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QA: N/A

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CONTRACT NO. DE-AC28-01RW12101 - MONTHLY PERFORMANCE INDICATORS
REPORT FOR DECEMBER 2002

Enclosed is the Monthly Performance Indicators Report for December 2002. Historical versions of the Performance Indicators Report are available online at http://m-o.ymp.gov/html/prod/db_web/pireport/main.htm for viewing along with pdf files that can be printed. It can also be accessed from the BSC Connect Intranet home page where it is listed under the site index as 'Performance Indicator Report'.

This report provides performance indicators to the U. S. Department of Energy and BSC. BSC analysis and subsequent revisions are limited to those charts in the BSC section.

If you need additional information, please contact Russell Riding at 702-295-4607.

Kennon G. Hess
President and General Manager

1/16/03
Date Signed

RER/MWL:bgh- 0116035703

Enclosure:
Monthly Performance Indicators Report for December 2002

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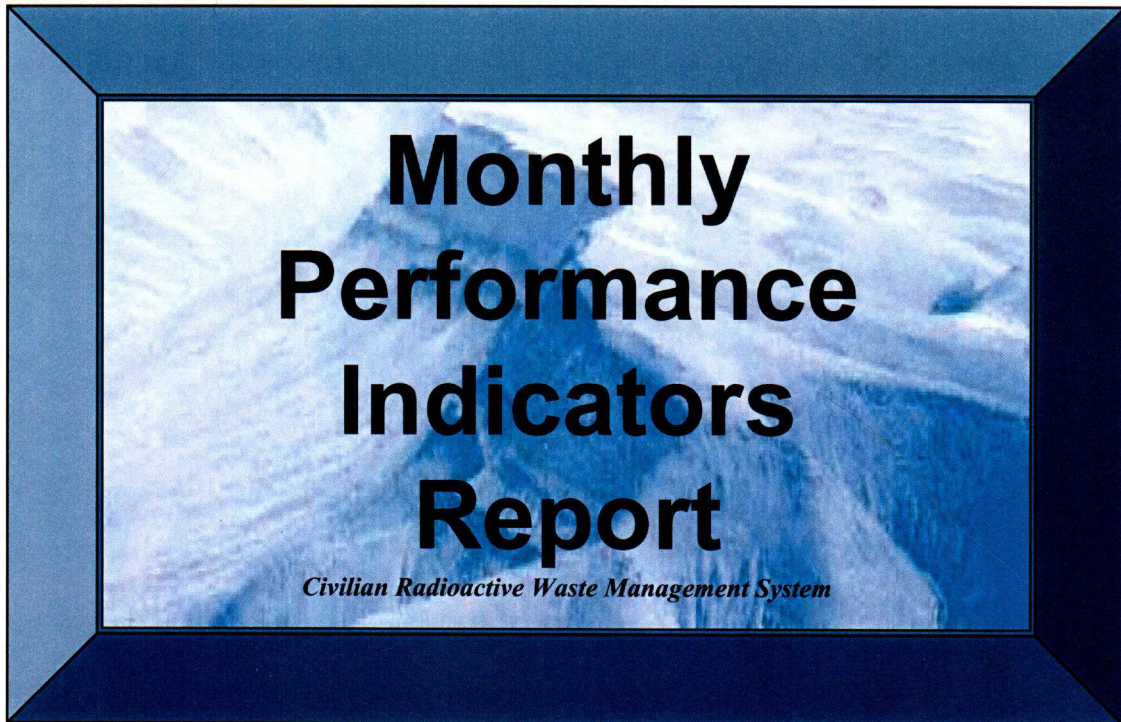
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YUCCA MOUNTAIN PROJECT



December 2002

Prepared by: Russell Riding and Marco Lee



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

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

Safety

Six Occupational Safety and Health Administration (OSHA) recordable cases were reported in December. One of the incidents occurred in November, but became OSHA recordable in December. None of the cases involved lost time; however, December's performance marks the beginning of an adverse trend. A safety stand-down is being held on 1/9/03 to reemphasize BSC's goal and commitment to zero accidents.

The cumulative year-to-date Total Recordable Case Rate (TRCR) for BSC and subcontractors through December was 0.91, up from .56 in November, but 49% below the Voluntary Protection Program (VPP) goal of 1.8 cases per 200,000 hours worked. The cumulative year-to-date Lost Workday Case Rate (including restricted work activity) through December was 0.13, down from .14 in November and 84% better than the VPP goal of 0.8. (Page 4)

Quality

Overall, BSC identified deficiencies continued on an upward trend; however, the percentage of BSC line-identified deficiencies has been trending downward. The total number of identified deficiencies decreased in December due to the holiday closure. Of the eight new BSC DRs/CARs issued during the month, BSC identified six. BSC QA identified five deficiencies and the line identified one. BSC line-identified deficiencies have remained below the goal of fifty-percent for the last three months and it is anticipated that this trend will continue. The high percentage of BSC QA identified deficiencies is being driven by the re-instituted BSC audit/surveillance program and the planned ramp up of those activities. Efforts to improve the percentage of line-identified deficiencies are being addressed within the MII. The number of self-assessments completed during December remained stable. (Page 6)

Measures

Open CIRS items over the last few months reflect a recovery from the abnormally high numbers experienced during the site stand down (3/26/02). This reflects a new baseline as the number of open CIRS over the last three months is slightly higher than the baseline established from January to March of 2002. (Page 12)

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)

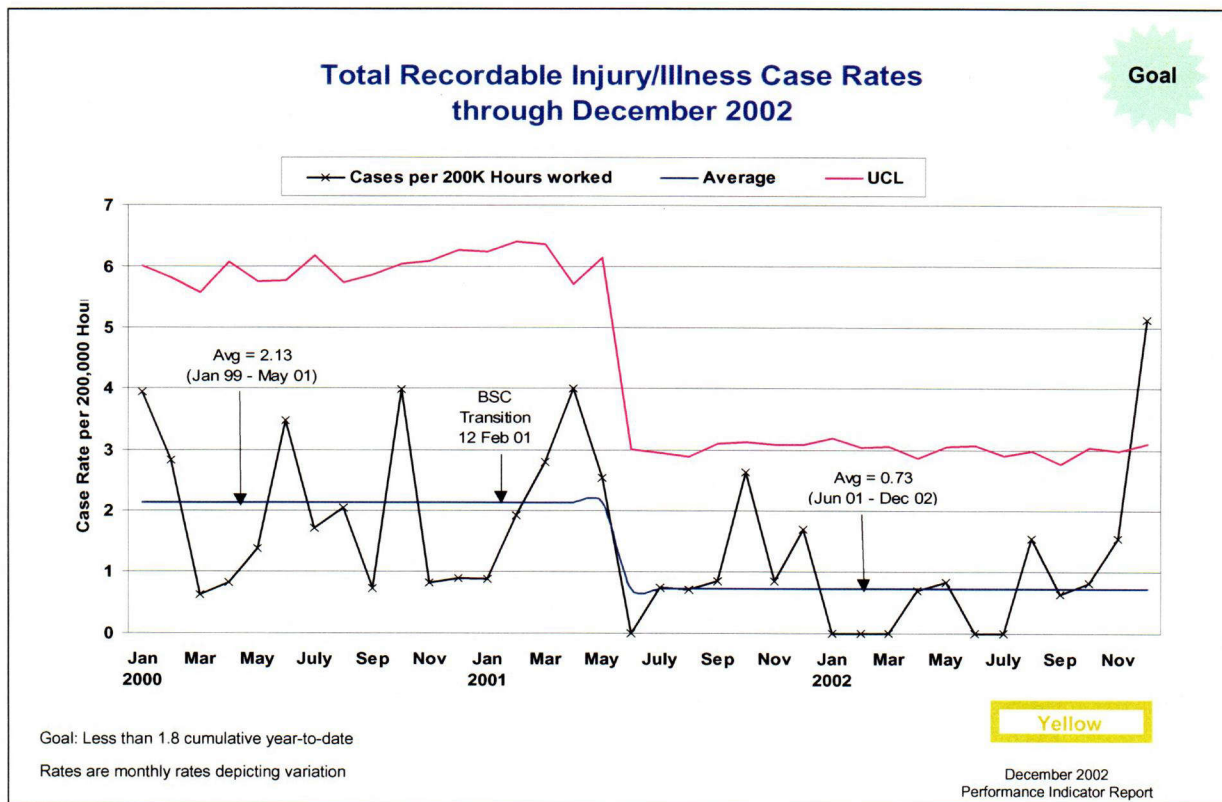
Yellow = Needs Improvement (i.e., may be on target but negative trend exists; in danger of missing target; improvement needed)

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

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Notes:

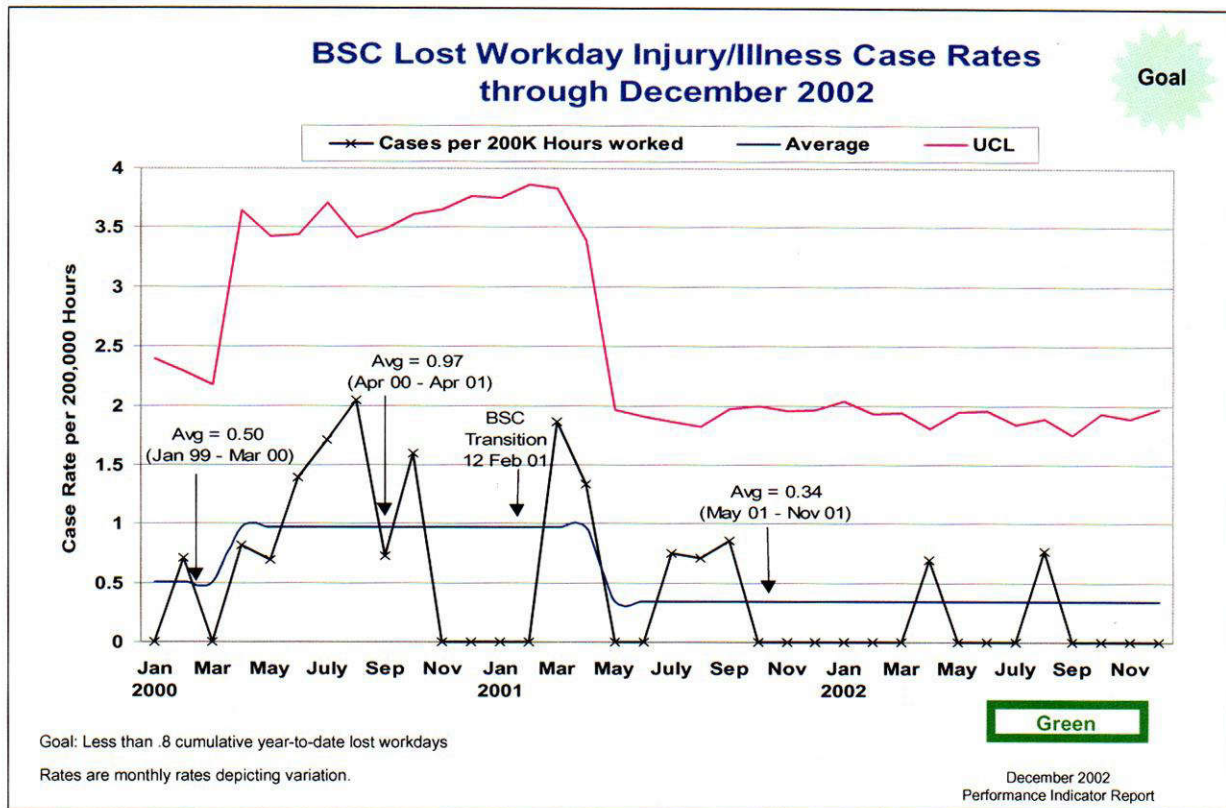
- As with the Performance Measures Dashboard produced for the General Manager, goal charts will have colors that represent performance compared to goal. Performance above goal will be indicated by green. Negative trends are yellow based on three negative data points (3 months in the wrong direction). Performance below goal is indicated by red. If performance is yellow or red, a detailed corrective action will be required which may include issuing a CIRS item to track recovery.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

- December = 0.91 TRCR - **YELLOW**, 0.13 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**

Six Occupational Safety and Health Administration (OSHA) recordable cases were reported in December. One of the incidents occurred in November, but became OSHA recordable in December. None of the cases involved lost time; however, December's performance marks the beginning of an adverse trend.

TRENDS

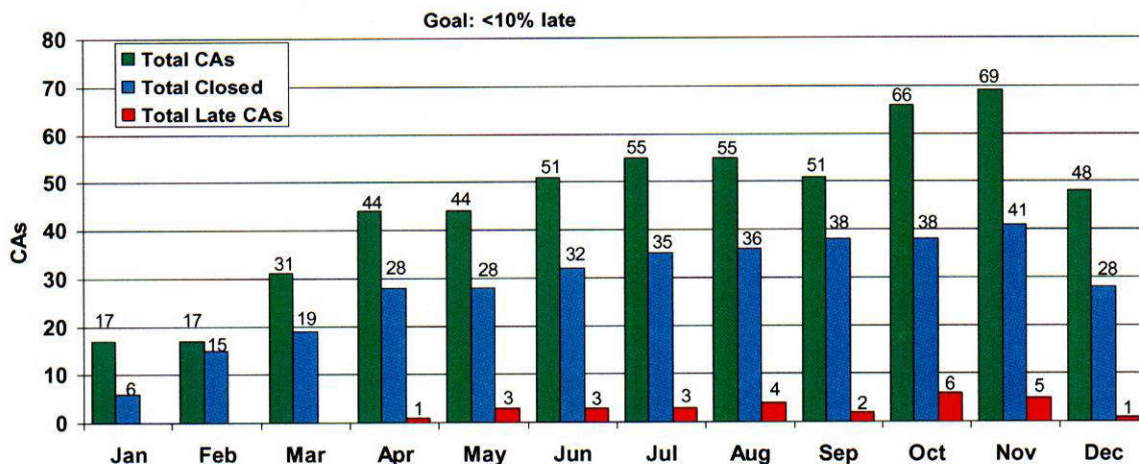
Three data points above the TRCR mean and one data point above the upper control limit mark the beginning of an adverse trend.

CORRECTIVE ACTION

A safety stand-down is being held on 1/9/03 to reemphasize BSC's goal and commitment to zero accidents.

BSC QUALITY INDICATOR ES&H Assessments Monthly Status of Corrective Actions (CAs)

Goal



Note: Chart reflects corrective action status for five open assessments (2001 ISM Annual Review, Hazardous Material Approval and Tracking, ES&H CBT Programs, Packaging and Transportation Safety, and Ergonomics). Corrective actions for one opportunity for improvement finding from the Hazardous Material Approval and Tracking assessment is overdue for the scheduled completion date, pending implementation of the Bechtel Procurement System in March 03.

