.

TRENDS

The average age of Priority 1 and Priority 2 items is on an increasing trend. The average age of Priority 1 items is increasing less dramatically than the average age of Priority 2 items.

**BSC Measures Indicator - Open CIRS
(By Age Category - BSC Only)**



Indicator Manager / Data Contact - Sheryl Morris / Russ Riding
CIRS = Condition/Issue Identification & Reporting/Resolution System

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

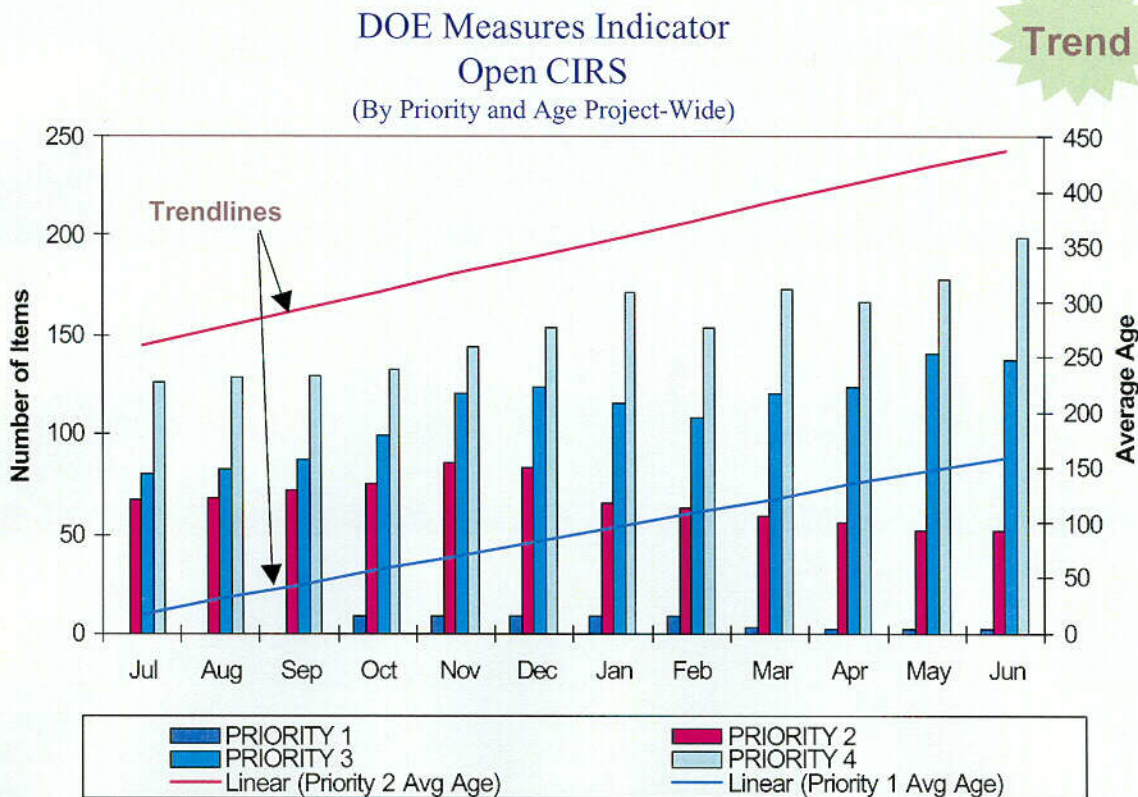
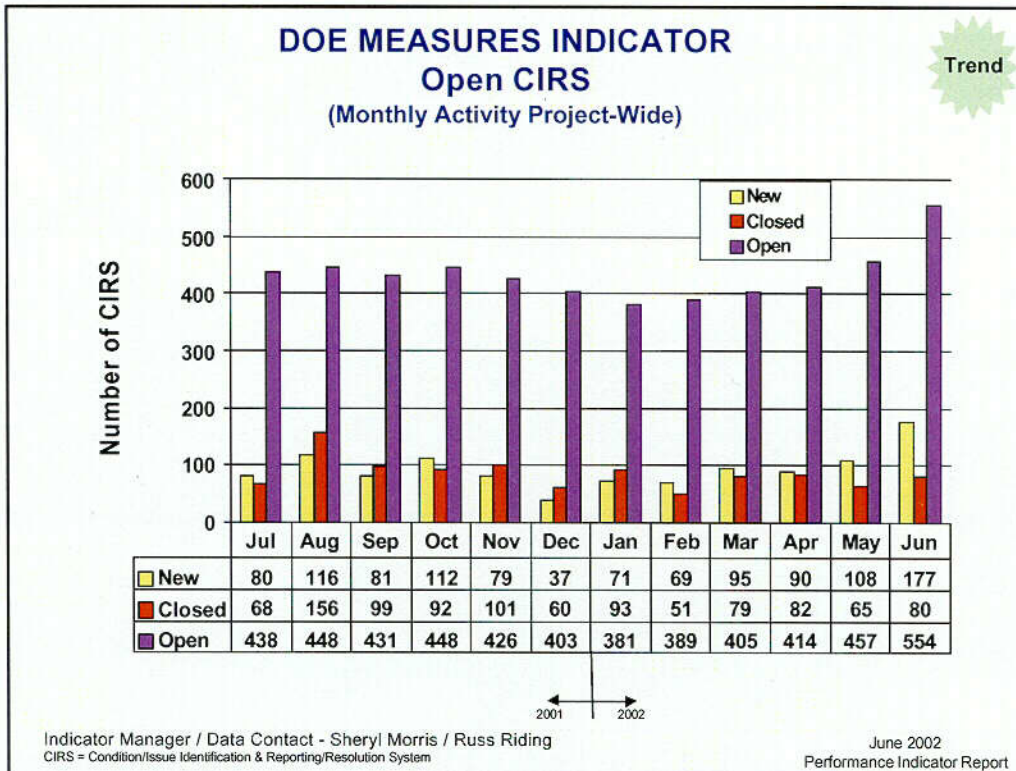
Open CIRS in the 0-100 days category increased from 172 to 228 representing a 33% increase. Open CIRS in the 101-200 days category more than doubled going from 28 to 58.

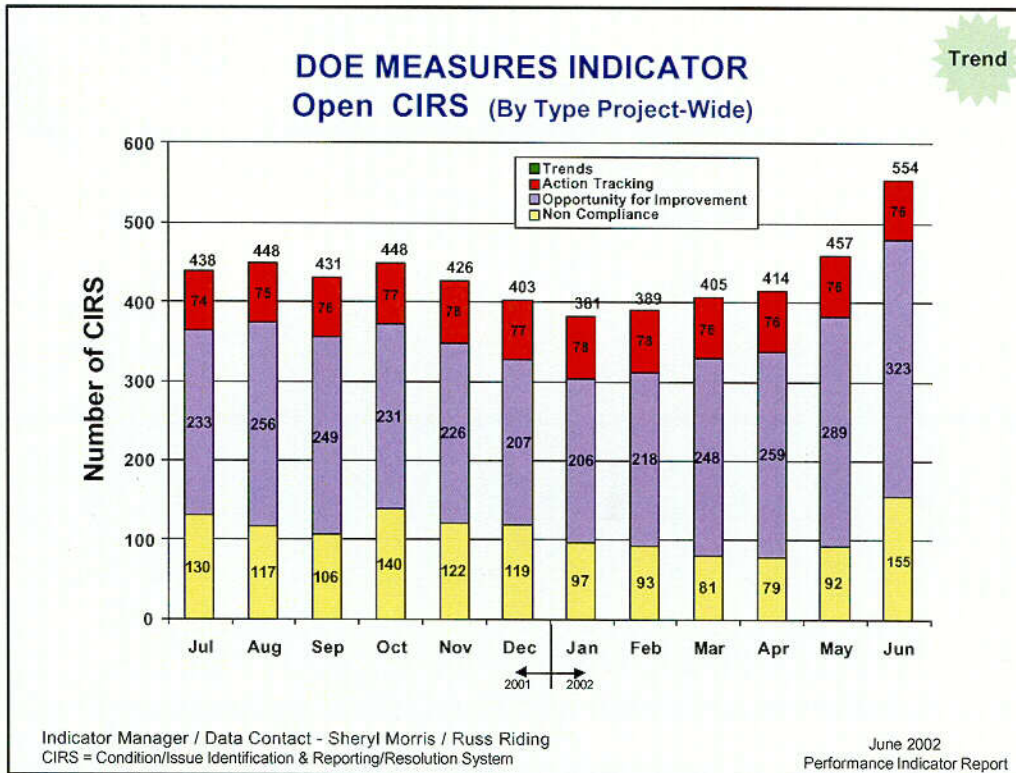
TRENDS

The chart below provides a breakdown of the current months OIs and NCs by age. By the end of June, the following CIRS items (OIs and NCs) will migrate to the specified age boundary.

- 18 will move to the 101 to 200 days age category
- 7 will move to the 201 to 365 days age category
- 2 will move to greater than 365 days age category

Age	OIs	NCs	ATs	Total
0-100 Days	136	91	1	228
101-200 Days	48	8	2	58
201-365 Days	6	7	2	15
>365	111	26	71	208
Total	301	132	76	509





SUMMARY OF CURRENT MONTH'S PERFORMANCE

- Open CIRS Noncompliances (NCs = non-Q deficiencies) increased from 92 to 155.
- Open CIRS Opportunities for Improvement (OIs) increased from 289 to 323.
- Open CIRS Action Tracking (AT) remained constant at 76.

