U.S. Department of Energy
Office of Inspector General
Office of Inspections and Special Inquiries

Inspection Report

The Human Reliability Program at Lawrence Livermore National Laboratory

DOE/IG-0732 **June 2006**

Department of Energy
Washington, DC 20585
June 30, 2006

MEMORANDUM FOR THE SECRETARY

FROM: Gregory H. Friedman
Inspector General

SUBJECT: INFORMATION: Inspection Report on "The Human Reliability Program at Lawrence Livermore National Laboratory"

BACKGROUND

The Department of Energy's Human Reliability Program (HRP) was established to address the need for individuals involved in the nuclear weapons program to meet the highest standards of reliability, including physical and mental suitability. HRP certification is required for those employees assigned to sensitive positions relating to nuclear weapons and nuclear materials. Employees entering the program must possess a Q (Top Secret) clearance and submit to a multi-phase certification process that is designed to identify and evaluate behaviors and conditions that may disqualify employees from holding HRP positions.

The Lawrence Livermore National Laboratory supports the Department's core mission of maintaining a safe, secure, and reliable nuclear weapons stockpile. As a key component of the Department's weapons program, Livermore has an extensive HRP program, with many of its employees subject to the HRP certification process.

Livermore supervisors are responsible for: determining the need for participation in the HRP, evaluating employees against 12 established "reportable concerns," and submitting required forms to the Livermore HRP administrator management team. The HRP administrator management team processes applications and oversees the remaining phases of the HRP certification process, which include: HRP drug and alcohol testing, medical and psychological evaluations, and security and counterintelligence evaluations. HRP security evaluations are conducted by the Personnel Security Division of the National Nuclear Security Administration's Service Center. A Federal official from the Livermore Site Office is the approving authority for participation in the HRP.

The objective of this inspection was to determine if the Livermore HRP was administered in accordance with existing policy requirements.

RESULTS OF INSPECTION

In matters as sensitive as the HRP, strict compliance with applicable procedures and processes is essential. Yet, we found that the Livermore HRP was not administered in full accordance with applicable requirements. Specifically:

- The methodology used to select individuals for drug and alcohol testing did not ensure that the tests were random, as required.

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- When an employee's payroll supervisor was not also his/her observing supervisor, the two supervisors did not always conduct joint employee evaluations, as required. This joint evaluation is important because the two supervisors may have differing knowledge relating to an employee's job performance that could impact his/her participation in the HRP.

- Some HRP personnel who were called into work for unscheduled HRP duties were not, as required, questioned about whether they had consumed alcohol within the previous four hours.

- The HRP medical reviews were not always as comprehensive as required by Department regulations.

- Responsible officials, both Federal and contractor, did not always adequately communicate regarding reportable concerns when evaluating HRP employees.

During our inspection, we also noted that the Department-wide HRP drug testing program did not include categories of drugs that are commonly abused, such as synthetic narcotic pain medications and hallucinogens. This was of concern given the current epidemic in the use of certain synthetic drugs and the significance of the HRP to national security.

Based upon our findings, we recommended several corrective actions intended to enhance Livermore's HRP and, in so doing, better ensure site security. In addition, we recommended that the Department review the adequacy of current HRP drug testing categories for identifying commonly abused drugs and update the HRP drug testing program, as necessary.

MANAGEMENT REACTION

In responding to a draft of our report, management concurred with our recommendations and identified corrective actions that have been or are being taken. Management's comments are provided at Appendix B of the report.

Attachment

cc: Deputy Secretary
Administrator, National Nuclear Security Administration
Under Secretary of Energy
Under Secretary of Science
Chief of Staff
Director, Office of Security and Safety Performance Assurance
Manager, Livermore Site Office
Director, Policy and Internal Controls Management (NA-66)
Director, Office of Internal Review (CF-1.2)
Audit Liaison, Livermore Site Office

THE HUMAN RELIABILITY PROGRAM AT LAWRENCE LIVERMORE NATIONAL LABORATORY

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INTRODUCTION AND OBJECTIVE

The Department of Energy's (DOE's) Lawrence Livermore National Laboratory (LLNL) supports the core mission of maintaining a safe, secure, and reliable nuclear weapons stockpile and applies scientific expertise towards the prevention of the proliferation of weapons of mass destruction and terrorist attacks. LLNL is managed by the University of California for the Department's National Nuclear Security Administration (NNSA).