Green

Indicator Managers/Contacts - Dennis Sorensen, Sid Dodd / Robert Thompson

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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 stoppages 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

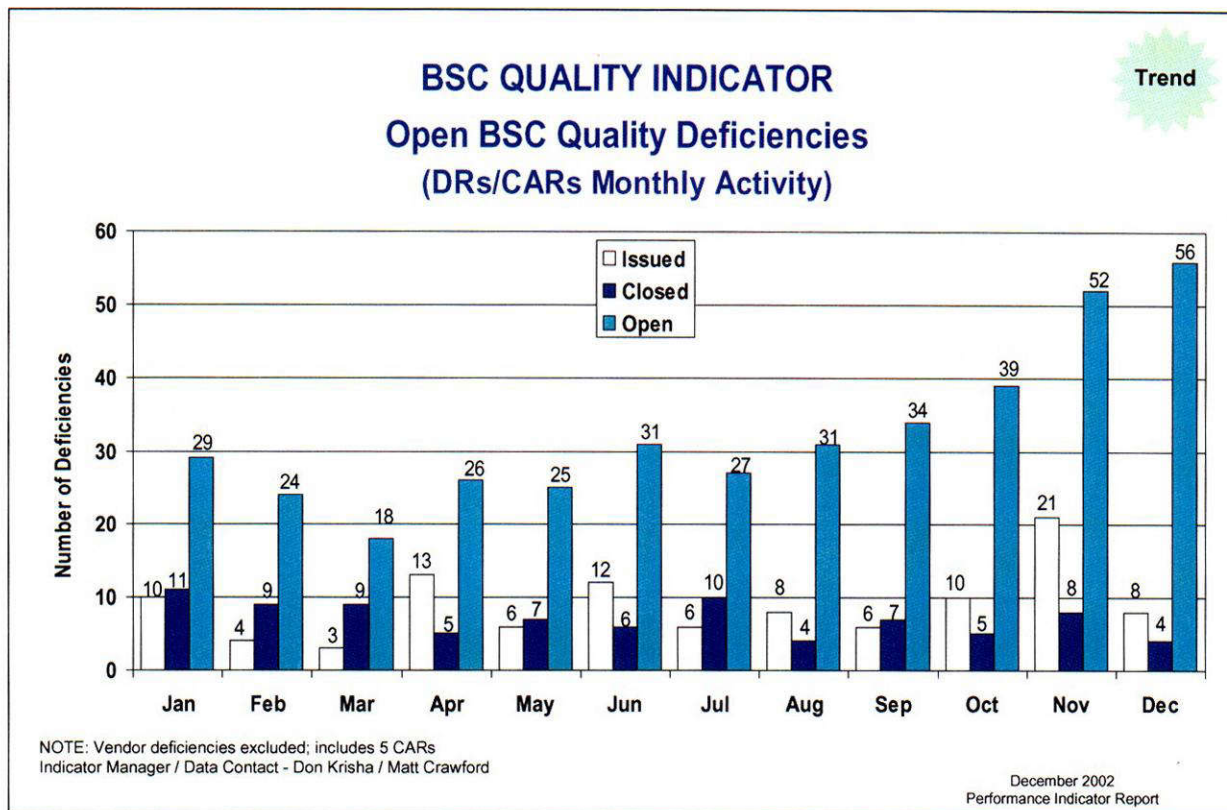
Overall Performance **GREEN**

TRENDS

RMs continue to complete at least 90 percent of all assigned CAs by the scheduled CIRS completion date.

CORRECTIVE ACTION

- RMs assign appropriate priority to meet their scheduled/approved CA completion dates.
- All CAs are entered into CIRS.
- Progress on late CAs is tracked by the Lead Assessor.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

Issued 8

Closed 4

Total Open 56

Of the 4 DRs closed:

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

TRENDS

The number of deficiencies issued during December decreased from 21 to 8 and the number of deficiencies closed decreased from eight to four. The total number of open deficiencies for December increased slightly from 52 to 56. The decrease of identification and closure of deficiencies was due to the holiday shut-down.

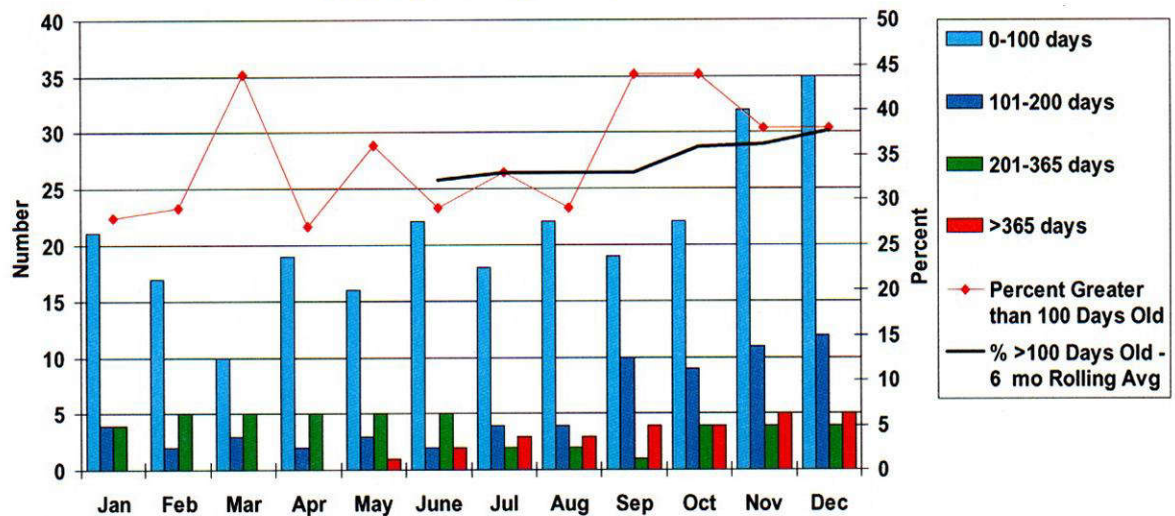
CORRECTIVE ACTION

As expected, the high percentage of identified deficiencies is being driven by the re-instituted BSC audit/surveillance program and the planned ramp up of those activities. No corrective action related to the increased number of DRs is necessary as an increase in the self-identification of issues is considered a positive result of the new program.

BSC QUALITY INDICATOR

Number of BSC Q-Deficiencies (By Age Categories)

Trend



NOTE: Vendor deficiencies excluded
Indicator Manager / Data Contact - Don Krisha / Matt Crawford

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

Aging (BSC only)

BSC = 38% (21 of 56) 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	34	6	3	3
Business Management	5	1		2
Procurement	4	2		
Site	1	1		
CIO	6	1	1	
QA	1	1		
Engr	2			
USGS	2			
CSO	1			
Totals	56	12	4	5

TRENDS

The percent of deficiencies open greater than 100 days remained at 38% during December and the six-month rolling average continued a slight increase. The number of deficiencies open greater than 100 days had little change from 20 to 21, and the total number of open deficiencies increased from 52 to 56. The number of deficiencies open greater than 200 days remained the same at 9.

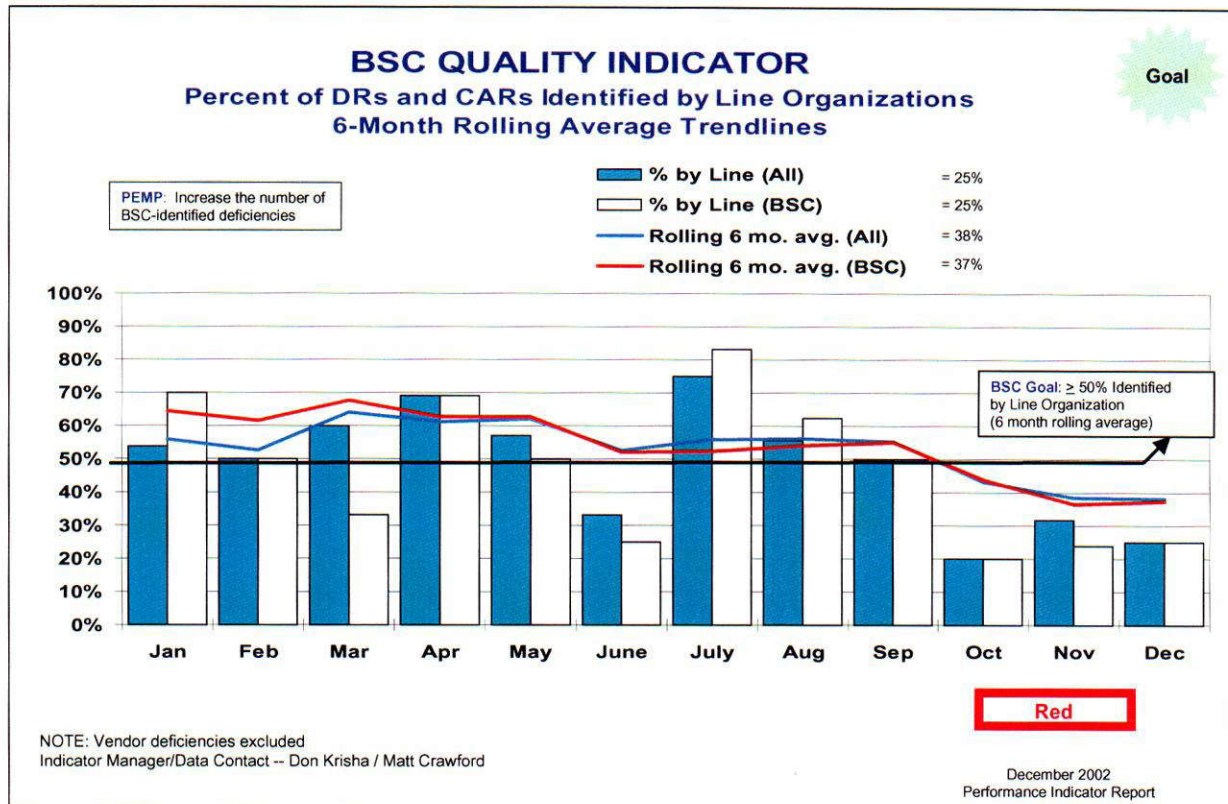
CORRECTIVE ACTION

BSC QA is on track to complete a draft revision of the corrective action process AP-16.1Q by 1/24/03. The revision eliminates some process steps (not required by the QARD) which will reduce closure times. Process improvements will be considered in the new single entry Corrective Action Process CAP that is currently being developed and projected for February/March 2003. The proposed single CAP will include AP16.1Q (DRs, CARs, & QOs) as well as NCRs, CIRS, and TERs. The new electronic process is expected to significantly reduce administrative cycle times and provide better visibility for tracking and trending issues.

¹BSC only, does not include Vendor deficiencies or Quality Observations

²Days

C05



SUMMARY OF CURRENT MONTH'S PERFORMANCE

Two (25%) of 8 BSC deficiencies issued in December were identified by BSC line personnel.

Deficiencies initiated by OQA and BSC QA combined:

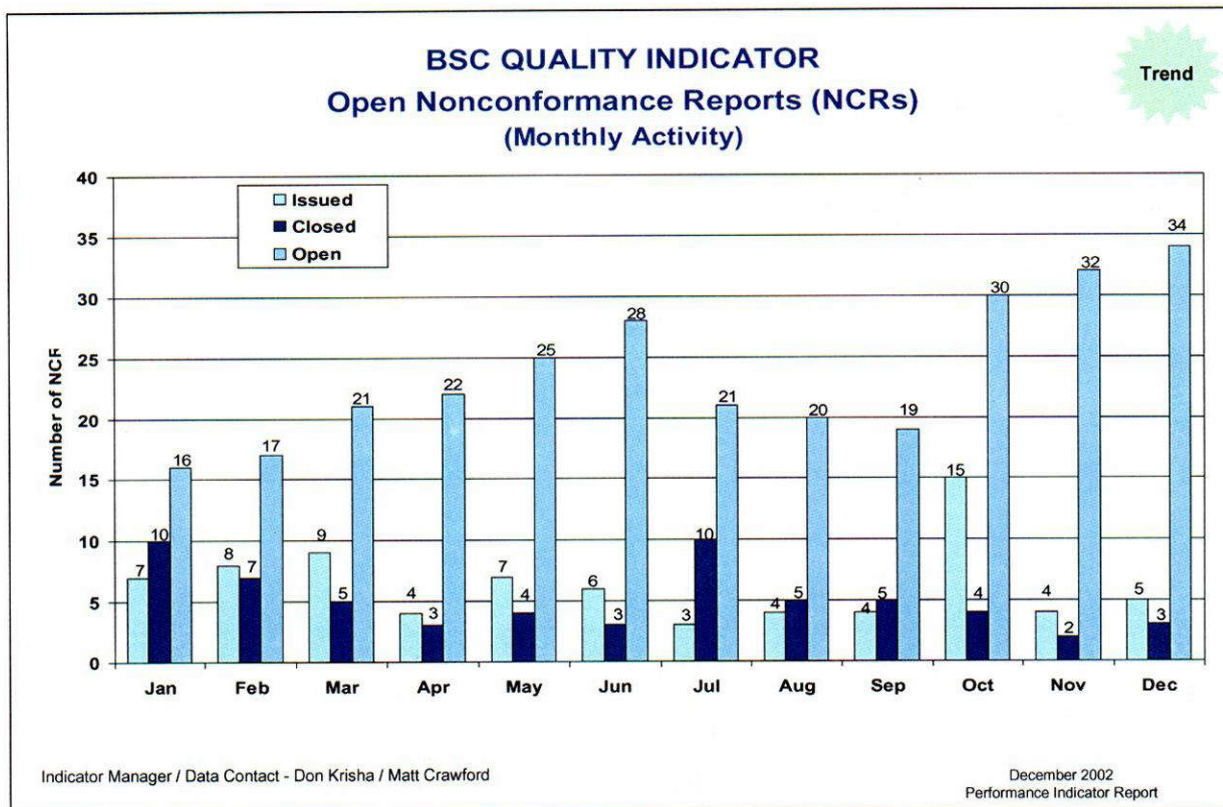
- July '02 = 1 of 6 (17%)
- Aug '02 = 3 of 8 (37.5%)
- Sep '02 = 3 of 6 (50%)
- Oct '02 = 8 of 10 (80%)
- Nov '02 = 15 of 21 (71%)
- Dec '02 = 6 of 8 (25%)

TRENDS

The rolling six-month average of deficiencies identified by the line organization continued below the 50% goal. The percentage of line identified BSC deficiencies increased from 24% to 25% in December.

CORRECTIVE ACTION

BSC is continuing discussions with OQA regarding the inclusion of BSC QA within the population of self-identified DRs/CARs. CIRS item #3466 has been created to track recovery.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

Issued	Closed	Open
5	3	34

TRENDS

The number of issued NCRs increased by one this month and the total number of open items increased slightly. The positive trend continues for new NCRs due to ongoing Site walkdowns. These walkdowns are being performed to determine the compliance status of systems, installed as temporary, with codes and standards applicable to permanent installations.

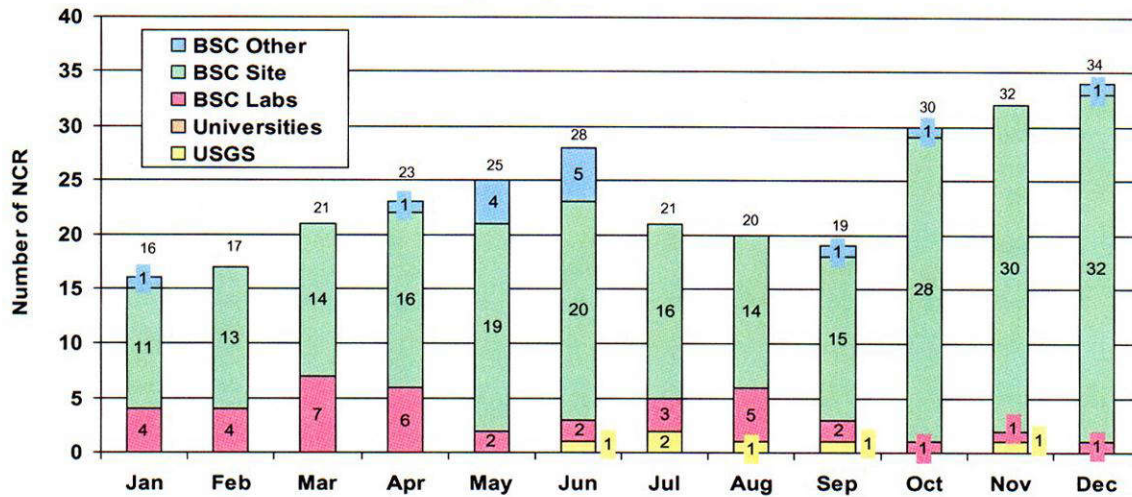
CORRECTIVE ACTION

The higher percentage of NCRs is expected to continue as Site walkdowns are conducted over the next several months. No corrective action related to the increased number of nonconformances is necessary as an increase in the self-identification of issues is considered a positive result of the walkdowns.

BSC MEASURES INDICATOR

Open Nonconformance Reports (NCRs) (By Organization)

Trend



Indicator Manager / Data Contact - Don Krishna / Matt Crawford

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

The number of open NCRs increased from 32 to 34.

TRENDS

The total number of open NCRs increased by two during December. One NCR was issued in the "other" category and the USGS NCR was closed.