Project CIRS Items by Age Category

Age	OIs	NCs	ATs	Total
0-100 Days	148	107	1	256
101-200 Days	55	10	2	67
201-365 Days	8	8	2	18
>365	112	30	71	213
Total	323	155	76	554

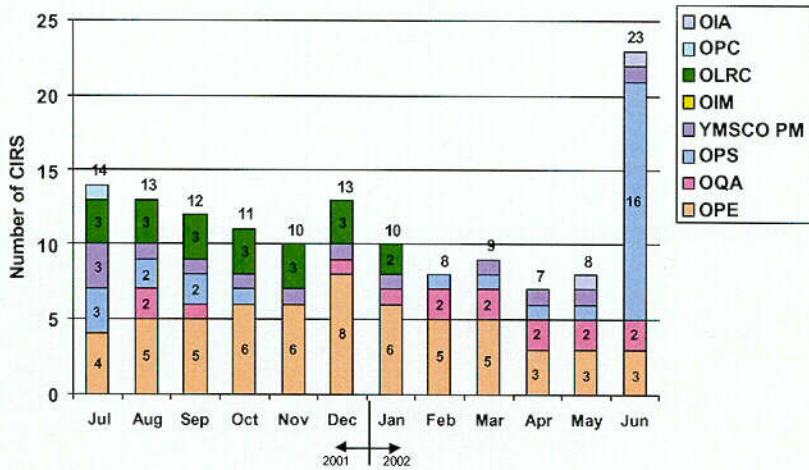
TRENDS

The number of CIRS open items have increased 45% since January 2002.

CORRECTIVE ACTIONS

No corrective actions required at this time.

DOE MEASURES INDICATOR Open CIRS - Non Compliances (NCs) (By DOE Responsible Organization)



Indicator Manager / Data Contact - Sheryl Morris / Russ Riding
CIRS = Condition/Issue Identification & Reporting/Resolution System

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

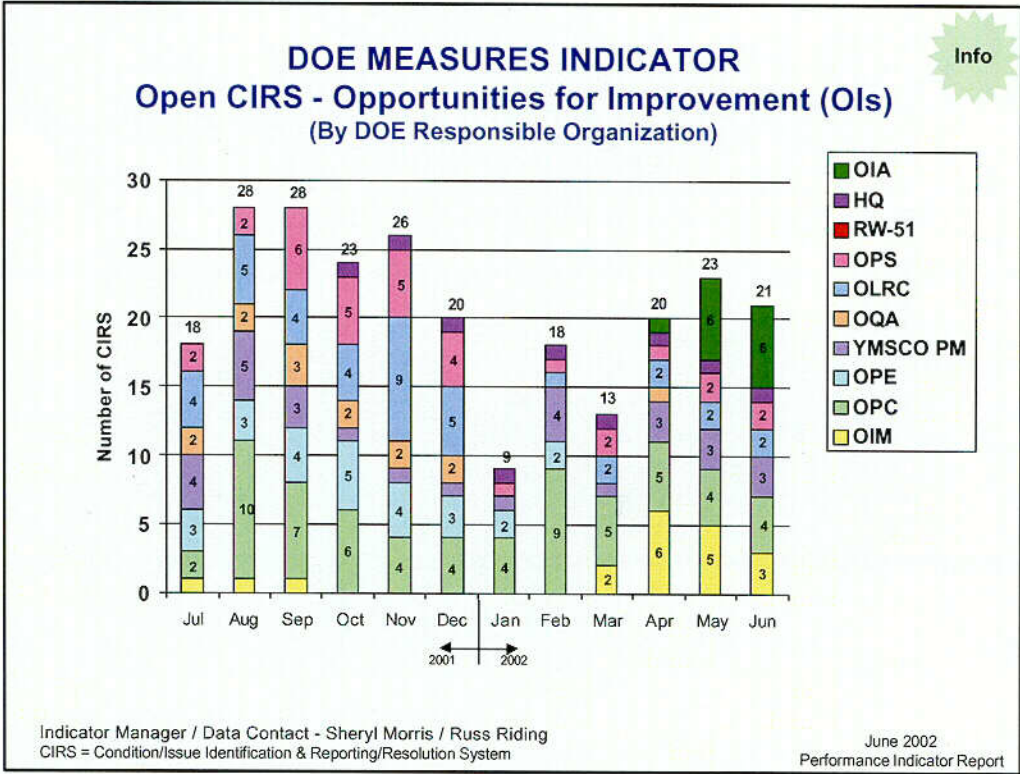
Open DOE CIRS Noncompliances (NCs = non-Q deficiencies) have increased from 8 to 23 (188%).

TRENDS

There was a sharp jump in the number of NCs assigned to the Office of Project Support (OPS). The reason for this is Standards and Requirements Identification (SRID) CIRS items input due to a YMSCO/BSC joint review of BSC's property management system.

CORRECTIVE ACTIONS

No corrective action required at this time.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

Open DOE CIRS Opportunities for Improvement (OIs) decreased from 23 to 21.

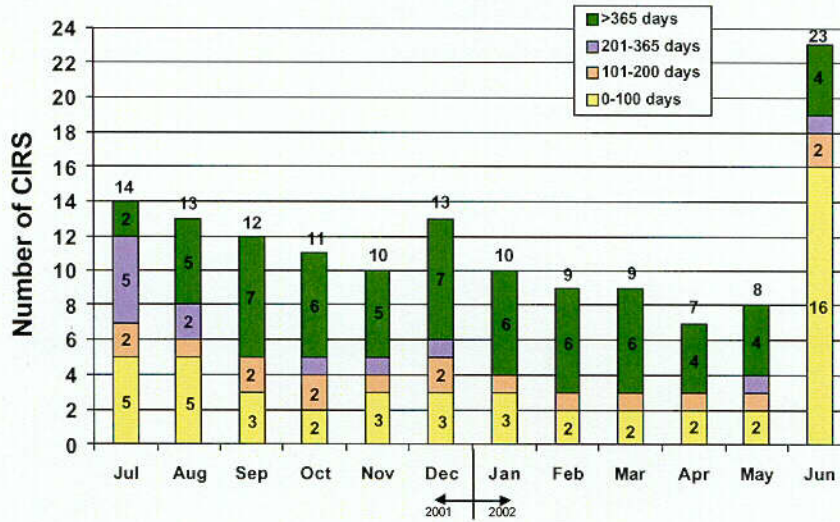
TRENDS

The Office of Institutional Affairs and Office of Project Controls have the majority of OIs.

CORRECTIVE ACTIONS

No corrective actions required at this time.

DOE MEASURES INDICATOR
Open DOE CIRS - Non Compliances (NCs)
 (By Age Categories)



Indicator Manager / Data Contact - Sheryl Morris / Russ Riding
 CIRS = Condition/Issue Identification & Reporting/Resolution System

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

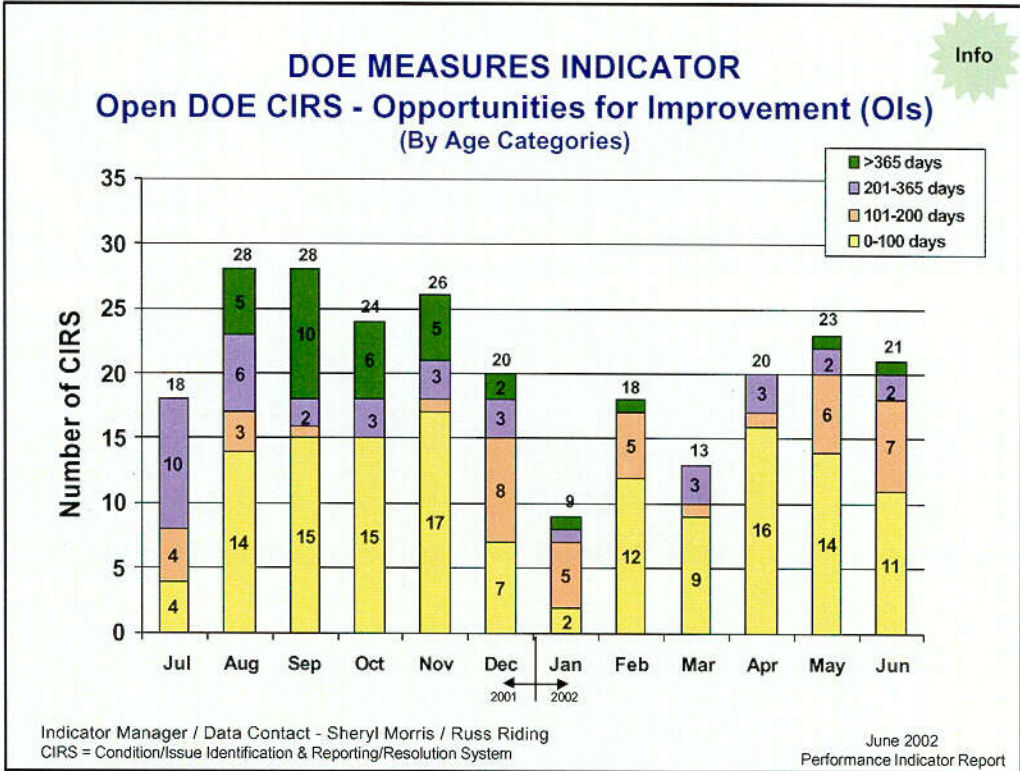
Number of DOE CIRS Noncompliances (NCs = non-Q deficiencies) greater than 100 days old increased from 6 to 7.