DOE has long recognized that individuals involved in the nuclear weapons program need to meet the highest standards of reliability, including physical and mental suitability. In the past, DOE administered two separate but similar reliability programs to accomplish this task: the Personnel Security Assurance Program (PSAP) and the Personnel Assurance Program (PAP). In 2004, DOE combined the two programs into one new program, the Human Reliability Program (HRP). In March 2004, DOE approved LLNL's HRP Implementation Plan, which established procedures, guidelines, and responsibilities for the HRP at LLNL. In April 2004, LLNL transitioned from the former PAP and PSAP into the HRP. The majority of LLNL's employees currently in the HRP were "grandfathered in" from LLNL's former PAP or PSAP.

At LLNL, HRP certification is required for employees assigned to sensitive positions relating to the stewardship and protection of nuclear weapons and nuclear materials. Employees entering the program must possess a Q (Top Secret) clearance and must submit to an initial multi-phase certification process that is designed to identify and evaluate behaviors and conditions that may disqualify employees from holding HRP positions. Title 10 of the Code of Federal Regulations, Part 712, "Human Reliability Program" (10 CFR 712) categorizes these behaviors and conditions into 12 "reportable concerns." These reportable concerns include, among others: mental stability, criminal activity, personal integrity, drug and/or alcohol abuse, financial responsibility, job performance and attendance, as well as safety and security.

During the first phase of the HRP certification process, LLNL supervisors are responsible for: determining the need for initial or continued participation in the HRP, evaluating employees against the 12 reportable concerns, and submitting the required forms to the LLNL HRP administrator management team. The HRP administrator management team reviews and processes the

applications, as well as initiates and oversees the remaining phases of the HRP certification process, which include: HRP drug and alcohol testing, medical and psychological evaluations, and security and counterintelligence evaluations. The HRP security evaluations are conducted by the NNSA Service Center Personnel Security Division, located in Albuquerque, New Mexico. During the last phase of the certification process, a certifying official from NNSA's Livermore Site Office (LSO) makes the final determination for approval.

Individuals in the HRP are required to take random, unannounced drug and alcohol tests. They also must be recertified every 12 months. The requirements for the recertification process are essentially the same as for the certification process, and the same certification form is used for both.

The objective of this inspection was to determine if the LLNL HRP was administered in accordance with DOE requirements and LLNL's HRP Implementation Plan.

OBSERVATIONS AND CONCLUSIONS

We concluded that the LLNL HRP was not administered in full accordance with DOE requirements and the LLNL HRP Implementation Plan. Specifically, we found that:

- The methodology used to select individuals for drug and alcohol testing did not ensure that the tests were random, as required.

- When an LLNL employee's payroll supervisor was not also his/her observing supervisor, the two supervisors did not always conduct joint employee evaluations, as required by the LLNL HRP Implementation Plan. This joint evaluation is important because the two supervisors may have differing knowledge relating to an employee's job performance that could impact his/her participation in the HRP.

- Subcontractor employees in the HRP were not being evaluated by both their company payroll supervisor and their LLNL observing supervisor as required by the LLNL HRP Implementation Plan.

- Some HRP personnel who were called into work for unscheduled HRP duties were not, as required by the LLNL HRP Implementation Plan, questioned about whether they had consumed alcohol within the previous four hours.

- The HRP medical reviews were not always as comprehensive as required by DOE regulations.

In addition, we found that:

- LLNL HRP management officials, LLNL designated medical officials, LSO certifying officials, and NNSA Service Center Personnel Security Division officials did not always adequately communicate regarding reportable concerns when evaluating HRP employees.

- The LLNL HRP did not have specific performance metrics to measure significant aspects of the program.

During our inspection, we noted that the DOE-wide HRP drug testing program did not include categories of drugs that are commonly abused, such as synthetic narcotic pain medications and hallucinogens. Given the significance of the HRP to national security, we believe DOE should consider updating the HRP drug testing program to address these drugs.

LLNL HRP management officials advised us that, as a result of our inspection and further communication with them, a number of actions have been taken or initiated to address many of the areas we identified as not being in compliance with DOE requirements or the LLNL HRP Implementation Plan. For example, LLNL advised us that: the computer program for generating random selection of individuals for drug and alcohol testing was modified, comprehensive final medical reviews were being conducted on all HRP employees during medical evaluations, a supplemental supervisory review form was created to facilitate the certification process, and more comprehensive performance metrics were implemented. However, some actions remain to be completed, and DOE management needs to confirm that corrective actions adequately address all the issues we have identified.