CORRECTIVE ACTION

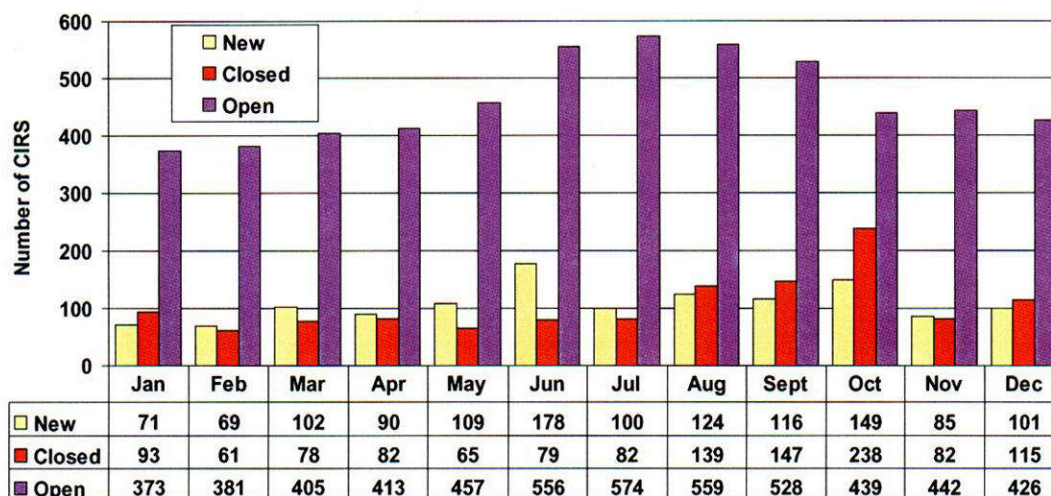
None required at this time.

BSC MEASURES INDICATOR

Trend

Open CIRS

(Monthly Activity Project-Wide)



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

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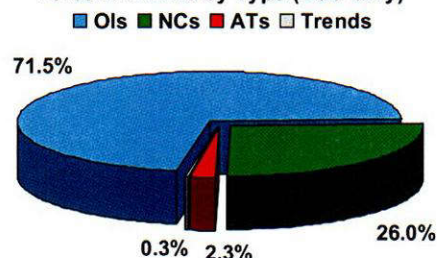
SUMMARY OF CURRENT MONTH'S PERFORMANCE

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	New	Closed	Totals
OIs	70	66	281
NCs	21	25	102
ATs	2	2	9
Trends	0	1	1
Totals	93	94	393

Percent of CIRS by Type (BSC Only)

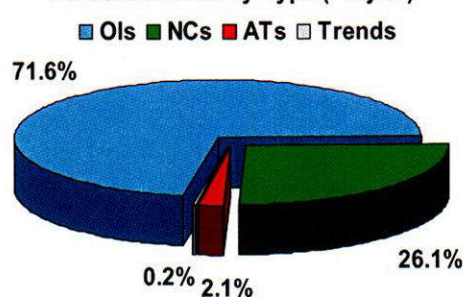


The pie charts show that the percentage of each CIRS type for BSC is consistent with project-wide initiation of these same items.

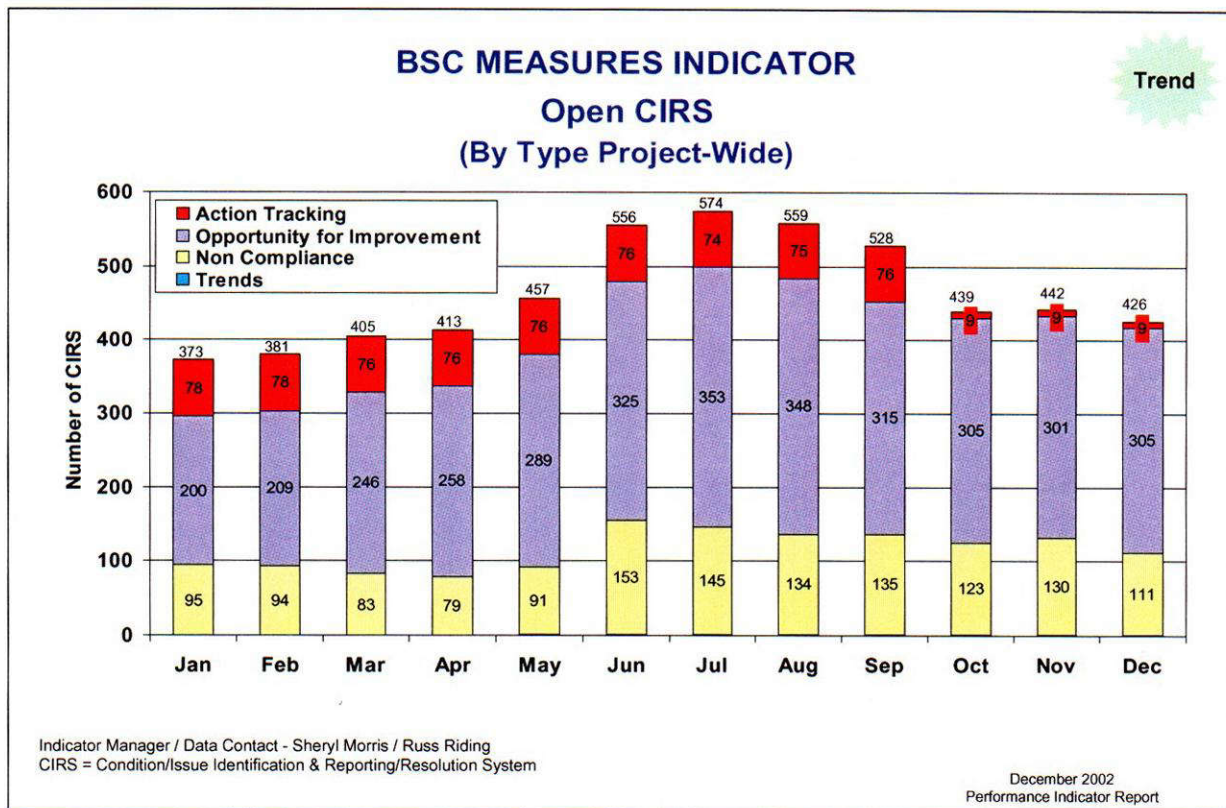
Open CIRS by category (Project)

CIRS Type	New	Closed	Totals
OIs	75	72	305
NCs	22	38	111
ATs	4	4	9
Trends	0	1	1
Totals	101	115	426

Percent of CIRS by Type (Project)



(Summary continued on next page)



(Summary continued from previous page)

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

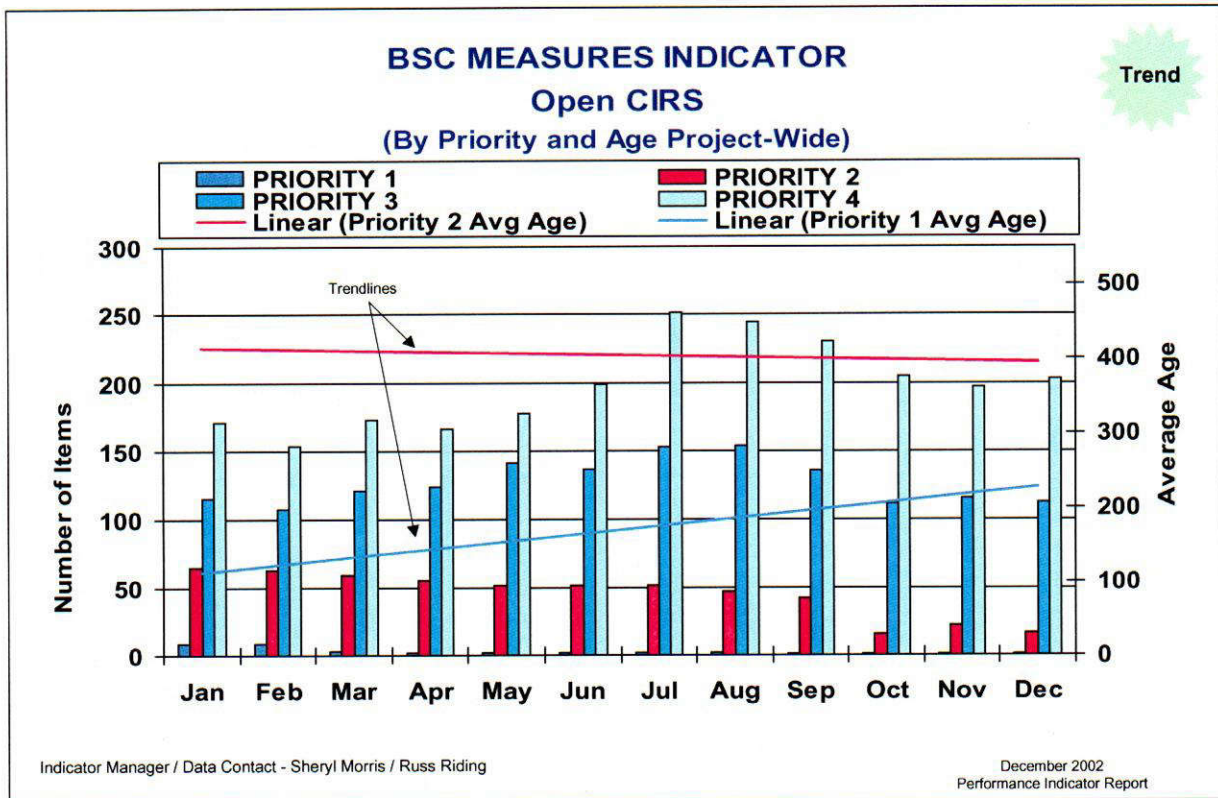
TRENDS

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 decreased by 16 from 442 to 426 (4%). The number of Opportunities for Improvement (OIs) increased by 4 from 301 to 305 (1%) and the number of Noncompliances (NCs) decreased by 19 from 130 to 111 (15%). The number of Action Tracking (ATs) remained the same at 9.

CORRECTIVE ACTION

None



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 at the time of printing.

SUMMARY OF CURRENT MONTH'S PERFORMANCE

The number of Priority 1 items remained the same at 1. Priority 2 items decreased from 22 to 16 (3%). The number of Priority 3 items decreased from 116 to 113 (3%). The number of Priority 4 items increased from 197 to 203 (3%).

The average age of Priority 1 items increased 14% from 220 to 251 days. The remaining Priority 1 item is: 1) CIRS #2572, Site Electrical Near Miss (251 days old). The Site has completed a full Root Cause Determination for this issue and has developed a comprehensive Site Transition Plan to systematically address the identified weaknesses.

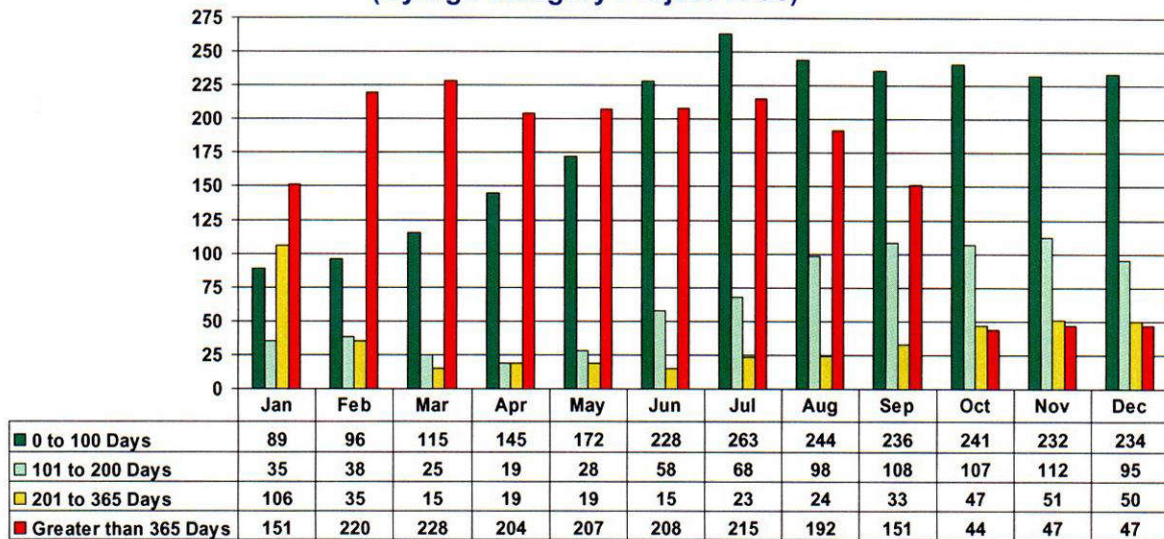
The average age of Priority 2 items increased 26% from 245 to 308 days.

Prioritized Items By Type

Priority	OIs	NCs	ATs	Trends	Total
1	0	1	0	0	1
2	2	14	0	0	16
3	86	23	4	0	113
4	161	37	4	1	203
Total	249	75	8	1	333

BSC MEASURES INDICATOR Open CIRS (By Age Category Project-Wide)

Trend



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 Greater than 365 Days category remained the same at 47.

TRENDS

The chart below provides a breakdown of the current month's OIs and NCs by age. Based on this data, the number of OIs and NCs in the specified age boundaries (Project-Wide) by the end of January will be:

- 103 OIs and 22 NCs in the 101-200 days age category
- 48 OIs and 32 NCs in the 201 to 365 days age category
- 26 OIs and 19 NCs in the greater than 365 days age category

CORRECTIVE ACTION

None

Age	OIs	NCs	ATs	Trends	Total
0-100 Days	179	51	4	0	234
101-200 Days	63	30	1	1	95
201-365 Days	39	11	0	0	50
>365	24	19	4	0	47
Total	305	111	9	1	426

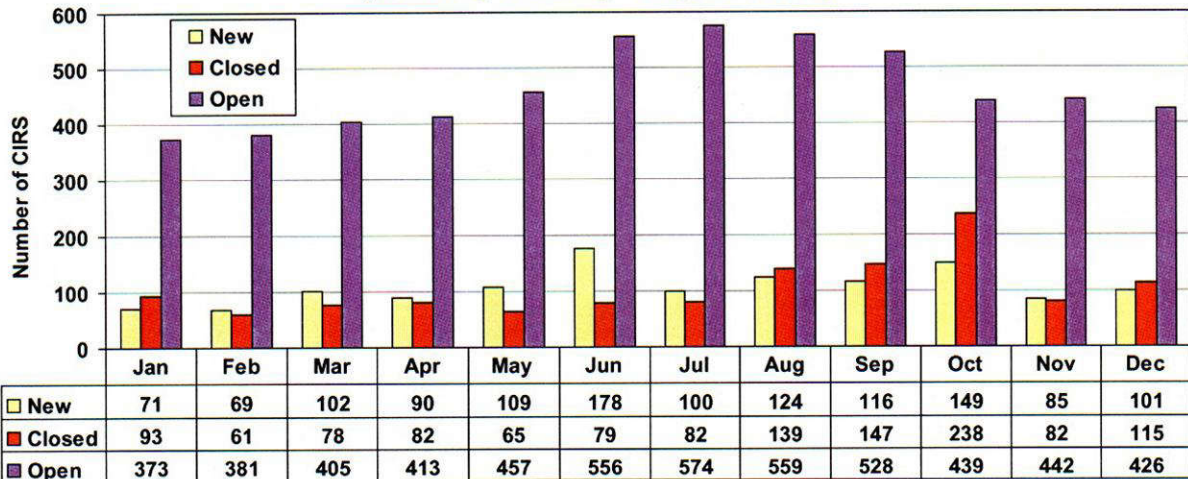
C12

DOE MEASURES INDICATOR

Info

Open CIRS

(Monthly Activity Project-Wide)



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

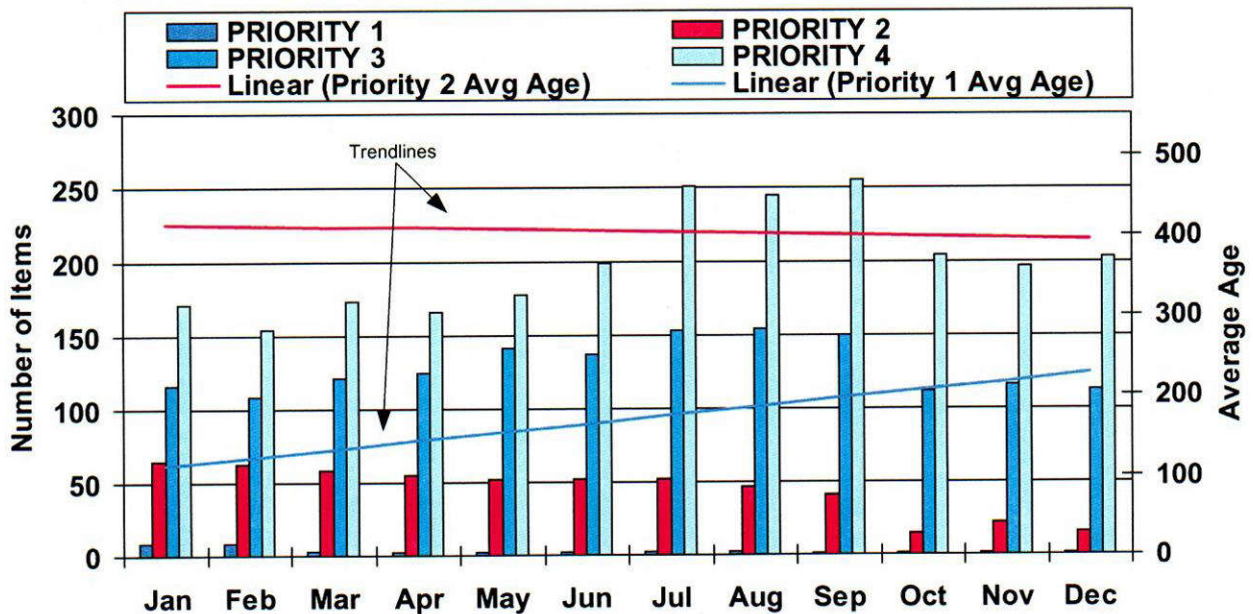
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DOE MEASURES INDICATOR