TRENDS

NCs in the 0-100 days category jumped from 2 to 16. The reason for this is Standards and Requirements Identification (SRID) CIRS items input due to a YMSCO/BSC joint review of BSC's property management system.

CORRECTIVE ACTIONS

No corrective actions required at this time.



SUMMARY OF CURRENT MONTHS PERFORMANCE

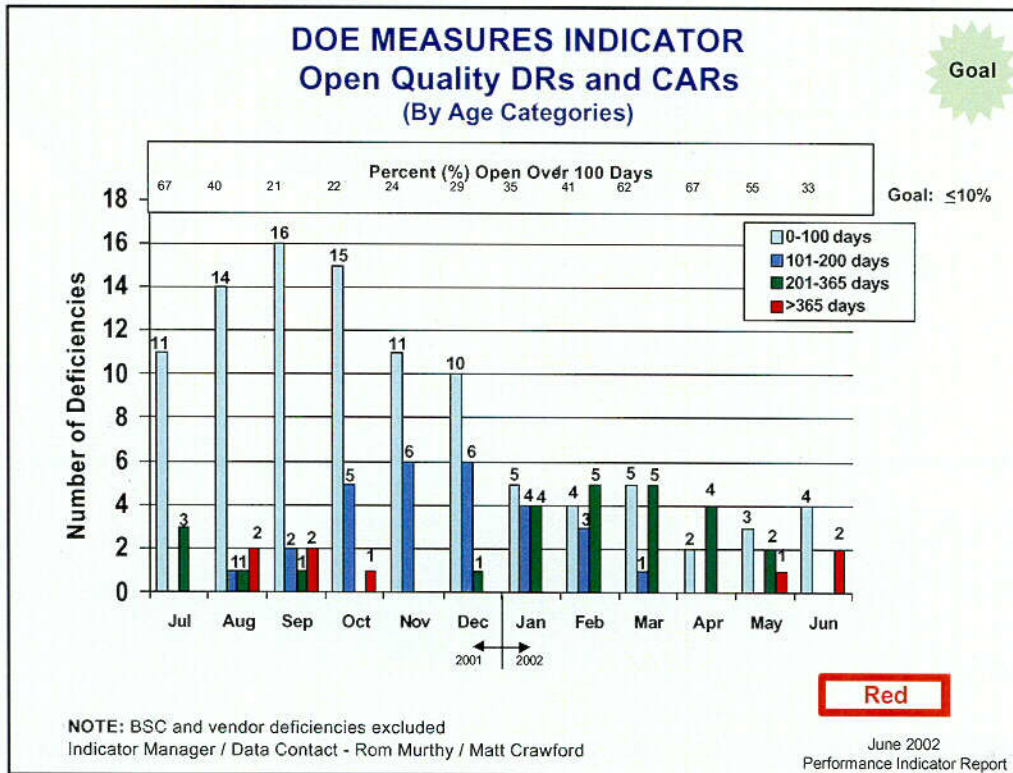
The number of DOE CIRS Opportunities for Improvement (OIs) greater than 100 days old increased from 4 to 9.

TRENDS

One OI migrated beyond the 365 day age boundary.

CORRECTIVE ACTIONS

No corrective actions identified at this time.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

Non-BSC Goal = ≤ 10% of Open Deficiencies over 100 days old

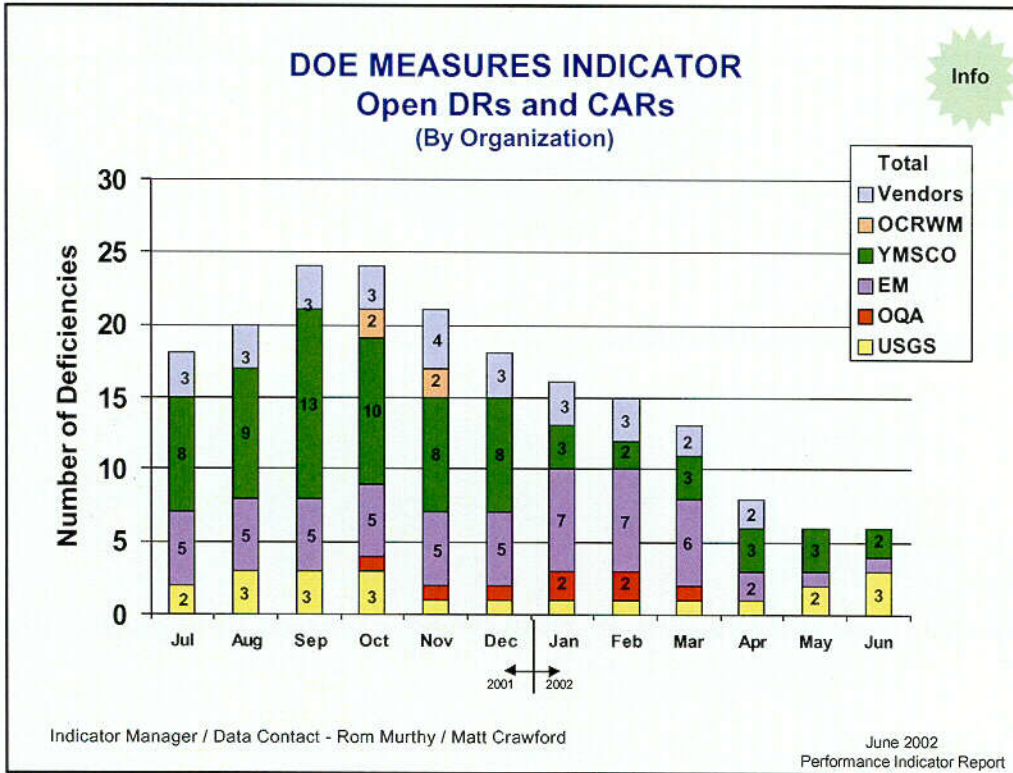
2 of 6 (33%) DRs over 100 days old

TRENDS

The average age of open deficiencies has steadily decreased over the as the number has trended downward over the last 9 months and stabilized at six. Four of the remaining six are less than 100days old, while two are over one year old.

CORRECTIVE ACTIONS

No corrective action identified at this time.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

The total open DOE DRs remains at 6.

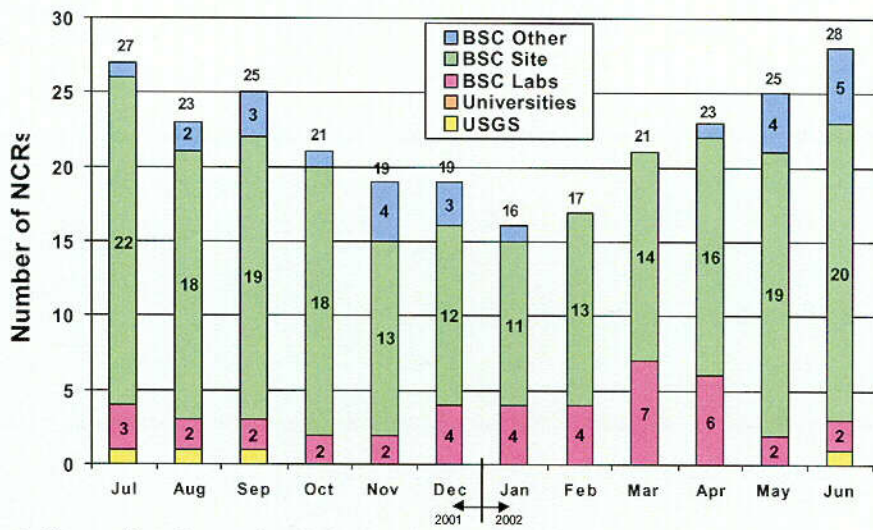
TRENDS

The total open DOE DRs continues on a downward trend. During June the USGS deficiencies decreased from three to two, while YMSCO increased by one and EM remained at one.

CORRECTIVE ACTIONS

None.