Details of Findings

DRUG AND ALCOHOL TEST RANDOM SELECTION PROCESS

We found that the methodology used to select individuals for drug and alcohol testing did not ensure that the tests were random, as required by DOE policy and the LLNL HRP Implementation Plan. The LLNL HRP Implementation Plan and 10 CFR 712 require all personnel in the HRP to be subject to at least one unscheduled and unannounced randomly selected drug and alcohol test within a 12-month period. To be random, there should be equal probability of selection over a 12-month period. However, we determined from a review of a judgmental sample of the HRP files for 100 employees that approximately 67 percent of the individuals' drug and alcohol testing dates fell within 1 or 2 months of the 12-month anniversary of each individual's previous testing date. Thus, instead of the required random selection, it was highly probable (67 percent) that a testing date would occur within 1 to 2 months of the anniversary date. This statistic also raised concern about whether the testing truly met the intent of the requirement that it be unscheduled and unannounced. In fact, some LLNL HRP employees we interviewed said that they thought the drug testing was an annual requirement associated with the annual recertification because they were always drug tested at about that time.

We were told by HRP officials and LSO management that the reason for the lack of uniformity of testing throughout the 12-month period was that many of the HRP employees who were initially selected for drug and alcohol testing were unavailable on the day of selection. LLNL's procedure was that these employees were not to be notified of their selection and that their names were to be reentered into the selection pool. LSO management and LLNL HRP officials acknowledged that this has resulted in employee test selections being pushed back toward the end of the 12-month period, necessitating more frequent and often repetitive test selections to ensure all employees received their drug and alcohol testing within the 12-month period. After we raised concerns about the randomness of the testing, LLNL took action to modify the computer program used to select employees for testing so that more employees are selected earlier in the 12-month cycle. While this action may help alleviate the situation, it does not address the problem noted above associated with reentering unavailable employees into the selection pool.

LLNL SUPERVISORY REVIEWS

We found that, when an LLNL employee's payroll supervisor was not also his/her observing supervisor, the two supervisors did did not always conduct joint employee evaluations, as required by the LLNL HRP Implementation Plan. This joint evaluation is important because the two supervisors may have differing

knowledge relating to an employee's job performance that could impact his/her participation in the HRP. Supervisors are responsible for initially identifying and recommending employees for positions in the HRP and conducting reviews on an annual basis. In addition, through both observation and review of attendance, conduct, and job performance records, supervisors are required to evaluate employees in regard to the 12 reportable concerns.

We learned that many LLNL employees were assigned both a payroll supervisor and an observing supervisor. Typically, the payroll supervisor retained control of the attendance, conduct, and job performance records, while the observing supervisor directed and supervised the employee's daily activities and was better positioned to observe the employee's job performance. LLNL's HRP Implementation Plan stipulated that payroll supervisors were required to initiate contact with observing supervisors during the evaluation process in order to confirm that no disqualifying reportable concerns existed, and the payroll supervisor was required to sign the HRP certification form affirming the employee's continued qualification.

We interviewed a number of HRP payroll and observing supervisors. We learned that in some instances payroll supervisors were not communicating with observing supervisors during the employee HRP evaluation process to confirm that no disqualifying reportable concerns existed, yet they were signing the HRP certification forms affirming the employee's continued qualification.

SUBCONTRACTOR SUPERVISORY REVIEWS

We found that subcontractor employees in the HRP were not being evaluated by both their company payroll supervisor and their LLNL observing supervisor as required by the LLNL HRP Implementation Plan. Typically, a subcontractor employee in an HRP position was supervised by a subcontractor payroll supervisor and an LLNL observing supervisor. The LLNL HRP Implementation Plan required subcontractor payroll supervisors to review subcontractor HRP employee attendance, conduct, and job performance records as well as evaluate HRP subcontractor employees in regard to the 12 reportable concerns. The plan also required an employee's subcontractor payroll supervisor to initiate communications with the employee's LLNL observing supervisor to confirm no disqualifying reportable concerns existed, and then both were required to co-sign the HRP certification form. We observed that although the DOE-approved HRP certification form did not contain two signature lines, the form contained enough space to accommodate two signatures.