Trend

Open CIRS

(By Priority and Age Project-Wide)

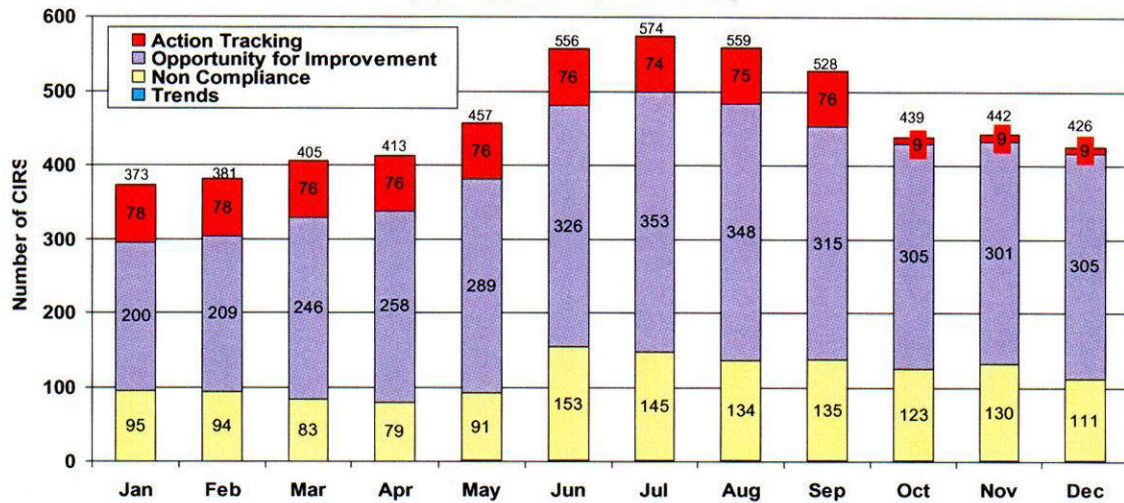


DOE MEASURES INDICATOR

Open CIRS

(By Type Project-Wide)

Trend



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 Noncompliances (NCs = non-Q deficiencies) decreased from 130 to 111 (15%).
- Open CIRS Opportunities for Improvement (OIs) increased from 301 to 305 (1%).
- Open CIRS Action Tracking (AT) stayed constant at 9.
- Open CIRS Trends decreased from 2 to 1 (50%).

TRENDS

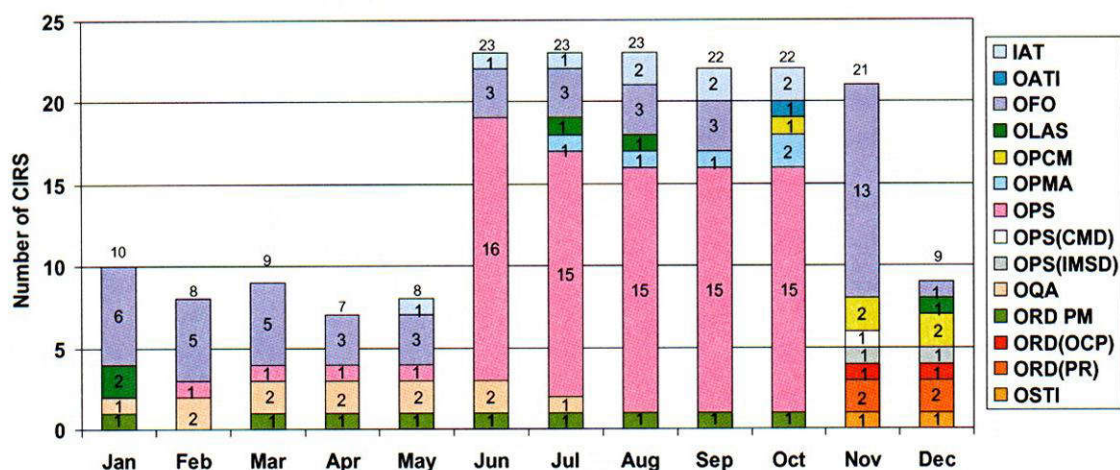
Open CIRS items decreased from 442 to 426 (4%).

CORRECTIVE ACTION

None

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) decreased from 21 to 9.

TRENDS

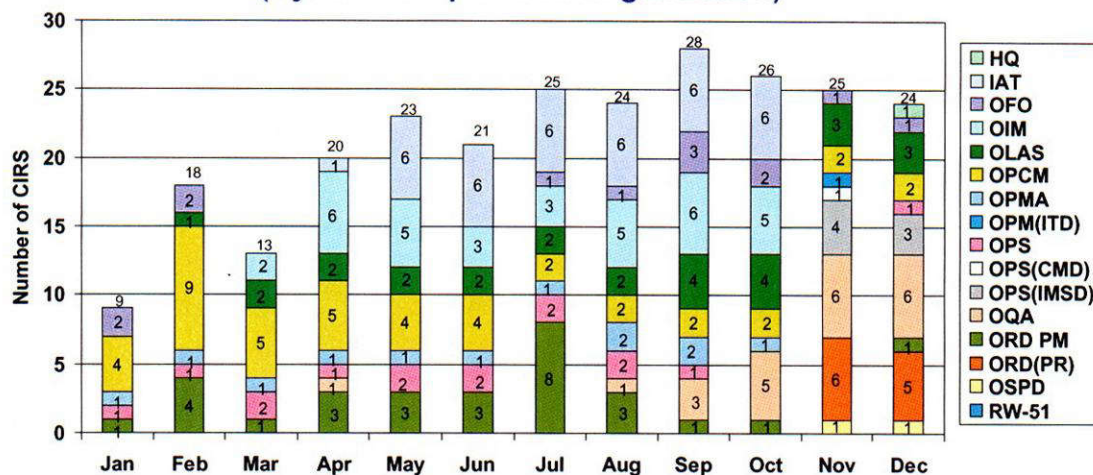
None

CORRECTIVE ACTION

No corrective action required at this time.

DOE MEASURES INDICATOR

Open CIRS - Opportunities for Improvement (OIs) (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 Opportunities for Improvement (OIs) decreased from 25 to 24.

TRENDS

The Office of Quality Assurance (OQA), and the Office of Repository Development - Public Relations (ORD(PR)) have the majority of OIs.

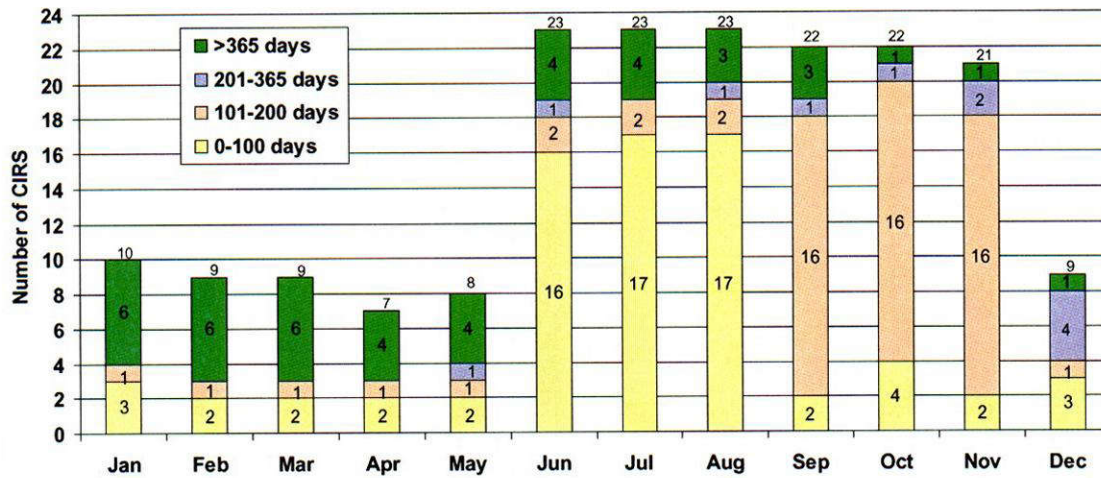
CORRECTIVE ACTION

No corrective actions required at this time.

DOE MEASURES INDICATOR

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

Info



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 decreased from 19 to 6 (68%).

TRENDS

None

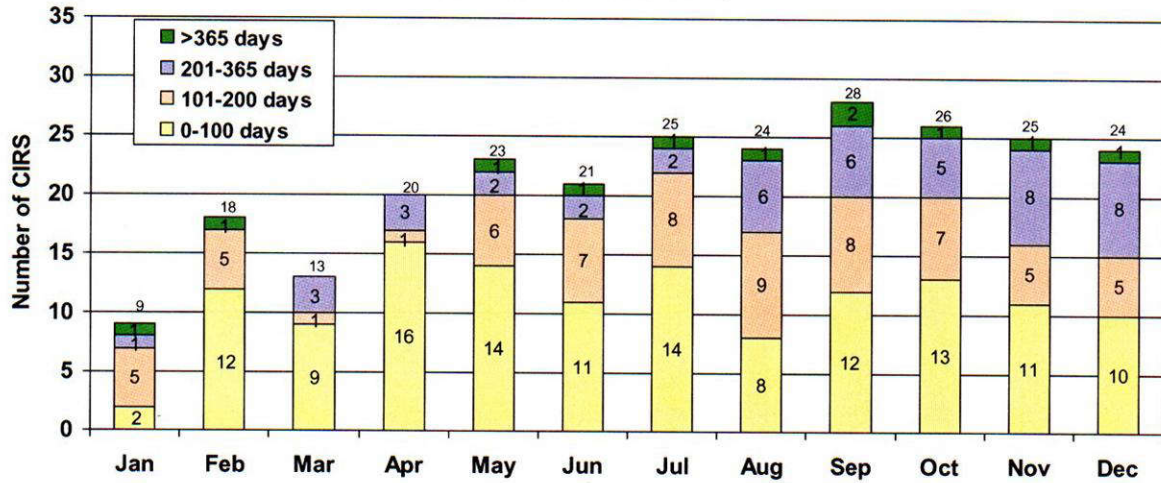
CORRECTIVE ACTION

No corrective actions required at this time.

DOE MEASURES INDICATOR

Open DOE CIRS - Opportunities for Improvement (OIs) (By Age Categories)

Info



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

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SUMMARY OF CURRENT MONTHS PERFORMANCE

The number of DOE CIRS Opportunities for Improvement (OIs) greater than 100 days old remained the same at 14.

TRENDS

One OI is beyond the 365 day age boundary.

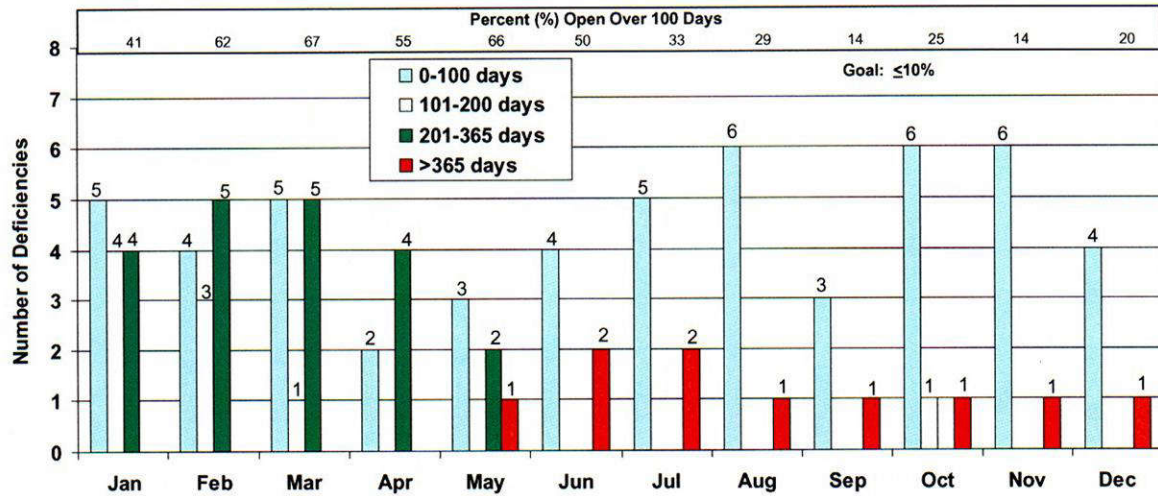
CORRECTIVE ACTION

No corrective actions identified at this time.

DOE MEASURES INDICATOR

Open Quality DRs and CARs (By Age Categories)

Info



NOTE: BSC and vendor deficiencies excluded
Indicator Manager / Data Contact - Ram Murthy / Matt Crawford

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

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

1 of 5 (20%) of DRs over 100 days old

TRENDS

No new DRs were issued this month. Only one of the five DRs/CARs is over 100 days old.

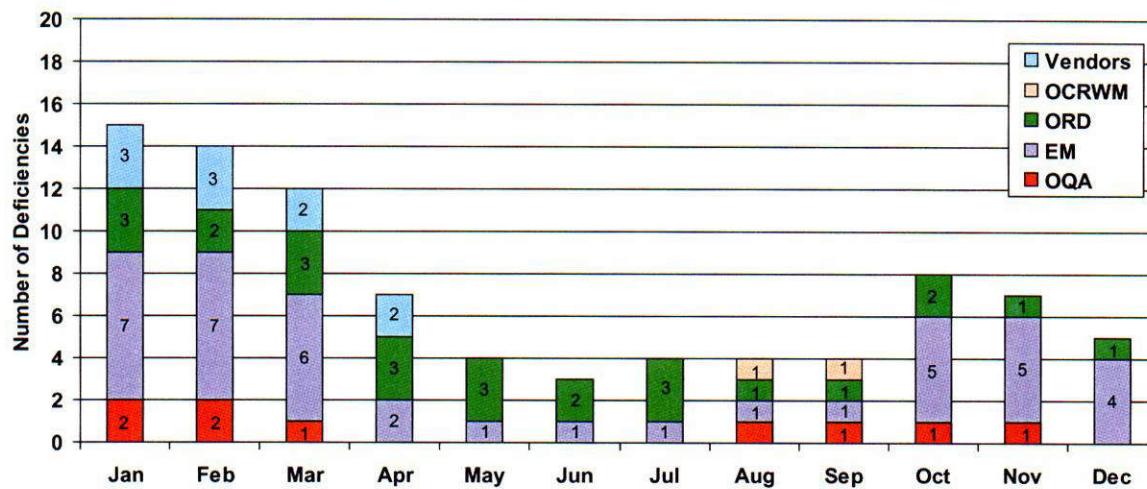
CORRECTIVE ACTION

No corrective action identified at this time.

DOE MEASURES INDICATOR

Open DRs and CARs (By Organization)

Info



Indicator Manager / Data Contact - Ram Murthy / Matt Crawford

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SUMMARY OF CURRENT MONTH'S PERFORMANCE

The total open DOE DRs decreased from seven to five.