DOE MEASURES INDICATOR
Open Nonconformance Reports (NCRs)
 (By Organization)



Indicator Manager / Data Contact - Rom Murthy / Matt Crawford

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

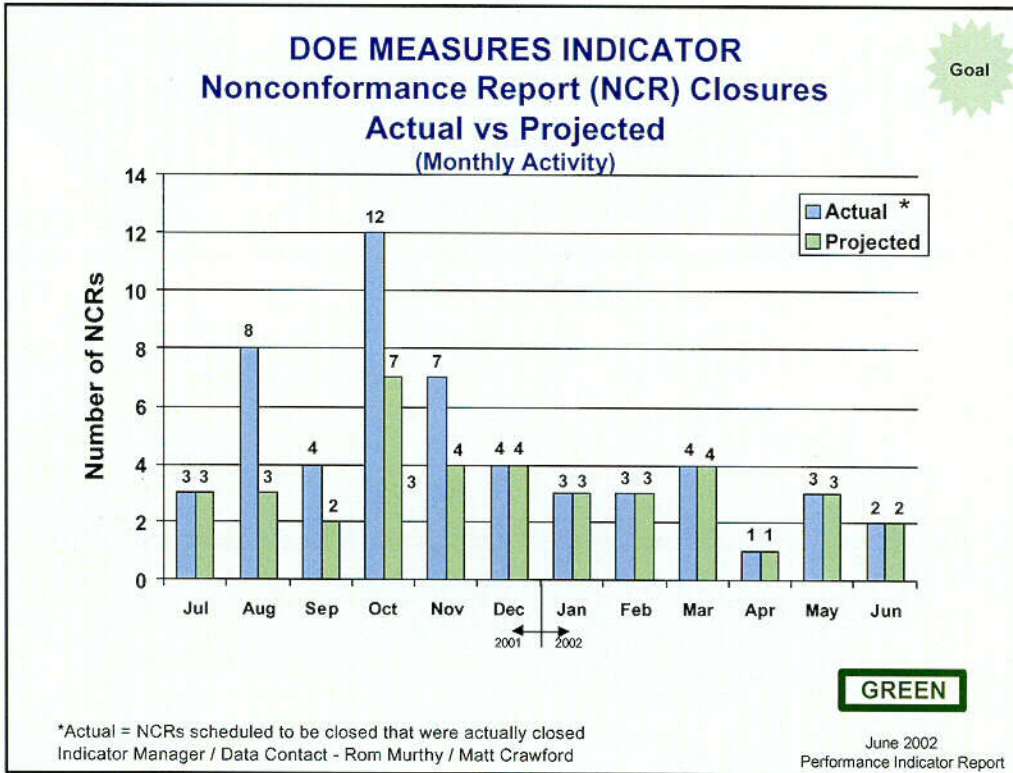
The number of open NCRs increased from 25 to 28.

TREND

The number of open NCRs increased by three during June. The number of open NCRs in the "Other" category and at the Site increased by one while the number at the labs remained at 2.

CORRECTIVE ACTIONS

None required at this time.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

Two NCRs that were scheduled to be closed were closed..

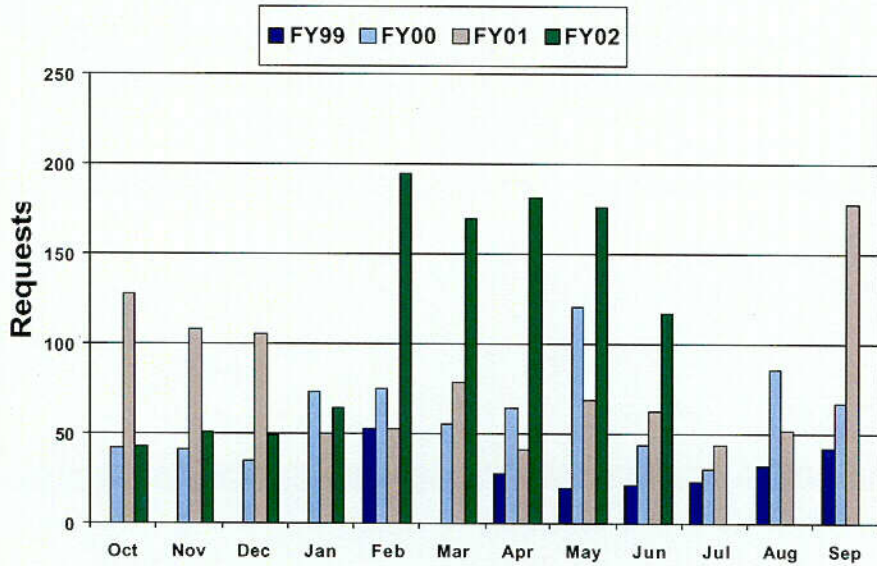
TRENDS

Steady trend

CORRECTIVE ACTIONS

None required

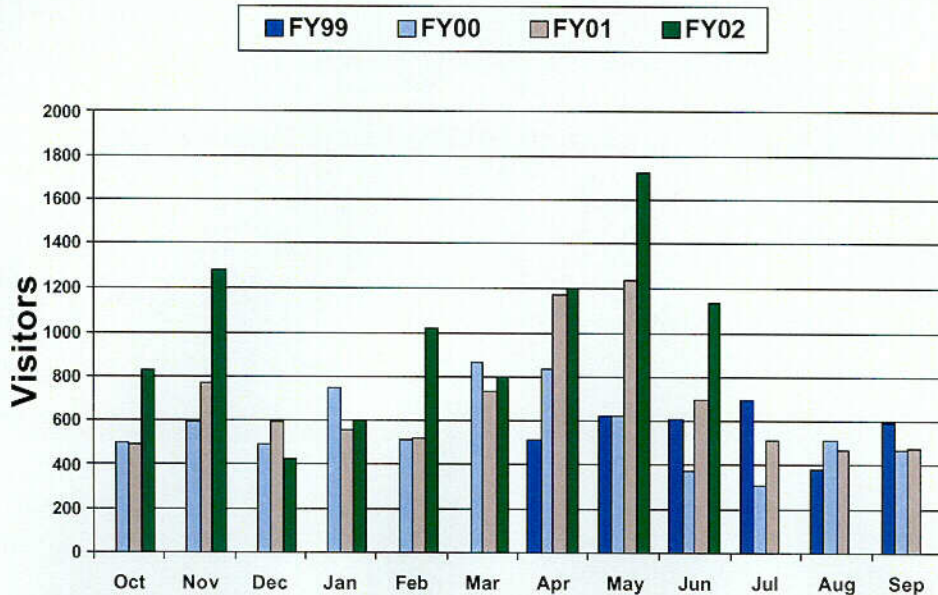
DOE MEASURES INDICATOR Institutional Affairs - YMP Correspondence



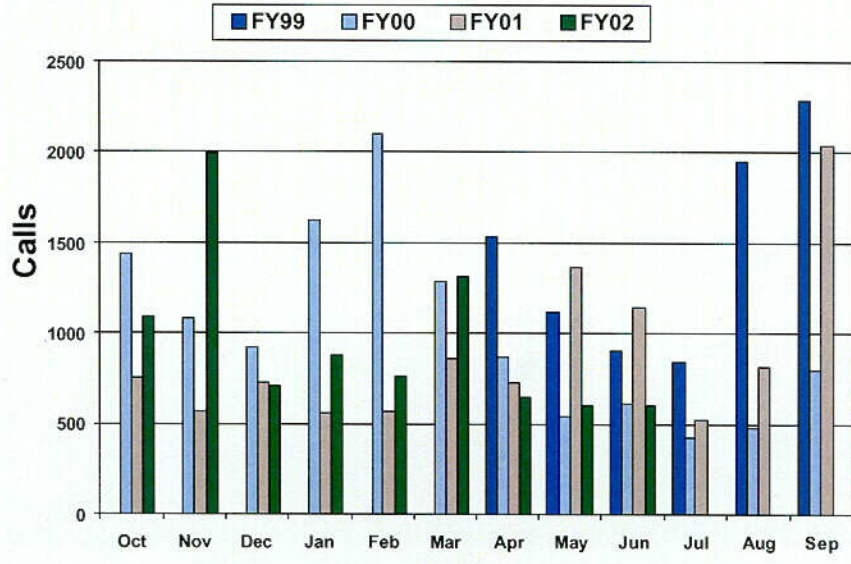
Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

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DOE MEASURES INDICATOR Institutional Affairs - YMP Science Centers



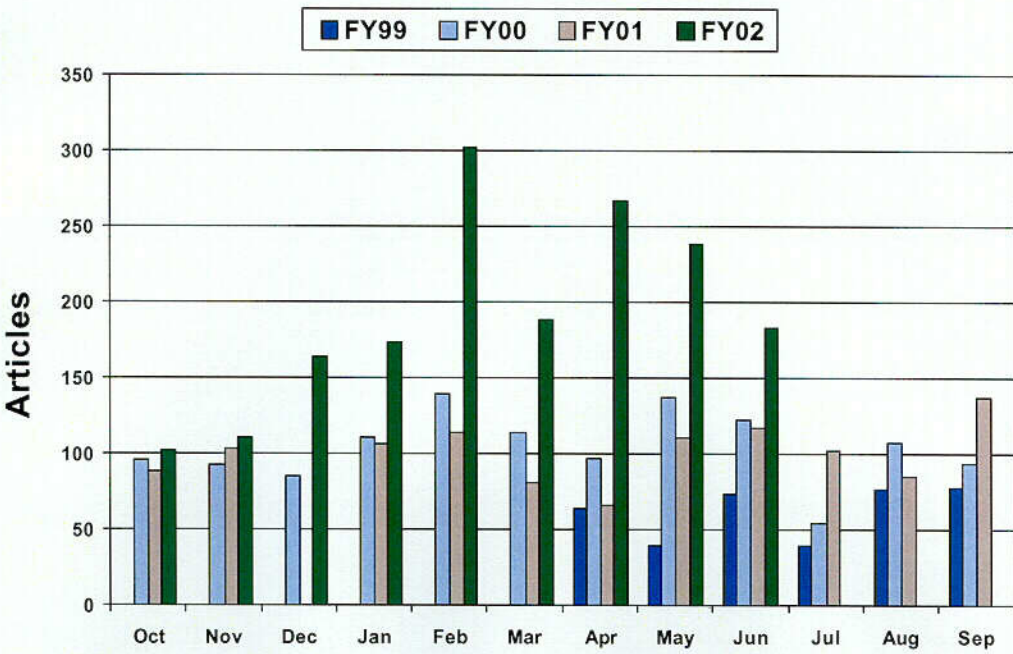
DOE MEASURES INDICATOR
Institutional Affairs - OCRWM Information Phone Line



Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

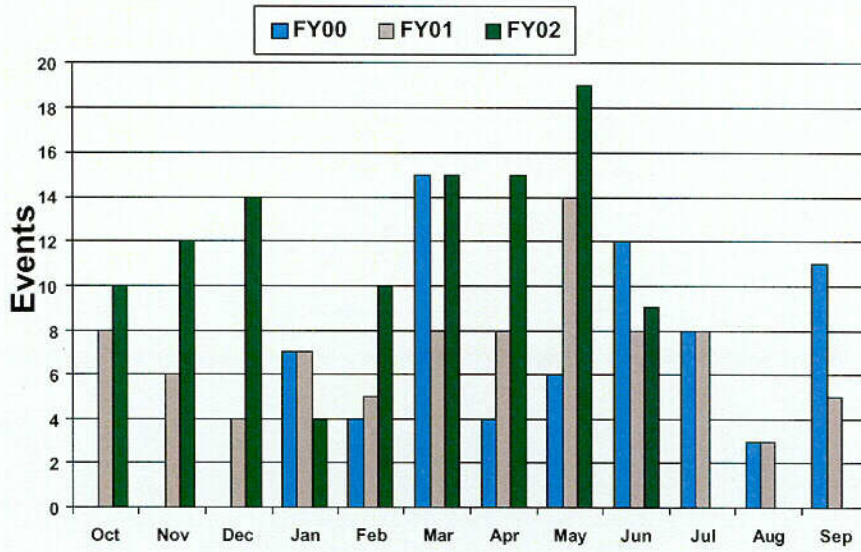
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DOE MEASURES INDICATOR
Institutional Affairs - Articles about YMP



C23

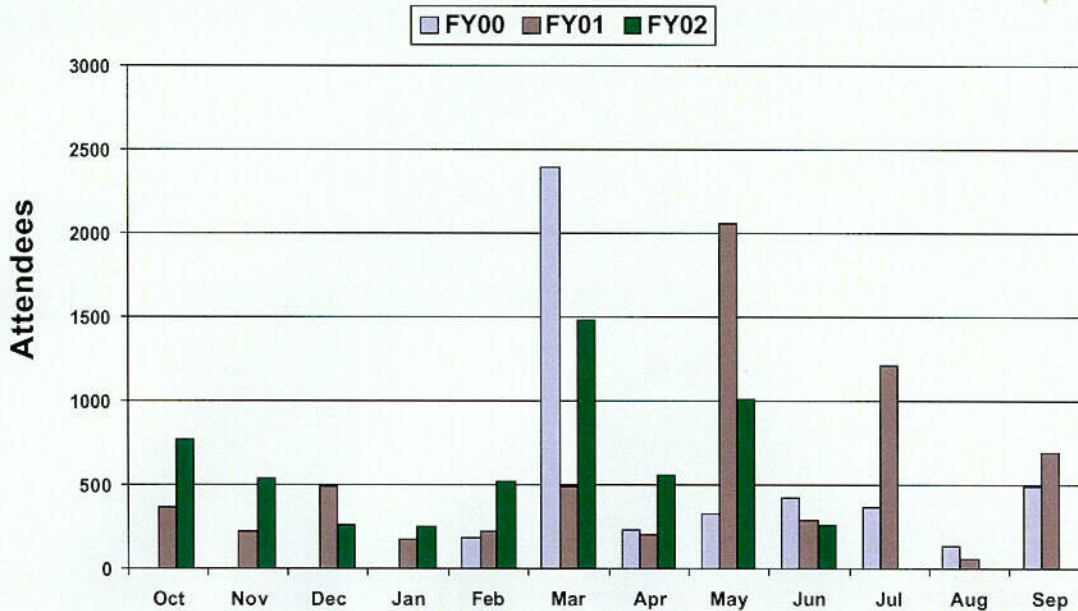
DOE MEASURES INDICATOR Institutional Affairs - YMP Speakers Bureau



Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

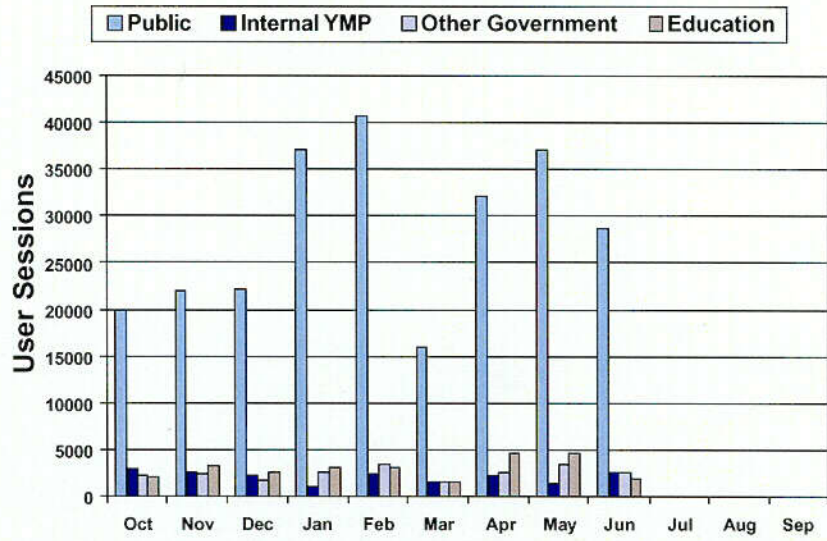
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DOE MEASURES INDICATOR Institutional Affairs - YMP Speakers Bureau



C24

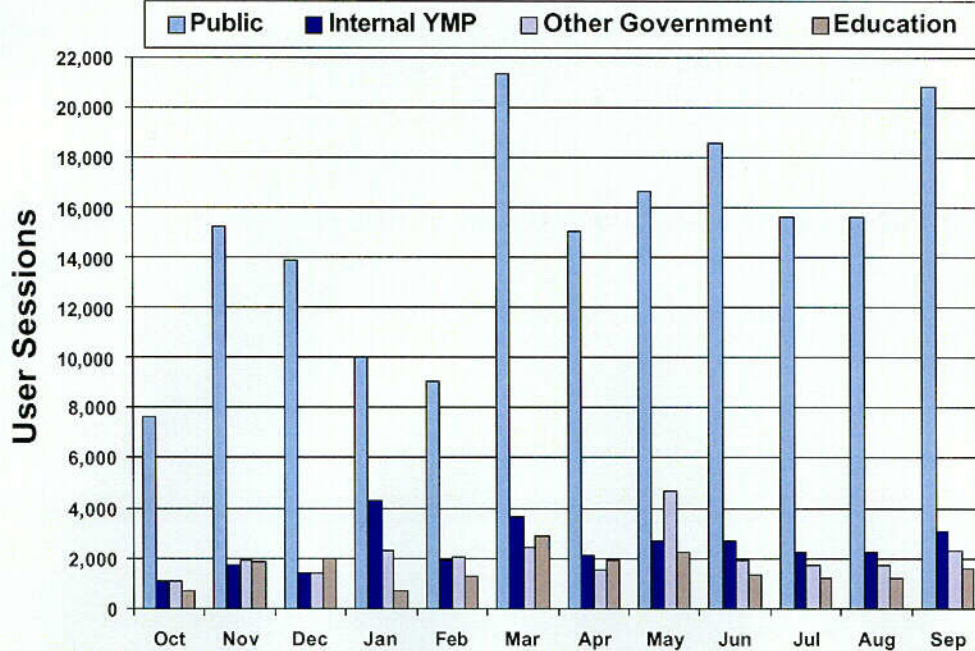
DOE MEASURES INDICATOR Institutional Affairs - 2002 YMP Web Site Activity



Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

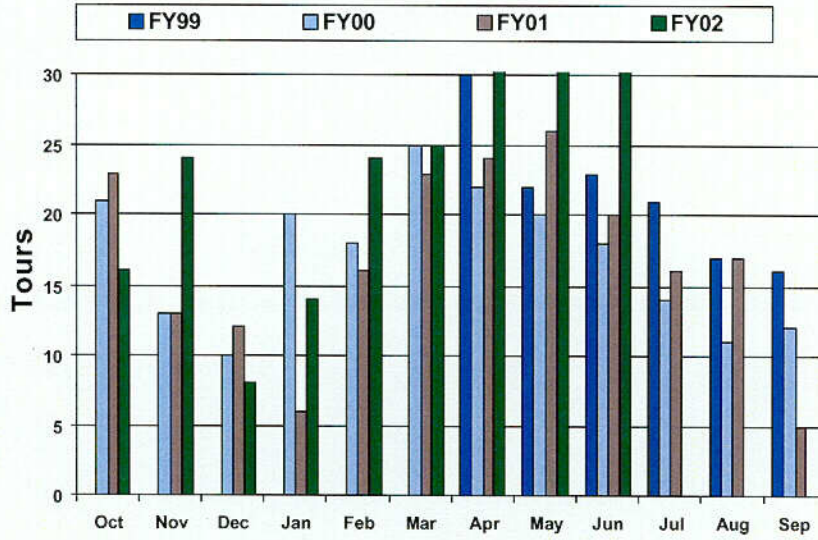
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DOE MEASURES INDICATOR Institutional Affairs - 2001 YMP Web Site Activity