We reviewed a majority of the subcontractor employee HRP files and determined that there were no supervisory co-signatures on any of the

subcontractor employees' HRP certification forms. Further, our interviews with subcontractor and LLNL supervisors identified that in some instances reviews were occurring without discussions between subcontractor payroll supervisors and LLNL observing supervisors and without pertinent record checks being done. For example, in the case of one subcontractor, we determined an LLNL observing supervisor was signing as the reviewing supervisor with little or no co-review occurring with any of the subcontractor payroll supervisors. Further, the LLNL observing supervisor did not have access to any of the subcontractor employee records; thus, no subcontractor employee attendance, conduct, or job performance records were being reviewed. In the case of another subcontractor, a subcontractor payroll supervisor/manager was reviewing subcontractor employees with little or no co-review occurring with any LLNL observing supervisors.

UNSCHEDULED DUTY REQUIREMENTS

We found that some HRP personnel who were called into work for unscheduled HRP duties were not, as required by the LLNL HRP Implementation Plan, questioned about whether they had consumed alcohol within the previous four hours. The LLNL HRP Implementation Plan states that supervisors who call in an HRP employee to perform HRP duties on an unanticipated shift are required to ask the employee whether he/she has been alcohol abstinent for the four hours prior to the call. If the individual has not been alcohol abstinent for the required period of time, he/she is not to report for duty.

We conducted interviews with maintenance and security personnel, including supervisory personnel, whose organizations are more commonly subject to unscheduled call-ins. We determined that some employees were not being questioned about their alcohol consumption prior to being called into work. Further, some supervisors were not even aware of the requirement to ask about alcohol consumption.

MEDICAL REVIEW PROCESS

We found that the HRP medical reviews were not always as comprehensive as required by DOE regulations. At LLNL, the HRP medical evaluation process was comprised of a physical examination and a psychological examination conducted by or under the supervision of HRP Designated Physicians and HRP Designated Psychologists from the LLNL Health Services Department, respectively. According to 10 CFR 712, the HRP Designated Physician is responsible for conducting a final comprehensive medical review in order to integrate the medical evaluation, psychological evaluation, and any other relevant information to determine an individual's overall medical qualifications for an assigned HRP position. The HRP Designated Physician confirms this review by signing the HRP certification form.

We determined from our review of the 100 employee HRP files and interviews with medical officials that in some cases the Designated Physicians were not reviewing the psychological evaluation files of individuals being certified in the HRP unless notified by a Designated Psychologist of a specific concern. Compounding this, we learned that in many cases medical information such as current physical examination results was not available to the psychological staff at the time the psychological evaluations were conducted and completed.

COMMUNICATION

We found that LLNL HRP management officials, LLNL designated medical officials, LSO certifying officials, and NNSA Service Center Personnel Security Division officials did not always adequately communicate reportable concerns when evaluating HRP employees. 10 CFR 712 allows NNSA Personnel Security Division officials to share with designated medical officials information they may have learned about psychological disorders or behavior issues that may impact an individual's ability to perform HRP duties. Likewise, 10 CFR 712 directs designated medical officials to report any security concerns to HRP management officials, who are then required to report the issues to NNSA Personnel Security Division officials and to LSO certifying officials.

Based on our review of the 100 employee HRP files and interviews with the above mentioned officials, we determined that in some cases HRP employees were being evaluated by both HRP designated medical officials and NNSA Service Center Personnel Security Division officials for similar reportable concern issues; however, appropriate communication was not occurring between the medical and security officials. For example, we observed some cases where Personnel Security Division officials and LLNL designated medical officials were attempting to resolve drug and/or alcohol concerns and personal integrity concerns on the same employees with no communication or exchange of information between the security and medical officials.

PERFORMANCE METRICS

We found that the LLNL HRP did not have specific performance metrics to measure significant aspects of the program. Although LLNL conducted annual reviews of HRP files, these reviews were not sufficiently comprehensive to identify necessary improvements, such as those identified in this inspection. We believe that LLNL officials need to develop comprehensive performance measures to ensure the HRP is being administered in accordance with the LLNL HRP Implementation Plan and DOE requirements.

DRUG TESTING OBSERVATION

During our inspection, we observed that the DOE-wide HRP drug testing program did not include categories of drugs that are currently commonly abused. For example, LLNL medical officials told us that narcotic pain medications such as Oxycontin, Oxycodone, and Hydrocodone (Vicodin) are not detectable using the current drug testing standards. According to the results of a Department of Health and Human Services (HHS) 2004 National Survey on Drug Use and Health, the abuse of narcotic pain medications in the United States is now equal to or exceeds the abuse of many of the drugs currently being tested for in the HRP, such as cocaine, methamphetamine, and heroin. In addition, we learned that, even though the HRP regulation (10 CFR 712) specifically prohibits the use of or the previous use of hallucinogens within the last five years, commonly abused hallucinogenic drugs such as d-lysergic acid diethylamide (LSD) and methylenedioxymethamphetamine (ecstasy) are also not detectable using the current drug testing standards.