TRENDS

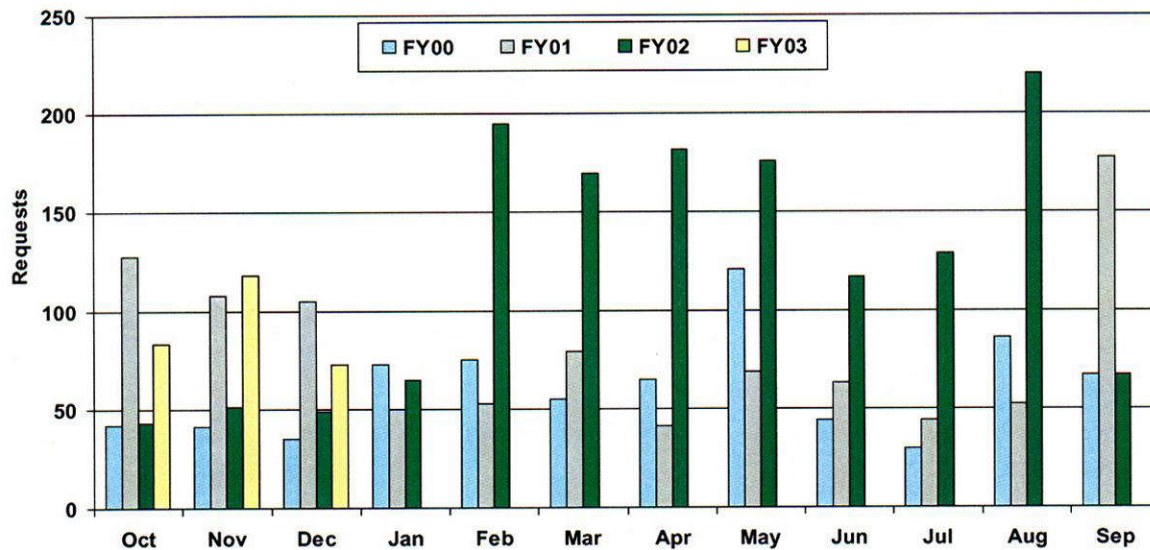
During December, the OQA deficiency and one EM deficiency were closed.

CORRECTIVE ACTION

None

DOE MEASURES INDICATOR Institutional Affairs - YMP Correspondence

Info

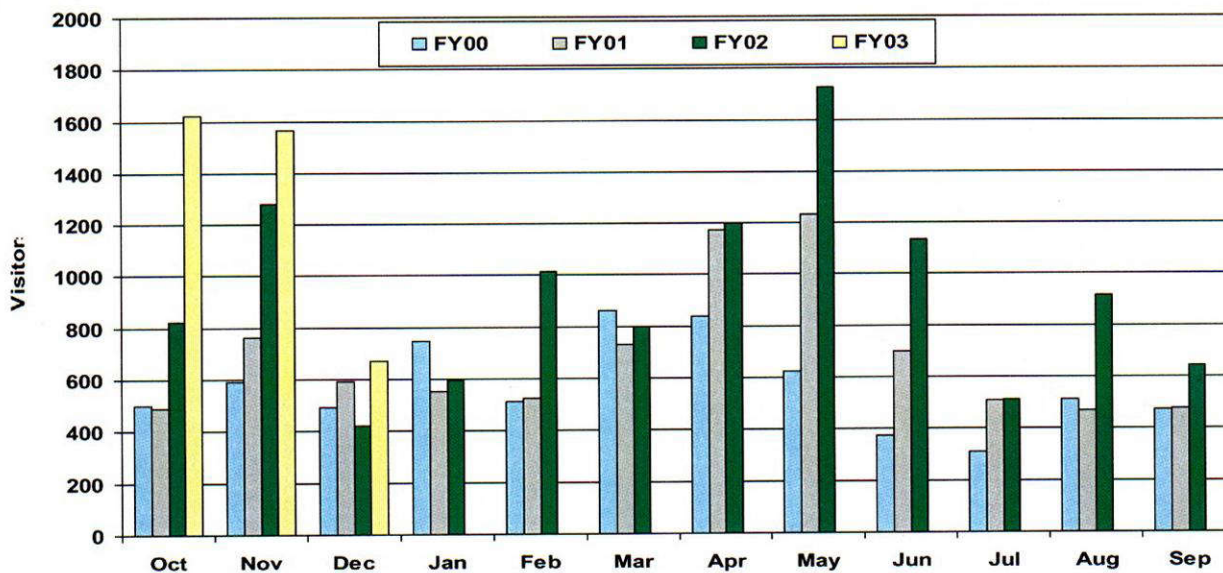


Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

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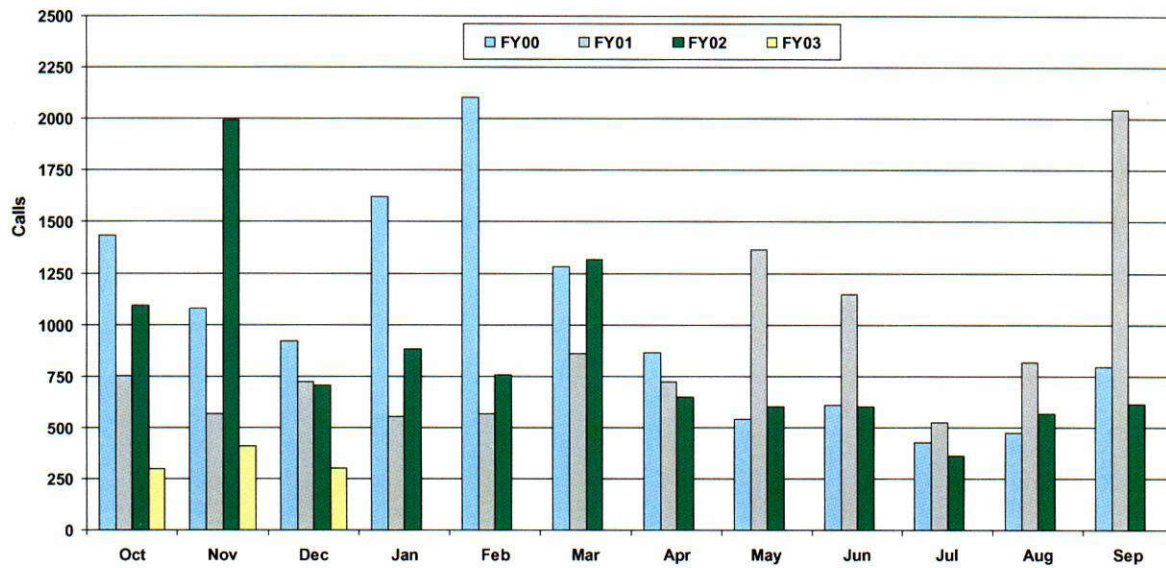
DOE MEASURES INDICATOR Institutional Affairs - YMP Science Centers

Info



DOE MEASURES INDICATOR Institutional Affairs - OCRWM Information Phone Line

Info

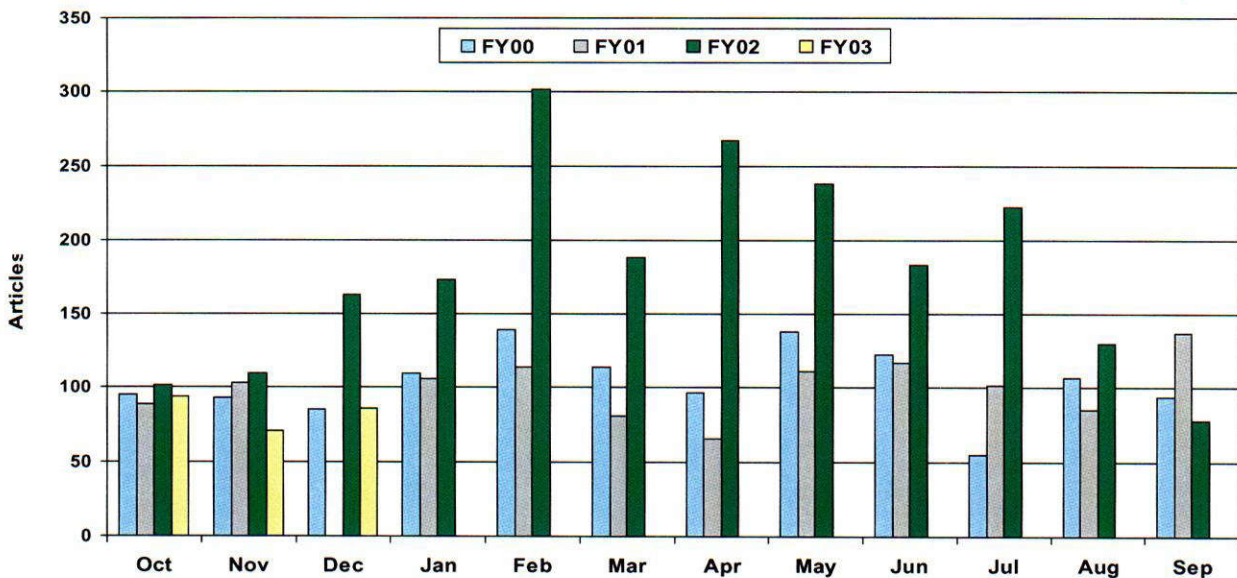


Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

December 2002
Performance Indicator Report

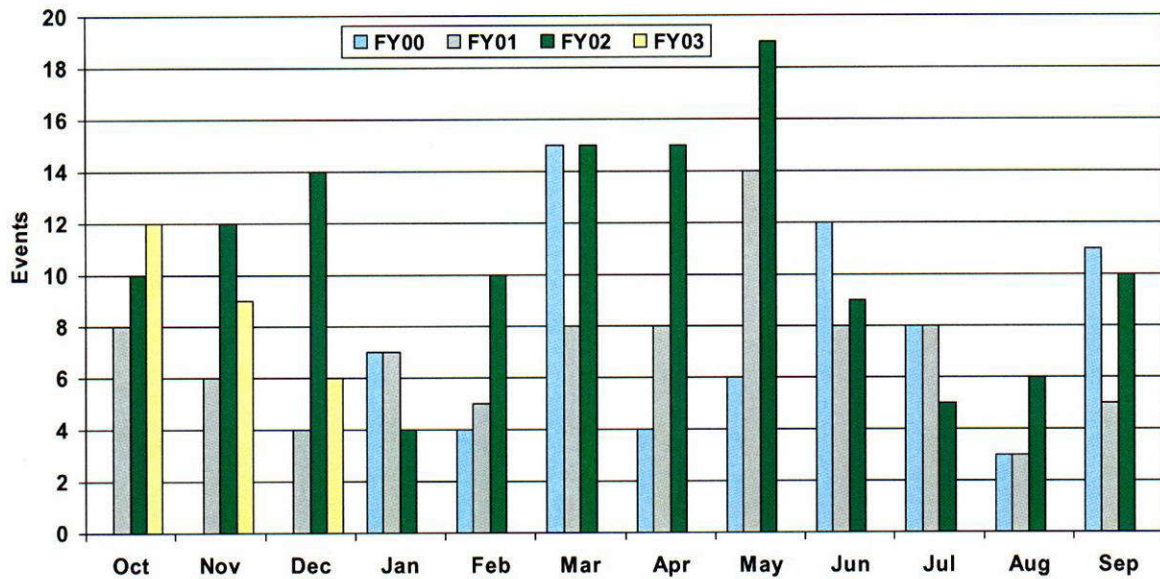
DOE MEASURES INDICATOR Institutional Affairs - Articles about YMP

Info



DOE MEASURES INDICATOR Institutional Affairs - YMP Speakers Bureau

Info

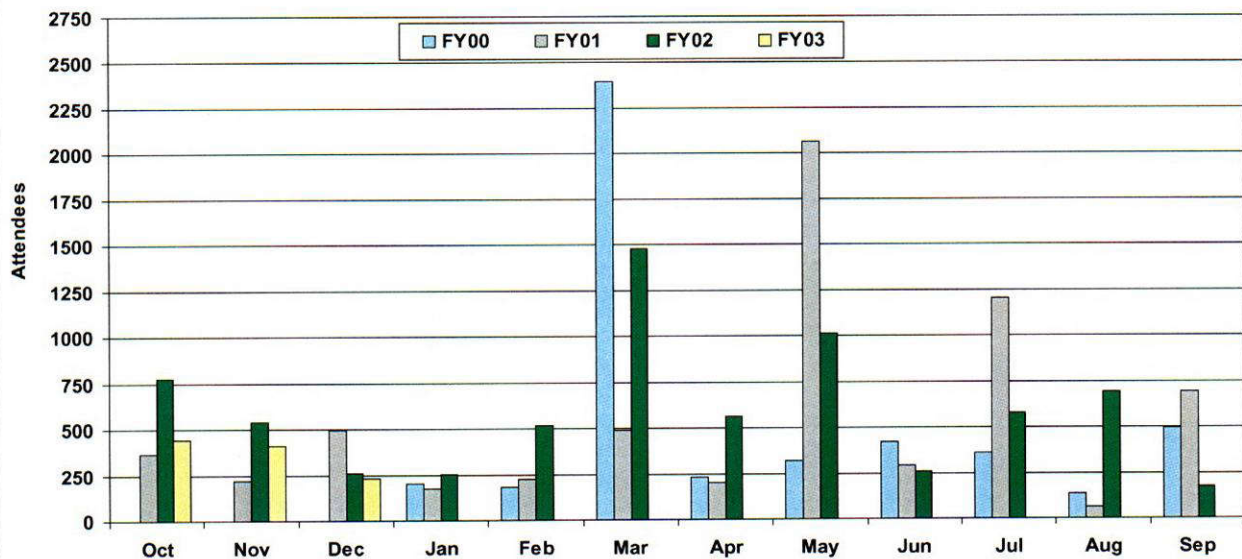


Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

December 2002
Performance Indicator Report

DOE MEASURES INDICATOR Institutional Affairs - YMP Speakers Bureau

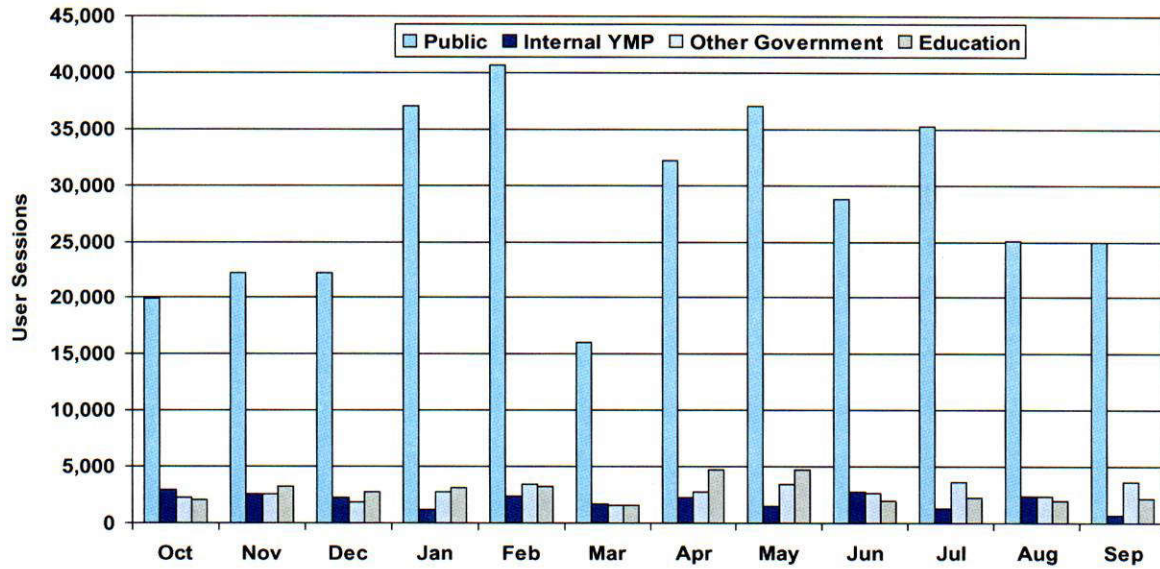
Info



DOE MEASURES INDICATOR

Institutional Affairs - 2002 YMP Web Site Activity

Info



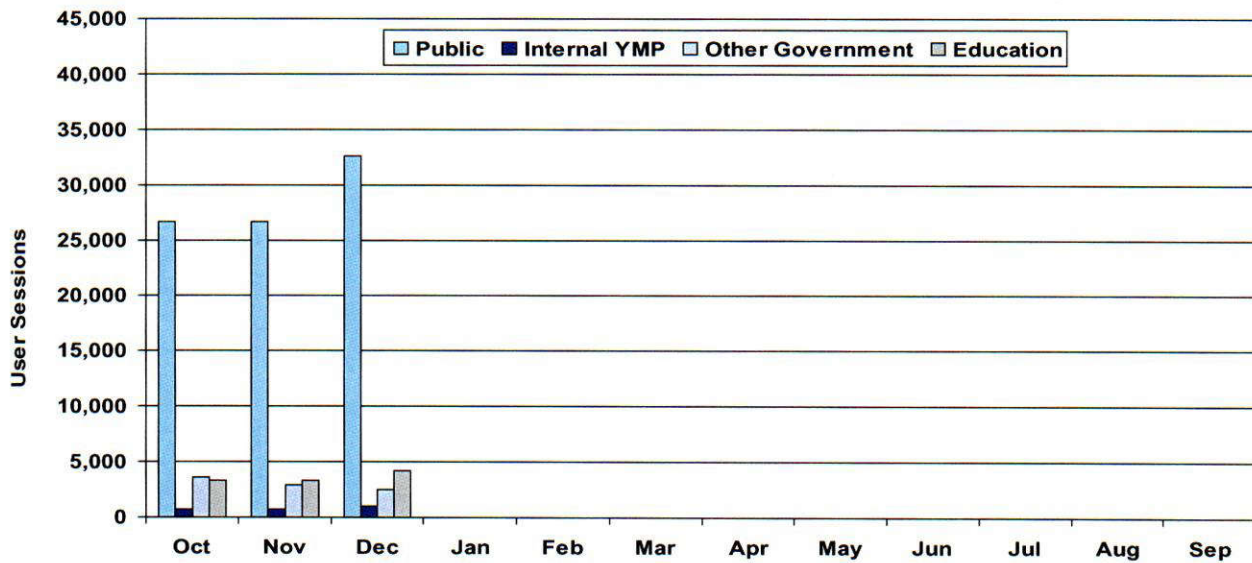
Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