C25

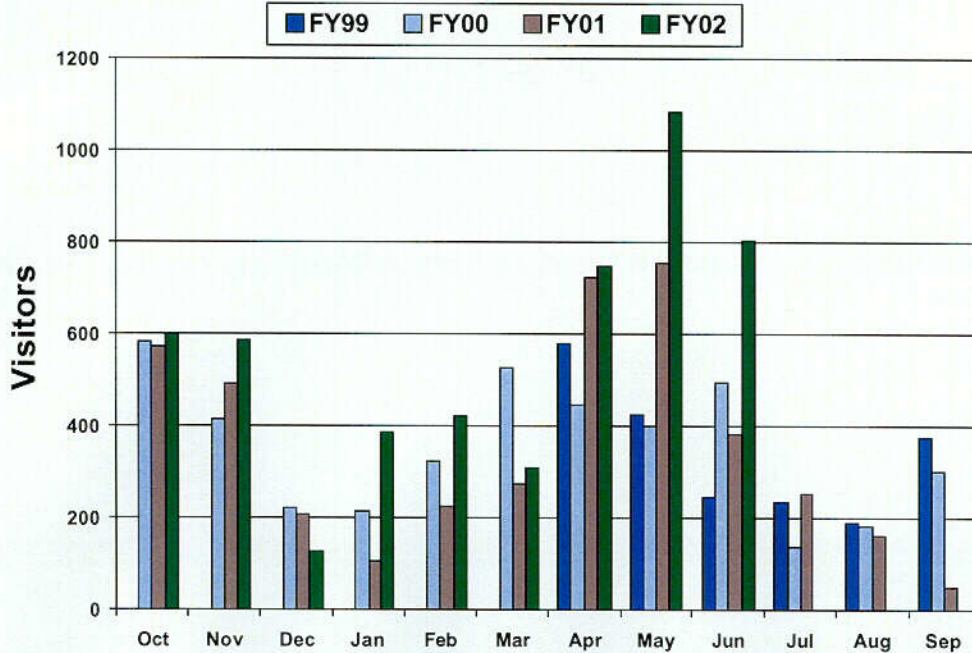
DOE MEASURES INDICATOR Institutional Affairs - YMP Tours



Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

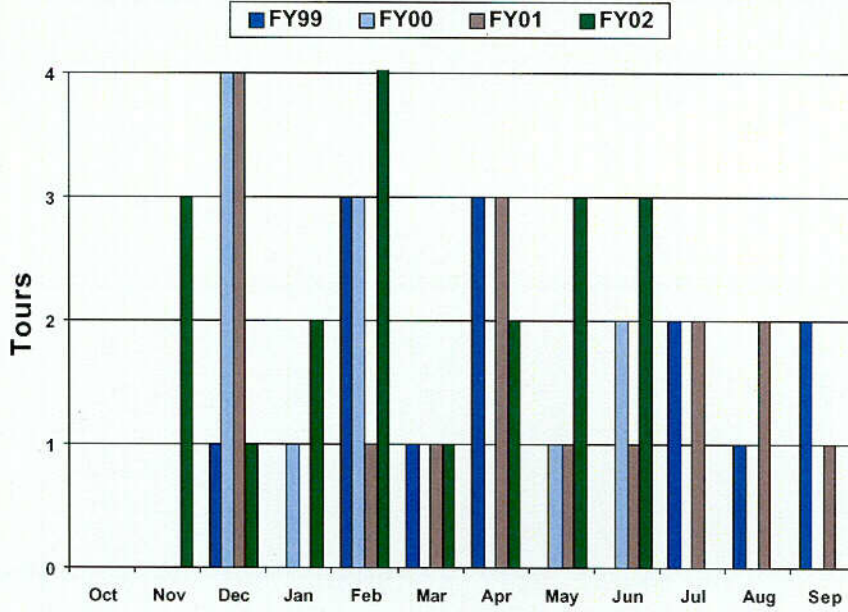
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DOE MEASURES INDICATOR Institutional Affairs - YMP Tour Visitors



c26

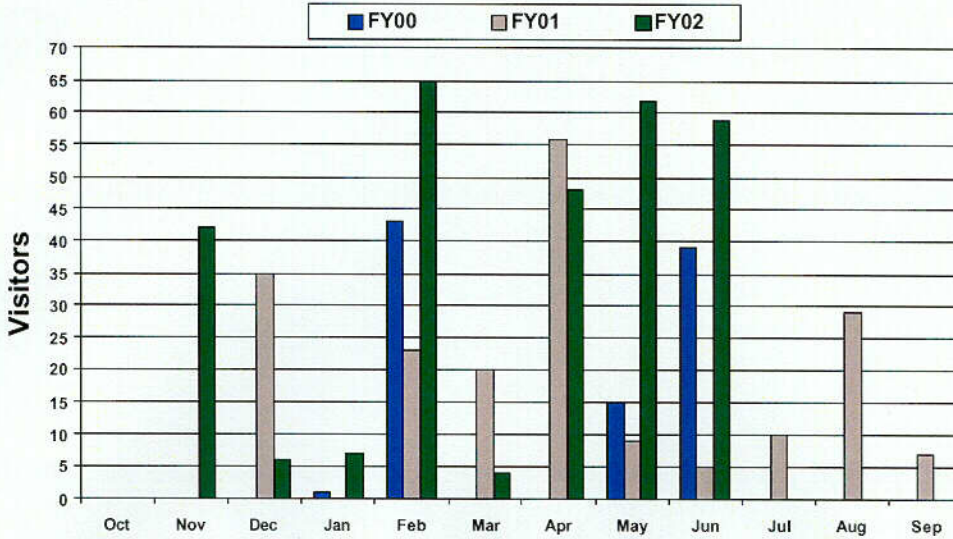
DOE MEASURES INDICATOR Institutional Affairs - YMP Congressional Tours



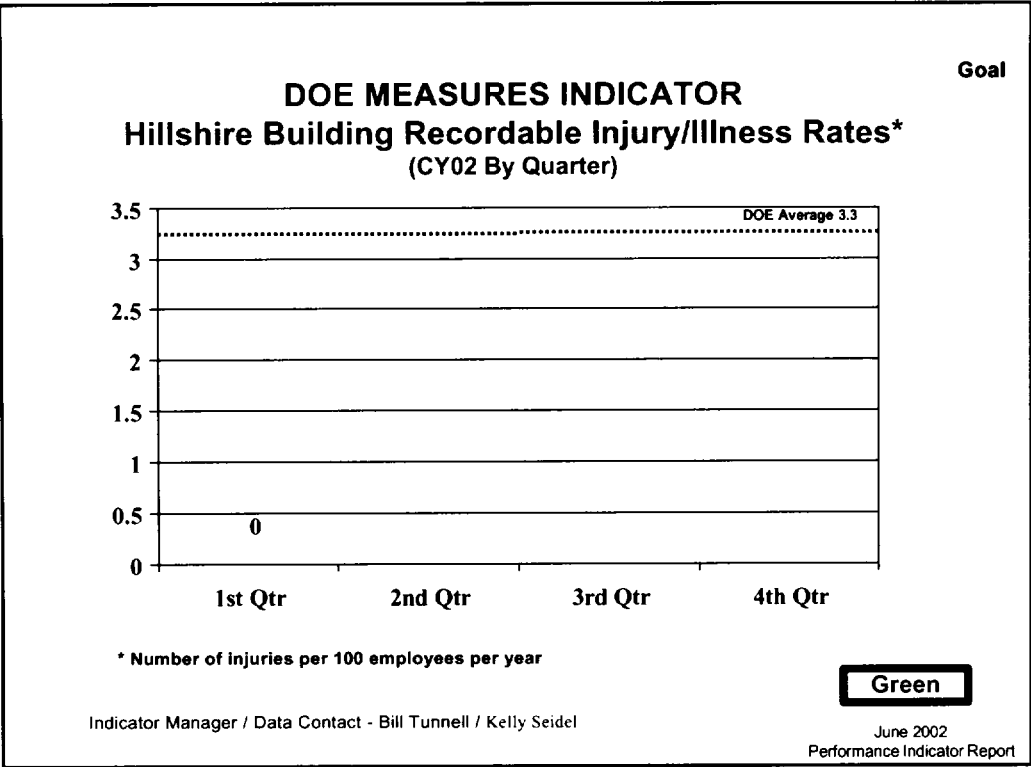
Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

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DOE MEASURES INDICATOR Institutional Affairs - YMP Congressional Tour Visitors