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Performance Indicator Report

DOE MEASURES INDICATOR

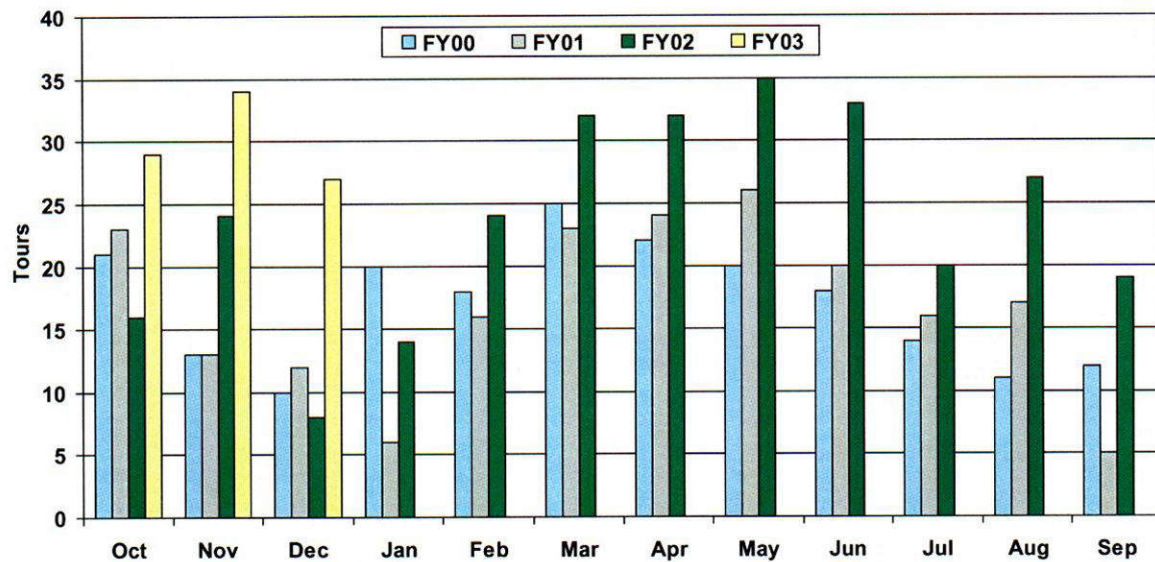
Institutional Affairs - 2003 YMP Web Site Activity

Info



DOE MEASURES INDICATOR Institutional Affairs - YMP Tours

Info

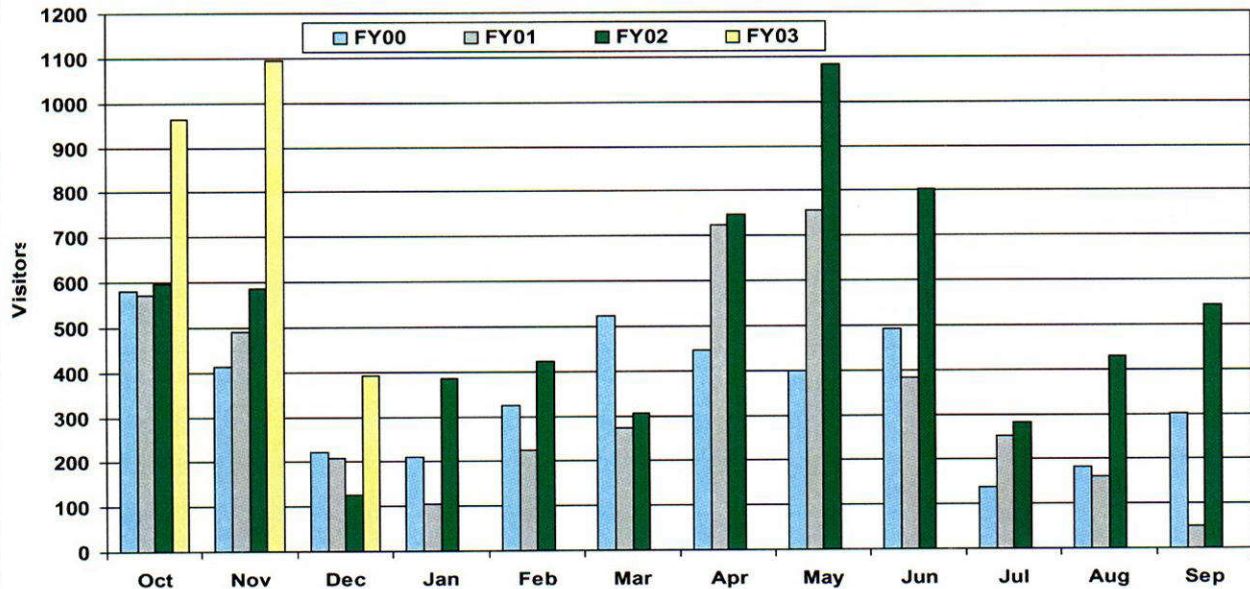


Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

December 2002
Performance Indicator Report

DOE MEASURES INDICATOR Institutional Affairs - YMP Tour Visitors

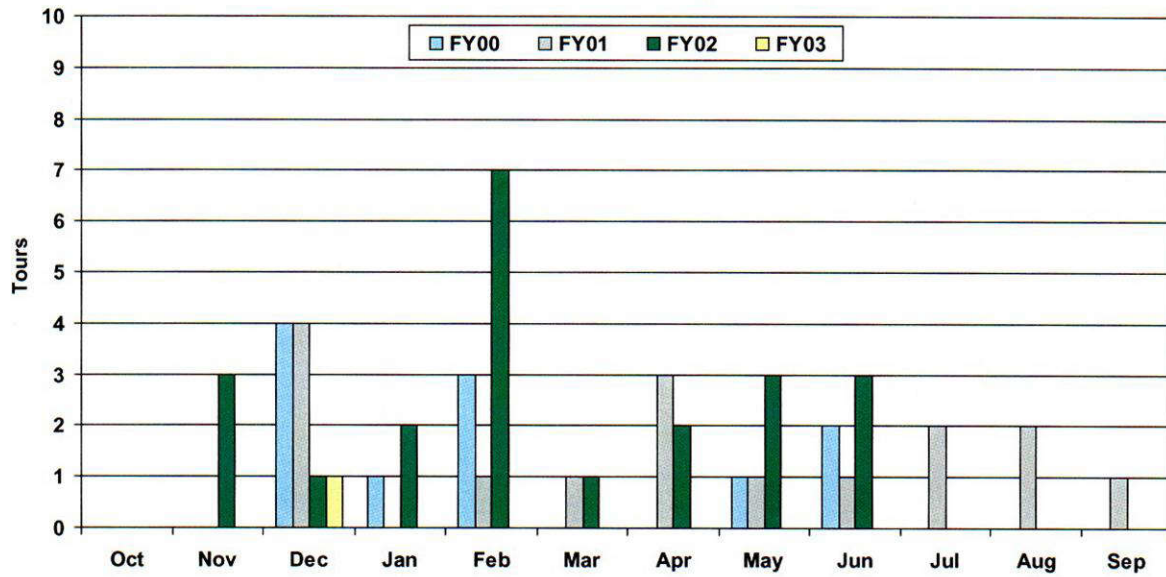
Info



DOE MEASURES INDICATOR

Institutional Affairs - YMP Congressional Tours

Info



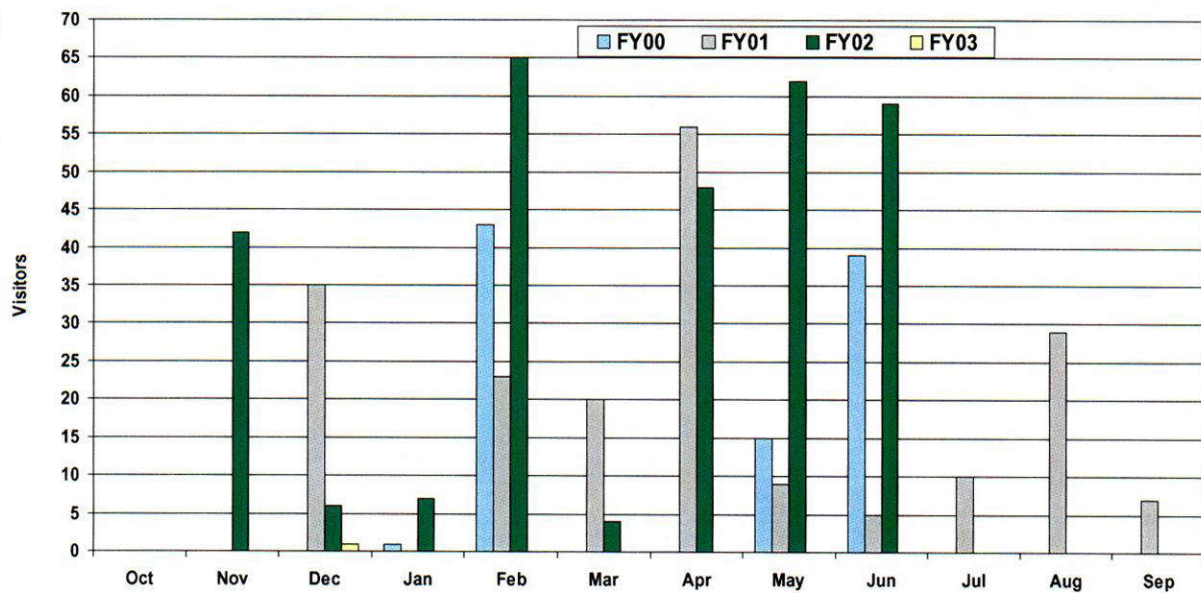
Indicator Manager / Data Contact - Gayle Fisher / Scott Nesbitt

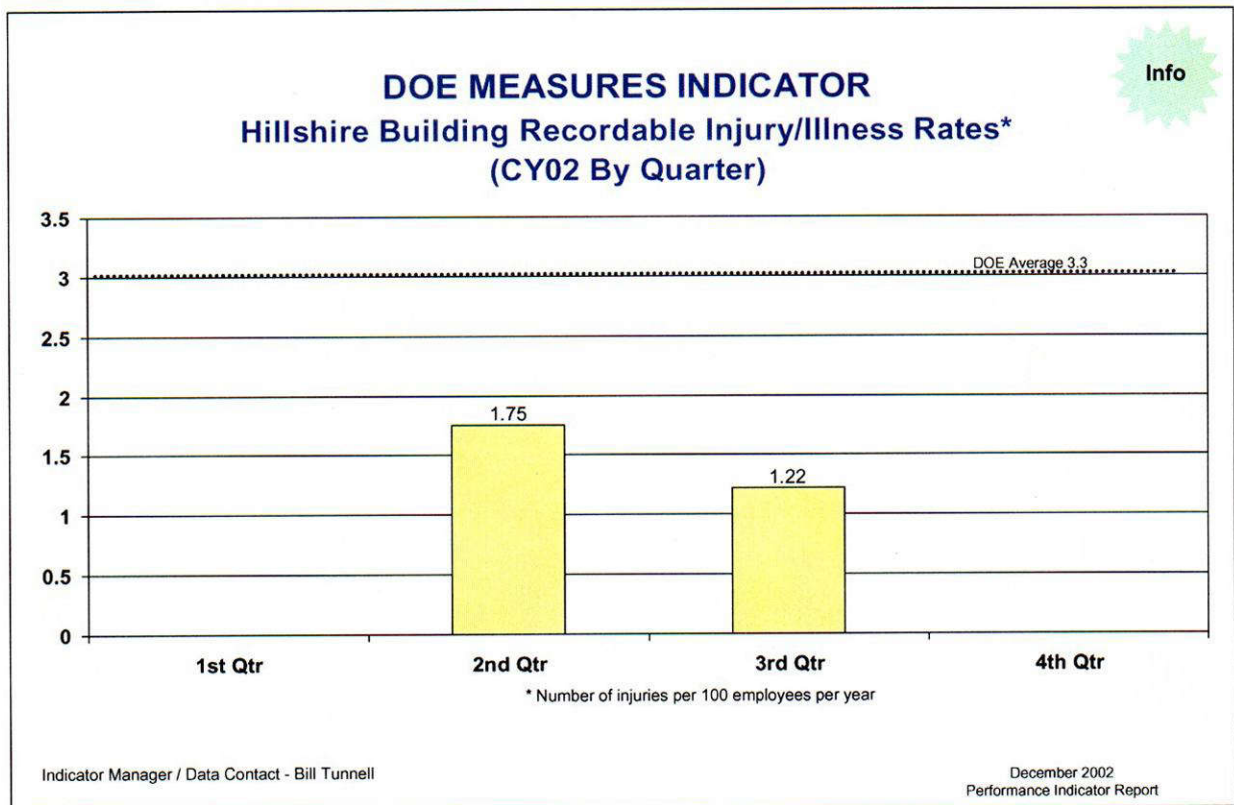
December 2002
Performance Indicator Report

DOE MEASURES INDICATOR

Institutional Affairs - YMP Congressional Tour Visitors

Info





SUMMARY OF CURRENT MONTH'S PERFORMANCE

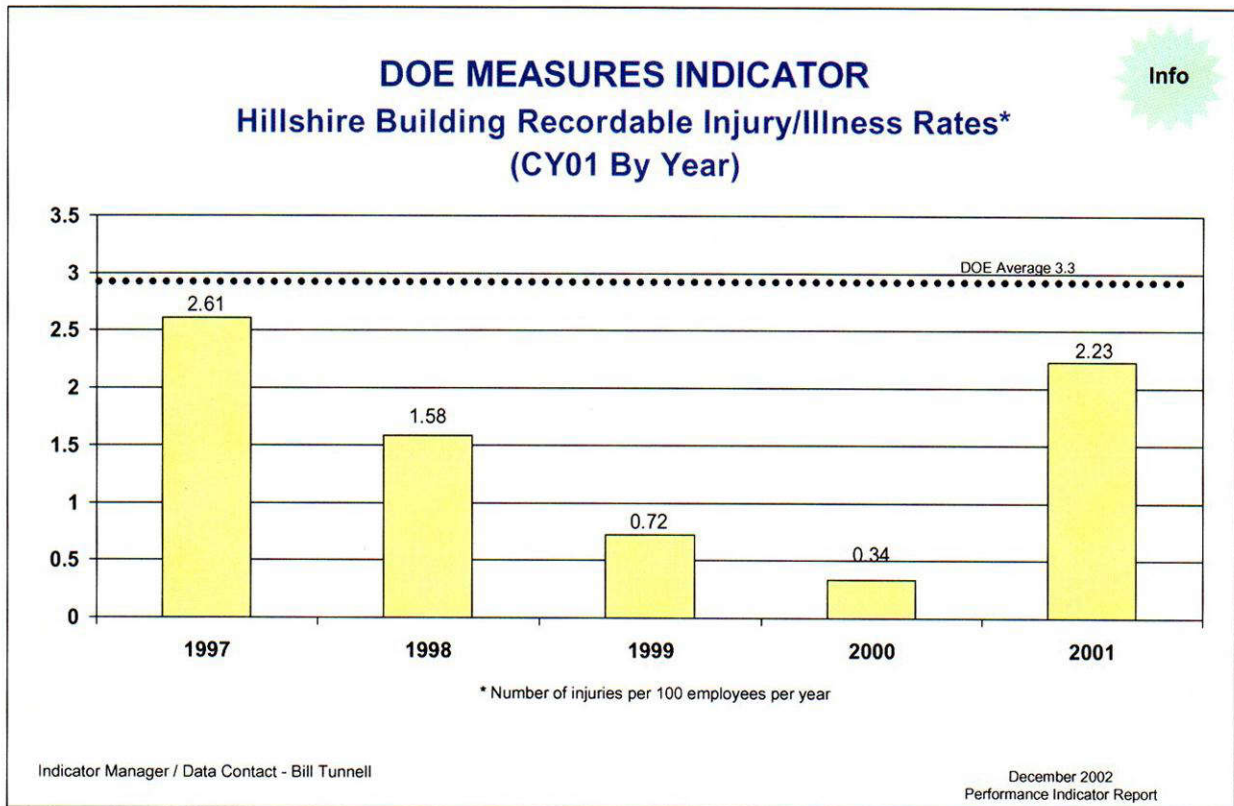
3rd Quarter CY02 is well below DOE Average of 3.3.

TRENDS

No trends identified at this time.

CORRECTIVE ACTION

No corrective action required at this time.



SUMMARY OF CURRENT MONTH'S PERFORMANCE

CY01 is well below DOE Average of 3.3.

TRENDS

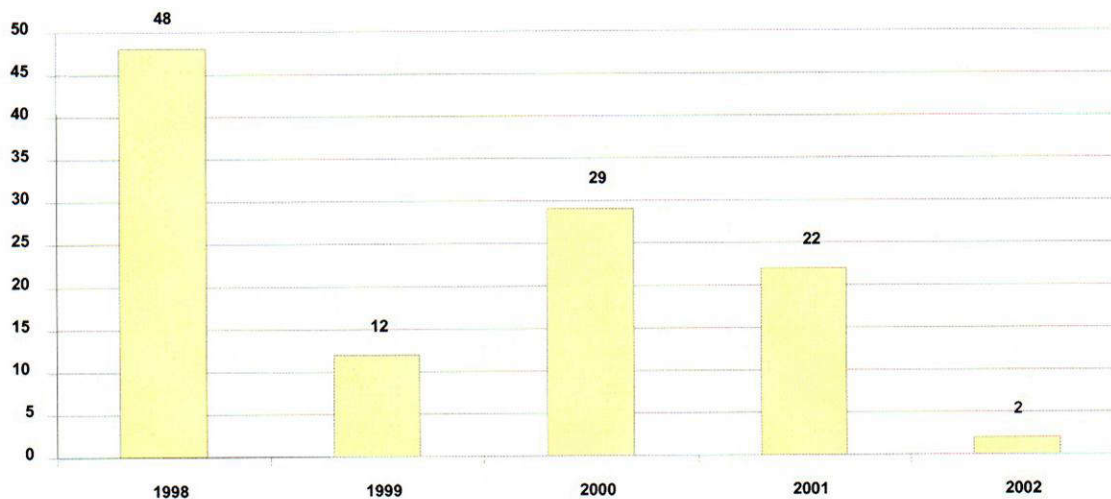
No trends identified at this time.

CORRECTIVE ACTION

No corrective action required at this time.

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

Info



FEOSH = Federal Employee Occupational Safety & Health

Indicator Manager / Data Contact - Bill Tunnell

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

None

TRENDS

No trends identified at this time.

CORRECTIVE ACTION

No corrective action required at this time.

DOE MEASURES INDICATOR
DOE Safeguards & Security Activities

Info

Type of Incident	July	Aug	Sept	Oct	Nov	Dec
Alarms, Working Hours						
Alarms	0	0	0	1	0	0
Responded and Closed	0	0	0	1	0	0
Alarms, Non-Working Hours						
Alarms	6	3	2	0	0	1
Responded and Closed	6	3	2	0	0	1
Foreign National Visitors						
Sensitive Country	0	0	0	0	3	0
Non-Sensitive Country	0	2	0	2	11	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 - Garald Smith / Toni Caselli

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

None

TRENDS

No trends identified at this time.

CORRECTIVE ACTION

No corrective action required at this time.

**DOE MEASURES INDICATOR
OPM/ITD: OCRWM Cyber Security**

Goal

December 2002 = 100% effectiveness

	<u>Jul</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>
UNAUTHORIZED ACCESS/BREAK-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	0	0	0
WEB DEFACEMENTS	0	0	0	0	0	0
SCAN DETECTIONS	0	0	0	0	0	2
INSIDER EVENTS	0	0	0	0	0	0
VIRUS DETECTION	470	372	325	511	122	346
VIRUS INFECTION	0	0	0	0	0	0
REPORTABLE CIAC INCIDENTS	0	0	0	0	0	0

Purpose: Monitor effectiveness of OCRWM Cyber Security program

Green

Indicator Manager / Data Contact - Bob Wells / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

- Goal met for December 2002. **GREEN**
- The detected scans are a result of the OA vulnerability test.

TRENDS

None

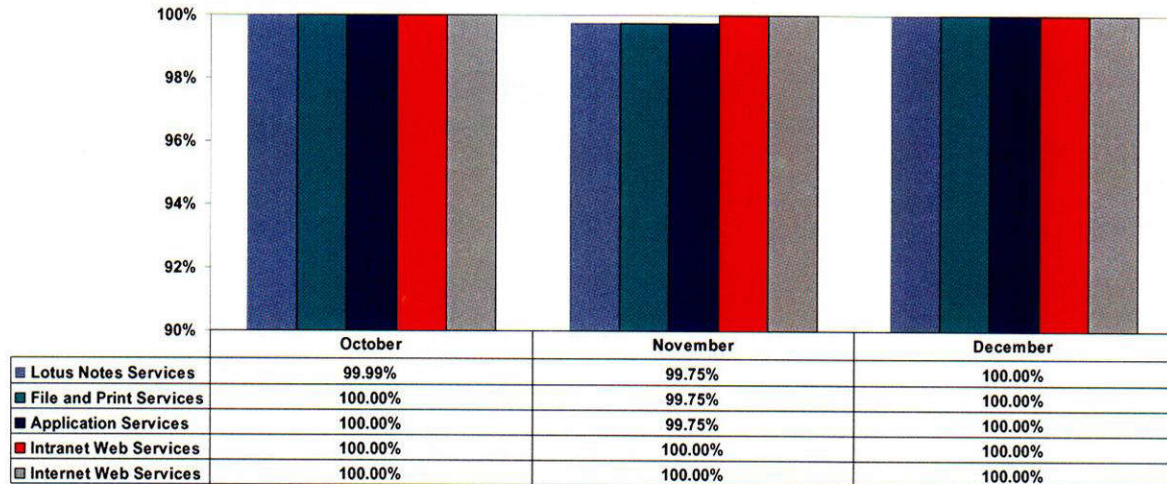
CORRECTIVE ACTION

None

DOE MEASURES INDICATOR

OPM/ITD: Computer Server Operations Uptime Statistics

Goal



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

Green

Indicator Manager / Data Contact - Bob Wells / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

- Conclusion: There was no impact on data, deliverables or schedule.
- Goal met for December 2002. **GREEN**

TRENDS

None

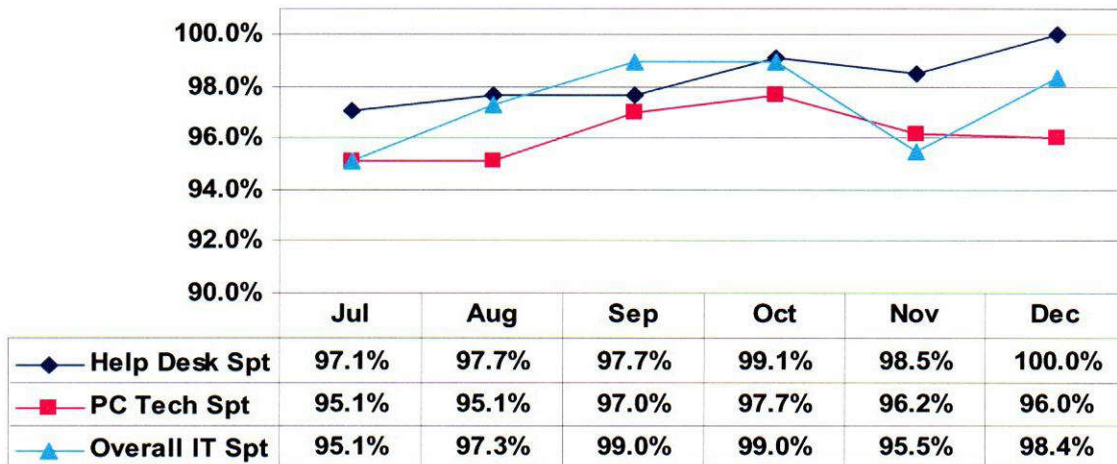
CORRECTIVE ACTION

None

DOE MEASURES INDICATOR

OPM/ITD: Customer Satisfaction With Computer Technical Support

Info



Indicator Manager / Data Contact - Bob Wells / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

Of 252 surveys requested during Dec '02 reporting period, 127 responses (50% of total) were returned completed.

TRENDS

Customer satisfaction remains high.

CORRECTIVE ACTION

No corrective/improvement actions required.

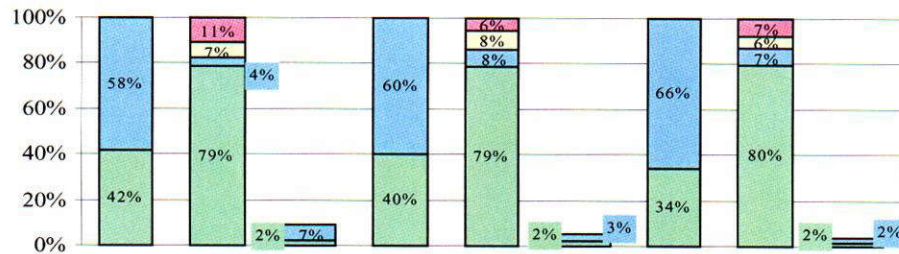
DOE MEASURES INDICATOR OPM/ITD: End-User Technical Support Metrics

Goal

Definition of Work Order Terms:

Level I - Resolved by Help Desk Within 1 Day

Level II - Resolved by Second Echelon Technical Support



	Oct	Nov	Dec
Level II (Tech Spt)	2272	1567	1671
Level I (HelpDesk)	1615	1065	853
Monthly Total	3887	2632	2524
More Than 7 Days	211	148	185
4 to 7 Days	136	212	139
2 to 3 Days	78	210	179
w/in 1 Day	1574	2084	1970
Total Level II Resolved	1999	2654	2473
> 30 days	49	56	40
< or = 30 days	131	77	60
Total Backlog	180	133	100

- Yellow **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

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

- Objective A: Goal was not met. YELLOW
- Objective B: Goal was exceeded. GREEN
- Objective C: Goal was exceeded. GREEN

TRENDS

- Objective A: Low call volume due to Holidays. Increase in clearing backlog.
- Objective B: None
- Objective C: None

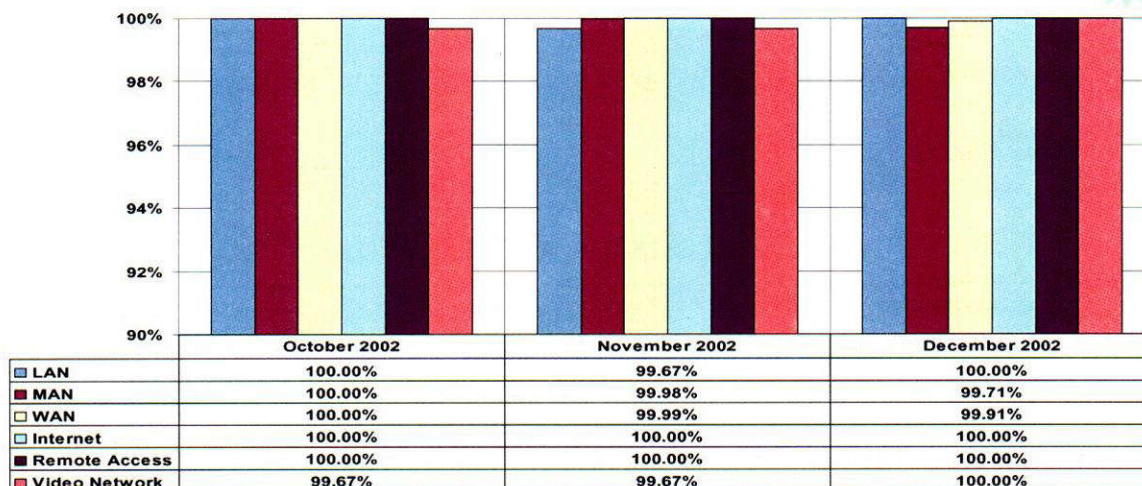
CORRECTIVE ACTION

- Objective A: Call volume expected to pick up after holidays.
- Objective B: None
- Objective C: None

DOE MEASURES INDICATOR

OPM/ITD: Data & Video Network Uptime Statistics

Goal



OBJECTIVE: 97% Network Uptime During Core Business Hours (7am to 5:30pm)

CONCLUSION: There was no impact on deliverables or schedule.

Yellow

Indicator Manager / Data Contact - Bob Wells / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

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

TRENDS

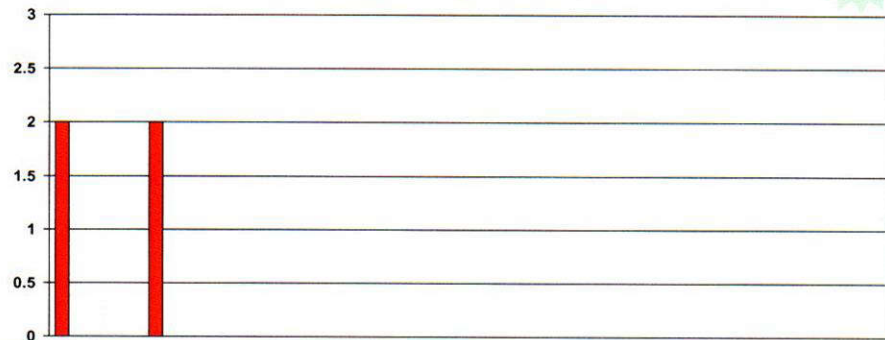
Insufficient bandwidth to the site continued to affect some of the users' work process. Large data sets are captured and stored locally at the site and are transferred to the required location during off hours. Large documents are reviewed via hard copy. Duplicate servers are installed at the site to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

CORRECTIVE ACTION

None

PERFORMANCE INDICATOR REPORT
OPS/IMSD: Web Publishing of Key Documents

Info



	Level 2			Level 3			Level 4		
	Oct	Nov	Dec	Oct	Nov	Dec	Oct	Nov	Dec
Scheduled, Comp. On Time	2	2							
Scheduled, Comp. Early									
Scheduled, Comp. Late									
Unscheduled, Comp. On Time									
Unscheduled, Comp. Early									
Unscheduled, Comp. Late									

Purpose: Track monthly status of documents published to the Internet

Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
 Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

No documents were posted to the Web during December.