C27



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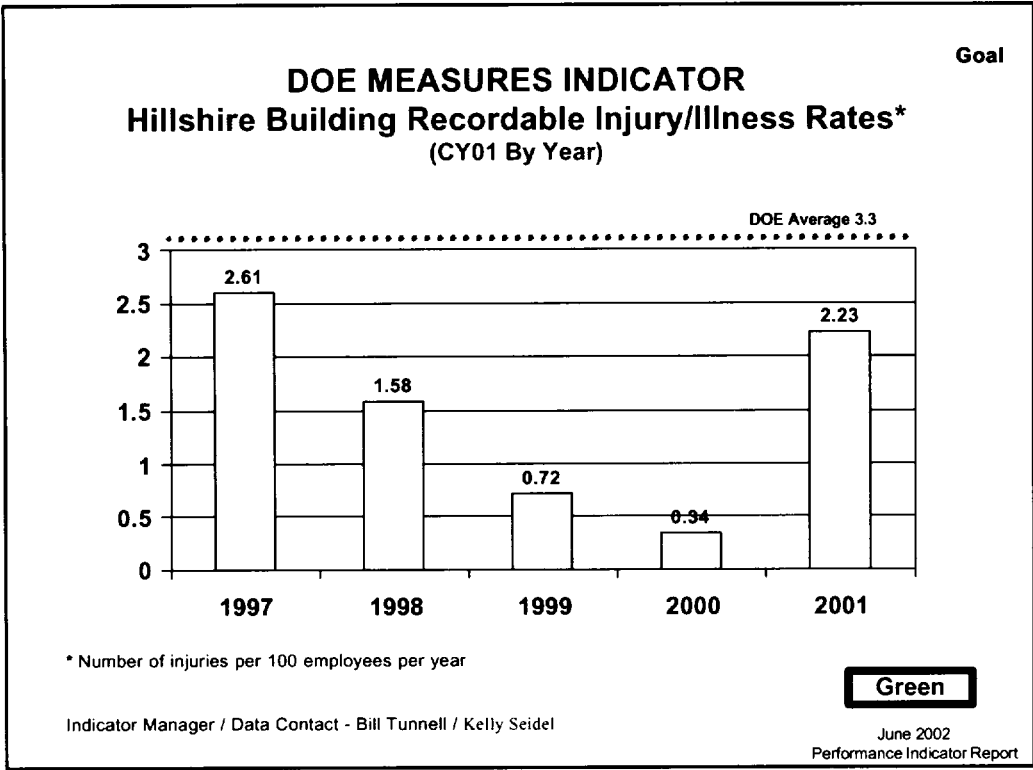
1st Quarter CY02 = GREEN

TRENDS

No trends identified at this time.

CORRECTIVE ACTIONS

No corrective action required at this time.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

CY01 Goals exceeded **GREEN**

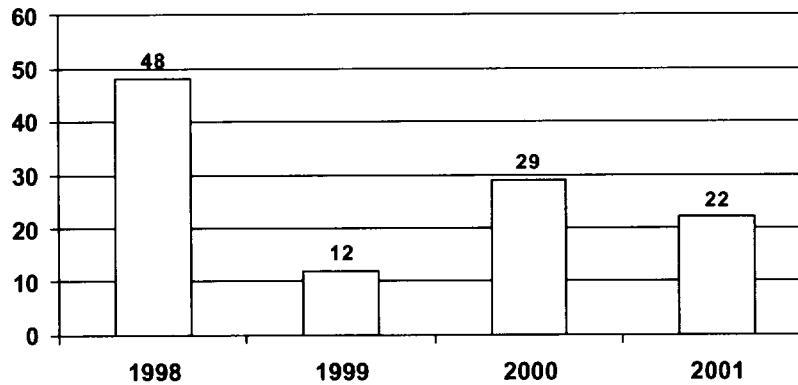
TRENDS

No trends identified at this time.

CORRECTIVE ACTIONS

No corrective action required at this time.

DOE MEASURES INDICATOR
FEOSH Inspection Findings - Hillshire Bldg.
(By Year)



FEOSH = Federal Employee Occupational Safety & Health

Indicator Manager / Data Contact - Bill Tunnell / Kelly Seidel

June 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

CY01 = GREEN

TRENDS

No trends identified at this time.

CORRECTIVE ACTIONS

No corrective action required at this time.

DOE MEASURES INDICATOR
DOE Safeguards & Security Activities

Info

Type of Incident	Jan	Feb	Mar	Apr	May	June
Alarms, Working Hours						
Alarms	0	1	3	7	26	10
Responded and Closed	0	1	3	7	26	10
Alarms, Non-Working Hours						
Alarms	0	0	1	0	3	5
Responded and Closed	0	0	1	0	3	5
Foreign National Visitors						
Sensitive Country	0	0	0	0	0	0
Non-Sensitive Country	0	4	0	0	4	0
Safeguards & Security Statistics						
Workplace Violence Incidents	0	0	0	0	0	0
Bomb Threat Incidents	0	0	0	0	0	0
Intrusion Incidents and/or Threats	0	0	0	0	0	0

Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

None.

TRENDS

No trends identified at this time.

CORRECTIVE / IMPROVEMENT ACTIONS

No corrective action required at this time.

**DOE MEASURES INDICATOR
OIM: OCRWM Cyber Security**

Goal

June 2002 = 100% effectiveness

	Jan	Feb	Mar	Apr	May	Jun
UNAUTHORIZED ACCESS/BREAL-INS	0	0	0	0	0	0
ATTEMPTED UNAUTHORIZED ACCESS/BREAK-INS	0	0	0	0	0	0
DENIAL OF SERVICE (DOS) ATTACKS	0	0	0	0	0	0
ATTEMPTED DOS ATTACKS	0	0	0	1	0	0
WEB DEFAACEMENTS	0	0	0	0	0	0
SCAN DETECTIONS	0	3	0	0	12	0
INSIDER EVENTS	0	0	0	0	0	0
VIRUS DETECTION	131	58	86	270	600	497
VIRUS INFECTION	0	0	0	2	0	0
REPORTABLE CIAC INCIDENTS	0	0	0	1	0	0

Purpose: Monitor effectiveness of OCRWM Cyber Security program

Green

Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

CY01 Goals exceeded. **GREEN**

497 klez virus detections, 343 at BSC West, 152 at RSIS West, and 2 at BSC East.

The virus detections for the month of June are due to the increase in activity of the klez worm. Variants of the worm keep surfacing and cycling into our computing environment. Klez is a mass mailing email worm that attempts to copy itself to network shares, it utilizes random subject lines, message bodies and attachment files. OCRWM updated the virus definition files to the w32.klez.gne@mm which detects the variants of klez, which resulted in the significant detections without infection.

TRENDS

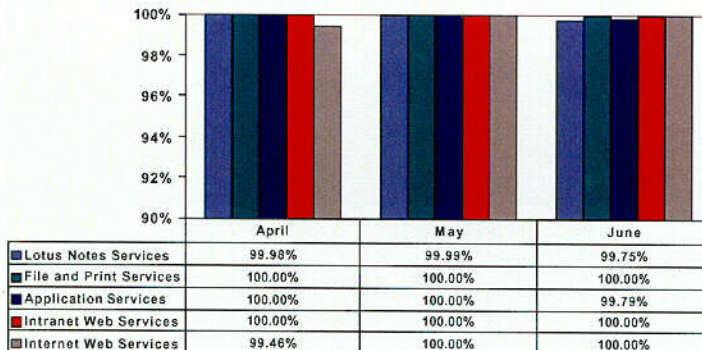
None

CORRECTIVE ACTIONS

None

DOE MEASURES INDICATOR

OIM: Computer Server Operations Uptime Statistics



Objective: 97% Uptime During Core Business Hours (7am - 5:30pm)

Green

Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

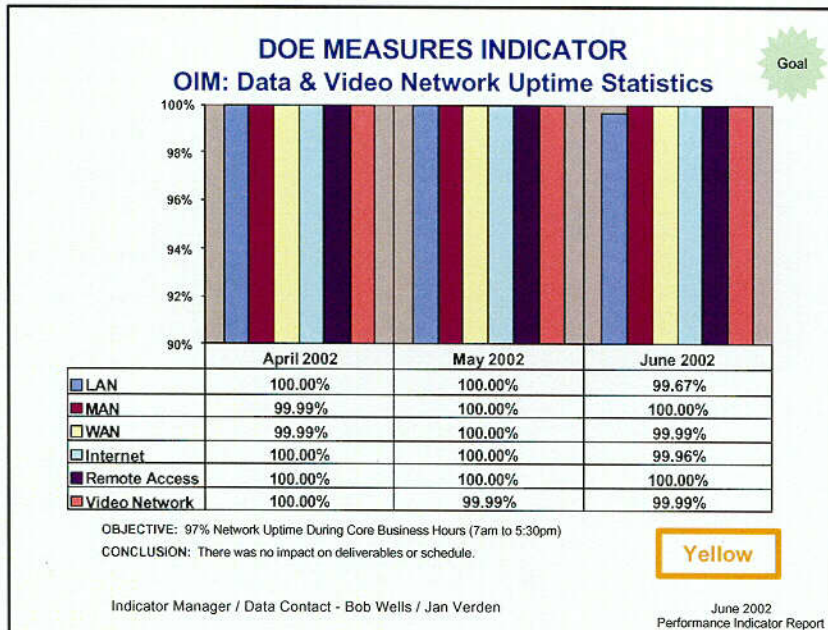
Conclusion: There was no impact on data, deliverables or schedule
CY01 Goals exceeded. **GREEN**

TRENDS

None

CORRECTIVE ACTIONS

None



SUMMARY OF CURRENT MONTH'S PERFORMANCE

Conclusion: There was no impact on data, deliverables or schedule.

ADVERSE TRENDS

Insufficient bandwidth to the site continue to affect some of the users' work process. Large data sets are captured and stored locally at the site and are transferred to the required location during off hours. Duplicate servers are installed at the site to support the site users. Video quality is degraded or being viewed after off hours.

CORRECTIVE ACTIONS

None

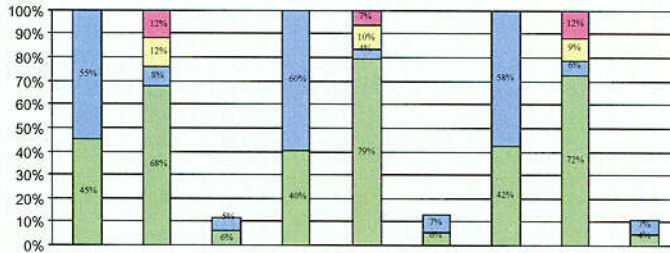
DOE MEASURES INDICATOR OIM: End-User Technical Support Metrics

Goal

Definition of Work Order Terms:

Level I - Resolved by Help Desk Within 1 Day

Level II - Resolved by Second Echelon Technical Support



	Apr-02	May-02	Jun
Level II (Tech SpI)	1926	1989	2141
Level I (HelpDesk)	1595	1335	1544
Monthly Total	3521	3324	3685
More Than 7 Days	188	120	243
4 to 7 Days	196	166	185
2 to 3 Days	130	74	130
w/in 1 Day	1073	1359	1466
Total Level II Resolved	1587	1719	2024
> 30 days		97	97
≤ or = 30 days		84	126
Total Backlog		181	233

Green Objective A: 40% or more of All Work Orders Resolved at Level I (Computer Helpdesk)

Green Objective B: 50% or more of Level II Work Orders Resolved within 1 Day

Green Objective C: 20% or less Level II Work Orders Carryover into Next Month

Green

Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

Objective A: Goal was exceeded. **GREEN**

Objective B: Goal was exceeded. **GREEN**

Objective C: Goal was exceeded **GREEN**

TRENDS

Objective A: None

Objective B: None

Objective C: None

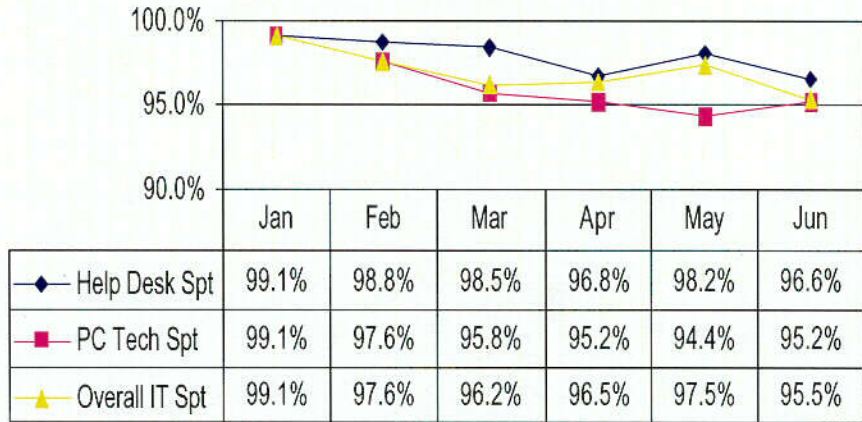
CORRECTIVE ACTIONS

Objective A: None

Objective B: None

Objective C: None

DOE MEASURES INDICATOR
OIM: Customer Satisfaction With
Computer Technical Support



Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
 Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

Of 505 surveys requested during June'02 reporting period, 308 responses (61% of total) were returned completed.

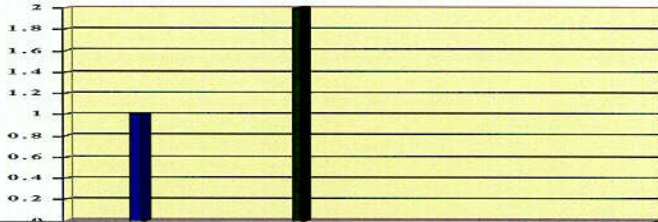
TRENDS

Customer satisfaction remains high.

CORRECTIVE / IMPROVEMENT ACTIONS

No corrective/improvement actions required.

PERFORMANCE INDICATOR REPORT
OIM: Web Publishing of Key Documents



	Level 2			Level 3			Level 4		
	April	May	June	April	May	June	April	May	June
Scheduled, Comp. On Time		1							
Scheduled, Comp. Early									
Scheduled, Comp. Late									
Unscheduled, Comp. On Time				2					
Unscheduled, Comp. Early									
Unscheduled, Comp. Late									

Purpose: Track monthly status of documents published to the Internet

Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
 Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

No documents were posted on the Internet in June 2002.

TRENDS

None

CORRECTIVE ACTIONS

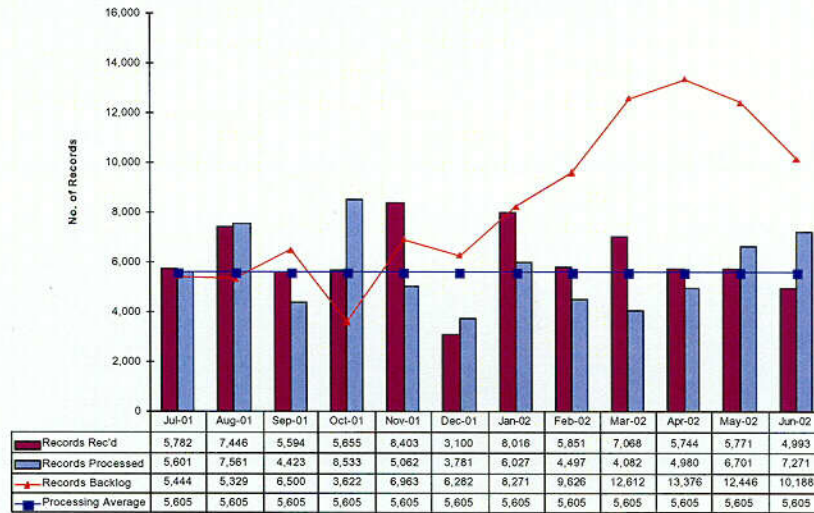
None

DOE MEASURES INDICATOR OIM: OCRWM Records Processing Metrics



Purpose: Track monthly volume of records processed and trend backlog accumulation

Records Processing - 12-Month Period



Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

Continued decline in backlog.

TRENDS

Backlog is decreasing.

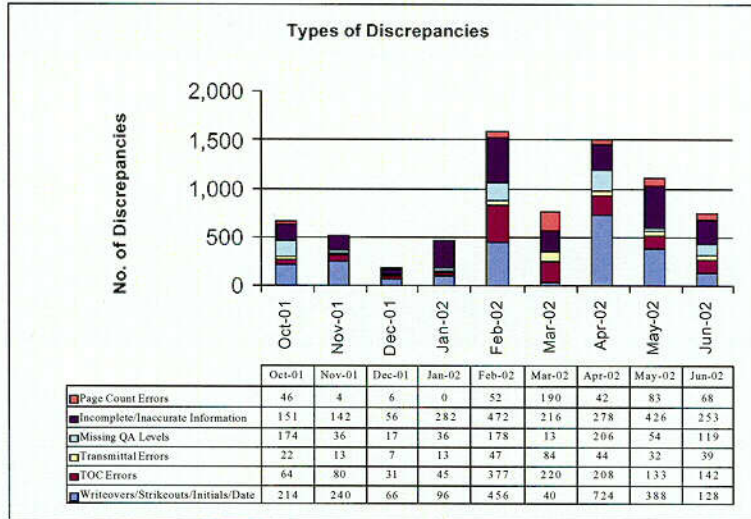
CORRECTIVE / IMPROVEMENT ACTIONS

- Divided RPC staff into separate processing focus areas (i.e, current versus legacy records)
- Overtime dedicated to processing backlog of 38 drawers identified on 5/17/02.
- Dedicated resources for processing current records (i.e, not pulled for "special" assignments)

DOE MEASURES INDICATOR OIM: OCRWM Records Processing Metrics

Info

Purpose: Monitor number and type of discrepancies discovered during the receipt inspection by RPC



Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

Decrease in errors.

TRENDS

No trend has been established

CORRECTIVE ACTIONS

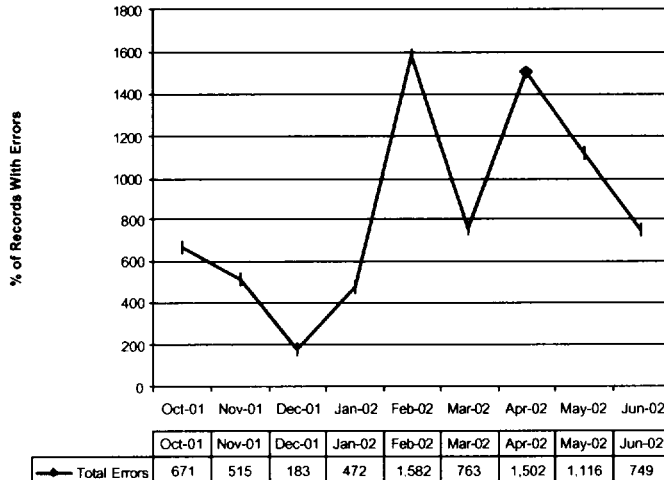
Errors are expected to decrease as outreach program matures.

DOE MEASURES INDICATOR OIM: OCRWM Records Processing Metrics

Info

Purpose: Trend quality of records received for processing

% of Discrepancies Vs Records Received



Indicator Manager / Data Contact - Bob Wells / Jan Verden

June 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

The number of source errors discovered on record submittals continues to decrease

TRENDS

Positive trends for reduction of source errors.

CORRECTIVE ACTIONS

This is expected to decrease further as outreach efforts to train Records Custodians and Coordinators progresses.