TRENDS

None

CORRECTIVE ACTION

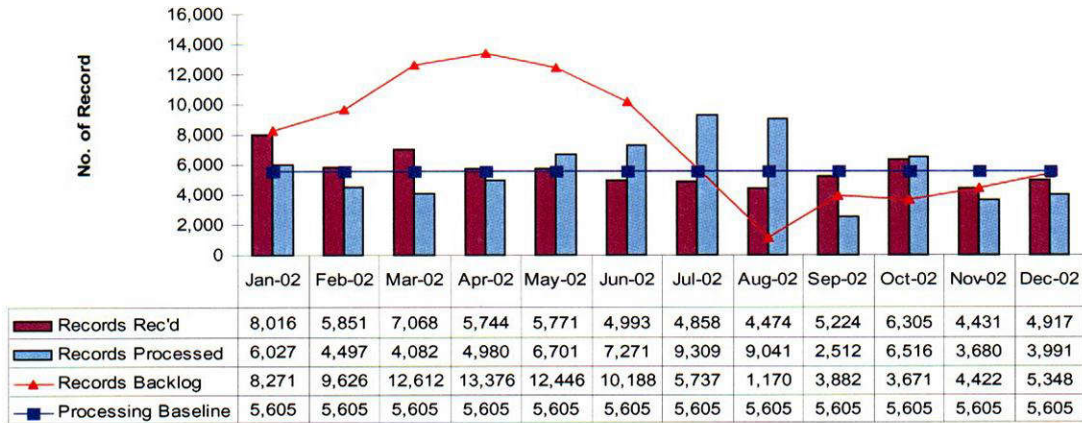
Web Publishing developed a template to improve compliance with Section 508. Two documents have been converted using the new template. A final step to be completed before posting the documents is updating the help file for all users and particularly for disabled users.

DOE MEASURES INDICATOR OPS/IMSD: OCRWM Records Processing Metrics

Info

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

Records Processing



Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

A continued low number of records were processed this month because:

- the RPC is short 4 staff
- holiday shut down
- many employees took extra PTO with the holiday

TRENDS

Backlog slightly increased.

CORRECTIVE ACTION

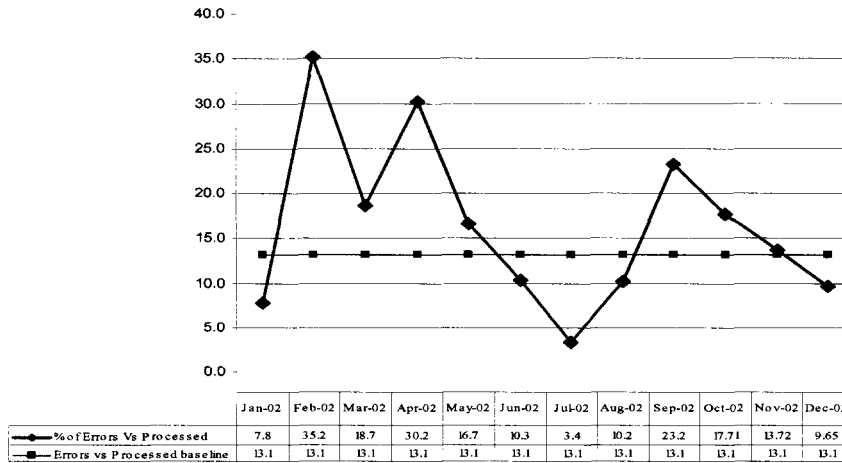
None indicated for this timeframe.

DOE MEASURES INDICATOR OPS/IMSD: OCRWM Records Processing Metrics

Info

Purpose: Trend quality of records processed

% of Discrepancies Vs Records Processed



Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

The percentage of errors decreased during this timeframe.

TRENDS

The percentage of errors is below the errors versus processed baseline.

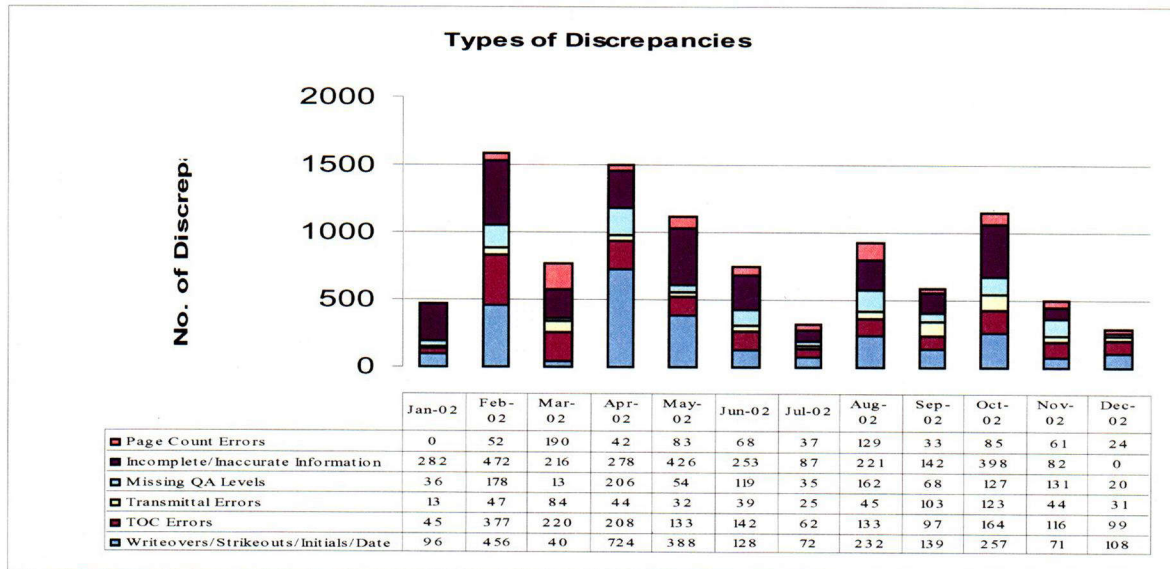
CORRECTIVE ACTION

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

DOE MEASURES INDICATOR OPS/IMSD: OCRWM Records Processing Metrics

Info

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



Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

Even though there was an 11% increase in number of records received over the previous month and an 8% increase in the number of records processed, the total number of errors continued to decrease.

TRENDS

No trend has been established.

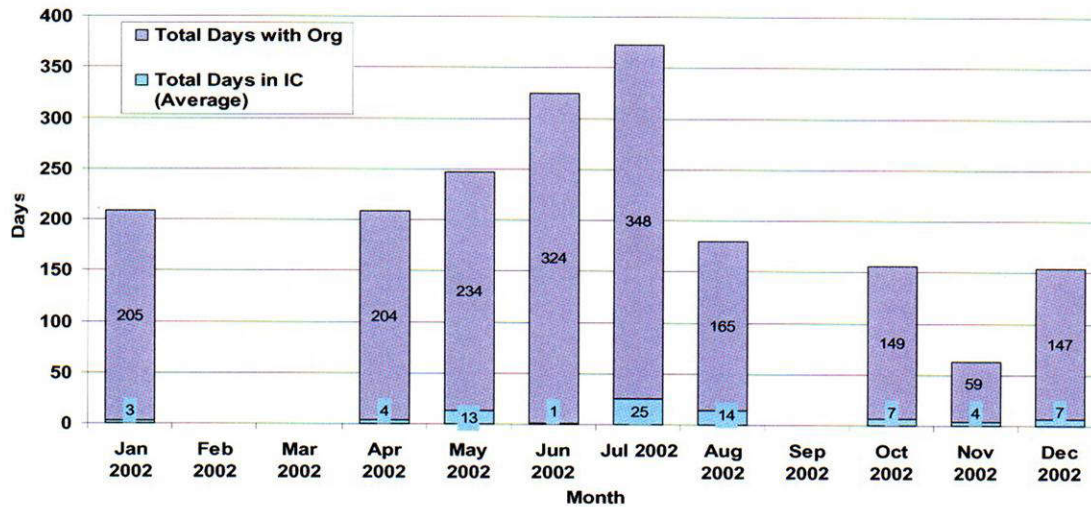
CORRECTIVE ACTION

Errors are expected to decrease as outreach program matures.

DOE MEASURES INDICATOR
OPS/IMSD: OCRWM Software Baseline Metrics

Info

Level 1 - Average Days to Baseline by Month
January 2002 to December 2002



Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
 Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

3 codes baselined

Increase in the average number of days in IC

Increase in the average number of days with Org

TRENDS

None

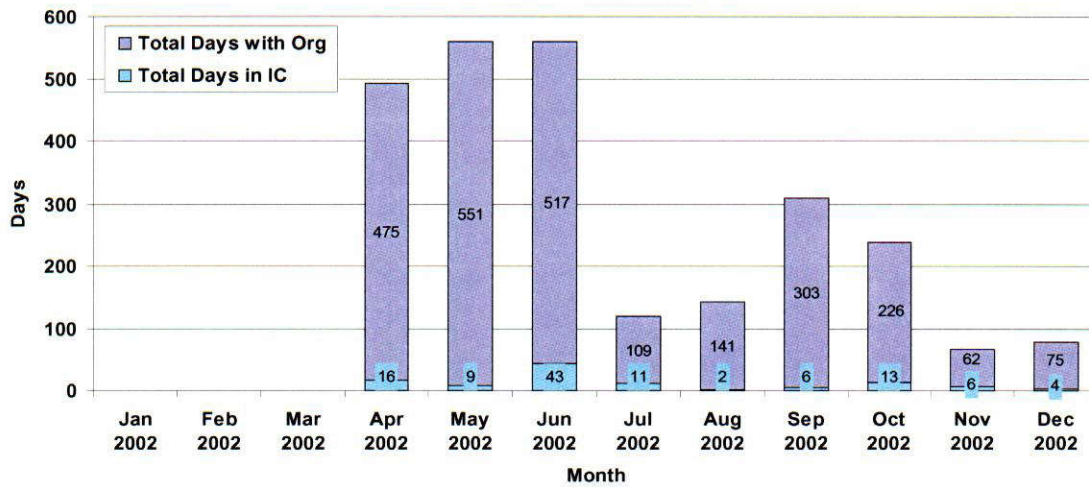
CORRECTIVE ACTION

None

DOE MEASURES INDICATOR OPS/MSD: OCRWM Software Baseline Metrics

Info

Level 2 - Average Days to Baseline by Month
January 2002 to December 2002



Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

1 codes baselined

Decrease in the average number of days in IC

Increase in the average number of days with Org

TRENDS

None

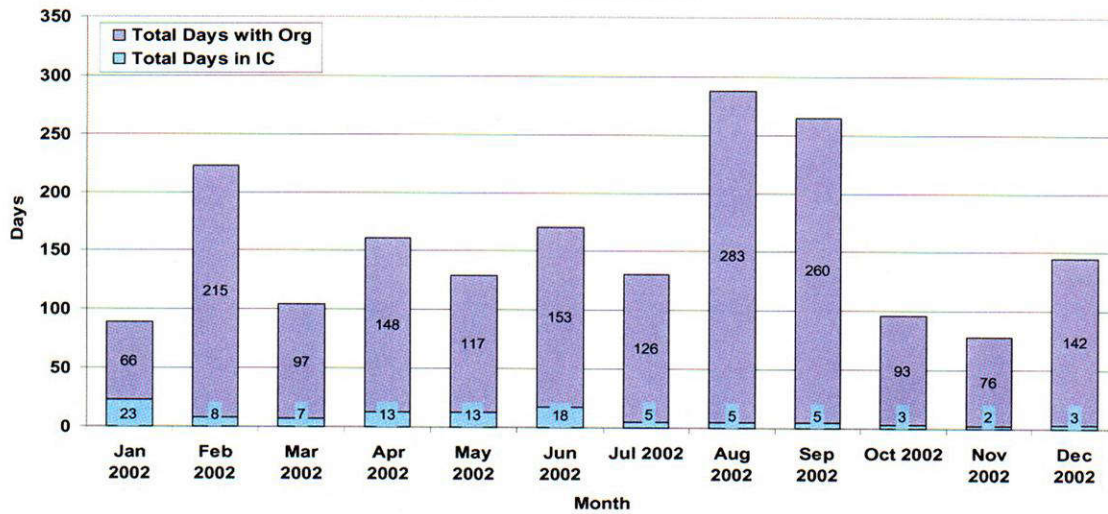
CORRECTIVE ACTION

None

DOE MEASURES INDICATOR OPS/IMSD: OCRWM Software Baseline Metrics

Info

Level 3 - Average Days to Baseline by Month
January 2002 to December 2002



Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

20 codes baselined

Increase in the average number of days in IC

Increase in the average number of days with Org

TRENDS

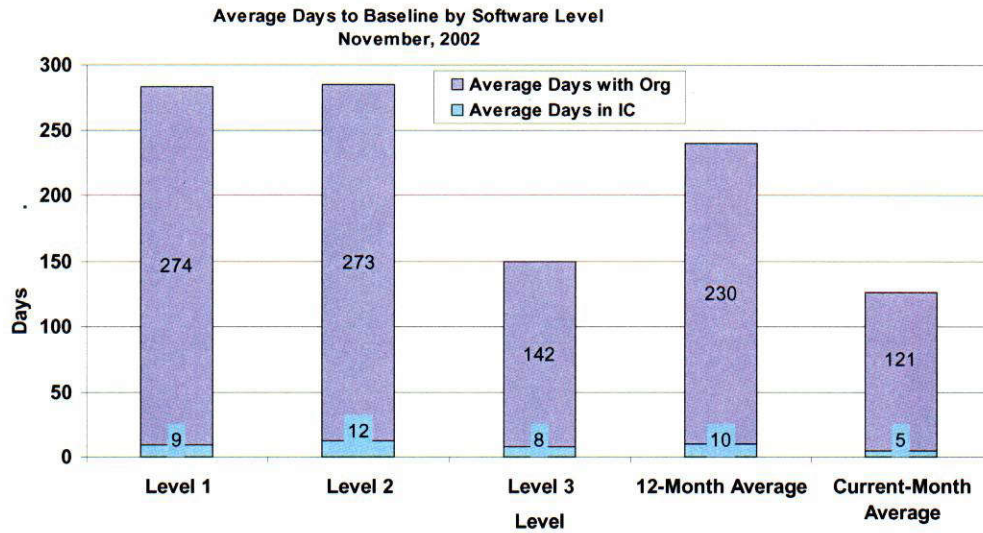
None

CORRECTIVE ACTION

None

DOE MEASURES INDICATOR
OPS/IMSD: OCRWM Software Baseline Metrics

Info



Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
 Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

24 codes baselined

Increase in the average number of days in IC

Increase in the average number of days with Org

TRENDS

None

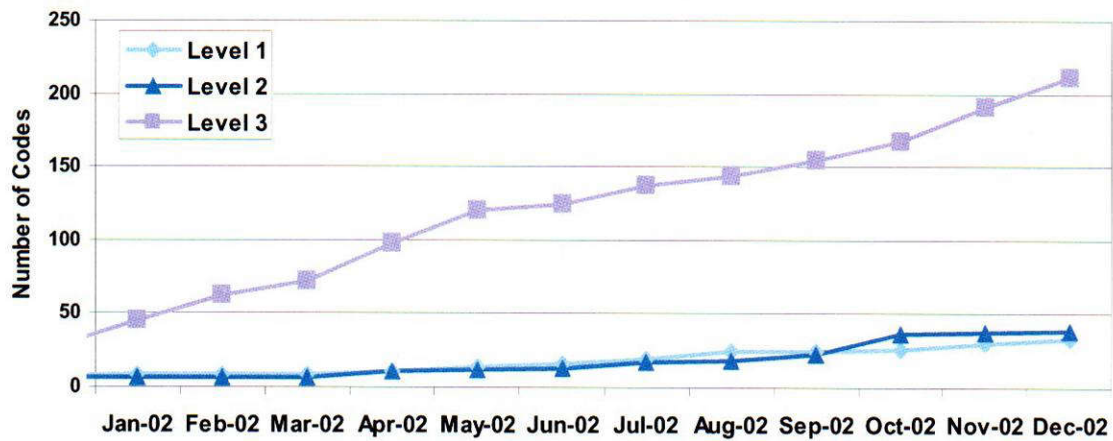
CORRECTIVE ACTION

None

DOE MEASURES INDICATOR
OPS/IMSD: OCRWM Software Baseline Metrics

Info

Trend of Code Qualification by Level



Software Level	Jan-02	Feb-02	Mar-02	Apr-02	May-02	Jun-02	Jul-02	Aug-02	Sep-02	Oct-02	Nov-02	Dec-02
Level 1	9	9	9	11	14	16	19	25	25	26	30	33
Level 2	6	6	6	11	12	13	17	18	23	36	38	39
Level 3	45	62	72	98	120	125	137	144	154	167	191	211

Indicator Manager / Data Contact - Mark Van Der Puy / Jan Verden

December 2002
 Performance Indicator Report

SUMMARY OF CURRENT MONTH'S PERFORMANCE

Increase in the total number of level 1 codes baselined.

Increase in the total number of level 2 codes baselined.

Increase in the total number of level 3 codes baselined.

TRENDS

Most of the codes baselined during this period are level 3 codes

CORRECTIVE ACTION

None