Under current DOE regulations, drugs that may be tested for during the initial and random HRP drug tests are the five major drug categories "mandated" for DOE and other Government Executive Branches by HHS under the guidelines for Federal Workplace Drug Testing Programs. Any deviation from the HHS guidelines must be reviewed and approved by the Secretary of HHS. The HHS guidelines are implemented at DOE facilities under Title 10 of the Code of Federal Regulations, Part 707, "Workplace Substance Abuse Programs at DOE Sites" (10 CFR 707) and are made applicable to the HRP drug testing program under 10 CFR 712. The HHS guidelines were enacted in 1988 and updated in 2004; however, the categories of drugs tested for under these guidelines have not changed, even though there are many new drugs that are commonly abused today. Currently, 10 CFR 707 only provides for expanded drug testing under "reasonable suspicion" situations where two or more supervisors or management officials agree that additional testing is appropriate and the suspicion is based on an "articulable belief that an employee uses illegal drugs, drawn from particularized facts and reasonable inferences of those facts."

The HRP is a vital national security program designed to protect the most sensitive nuclear weapon interests of the United States Government. Given the gaps in DOE's HRP drug testing program, we believe that the Director for Security and Safety Performance Assurance, as the entity responsible for security policy within DOE, should consider updating the HRP drug testing program to address additional drugs commonly abused today.

RECOMMENDATIONS

Contractor officials advised that a number of corrective actions have been taken or initiated to address the concerns identified during our review. However, to ensure that the matters raised in this report are fully addressed, we recommend the Manager, Livermore Site Office requires that:

1. LLNL payroll supervisors and observing supervisors jointly conduct required HRP reviews, in accordance with LLNL's HRP Implementation Plan.

2. For subcontractor HRP employees, both the subcontractor payroll supervisor and the LLNL observing supervisor conduct thorough HRP reviews and co-sign the HRP certification form in accordance with LLNL's HRP Implementation Plan.

3. LLNL supervisors are aware of and act on their responsibility to question HRP individuals about alcohol consumption when called in for unscheduled duty.

4. LLNL HRP drug and alcohol tests are, in fact, random.

5. LLNL Designated Physicians conduct comprehensive final medical reviews on all HRP applicants in accordance with 10 CFR 712.

6. LLNL implements specific performance measures for significant aspects of the HRP.

We recommend the Manager, NNSA Service Center and the Manager, Livermore Site Office ensure that:

7. Service Center Personnel Security Division officials, LLNL HRP management officials, designated HRP medical personnel, and LSO certifying officials work together to develop and implement a plan, consistent with 10 CFR 712, to enhance communication of reportable concerns during the HRP employee certification process.

We recommend the Director, Office of Security and Safety Performance Assurance:

8. Reviews the adequacy of current HRP drug testing categories for identifying commonly abused drugs, and updates the HRP drug testing program, as necessary, to address additional drugs commonly abused today.

MANAGEMENT COMMENTS

In comments on our draft report, NNSA concurred with recommendations 1 through 7, and the Office of Security and Safety Performance Assurance concurred with recommendation 8. Both indicated that corrective actions have been taken or initiated. Management's comments are included in Appendix B.

In comments from LSO that were attached to the NNSA response, LSO commented that, in its view, LLNL is in compliance with HRP regulations with respect to random drug and alcohol testing where individuals must have a random test at least once every 12 months from the previous test. LSO stated that all employees have an equal probability of selection over a 12-month period, but because of vacation, travel, sick leave, shift work, etc., a percentage of individuals are not tested when first selected. LSO stated that this has led to situations where individuals who are frequently unavailable when selected get their testing dates pushed back, with the selection algorithm choosing their name more often until they are successfully tested.

INSPECTOR COMMENTS

In general, we found management's comments to be responsive to our findings and recommendations. However, regarding LSO's comments, we continue to believe that LLNL's methodology for selecting individuals for drug and alcohol testing did not ensure that the tests were random, as required. Specifically, 10 CFR 712 requires "the unscheduled, unannounced drug testing of randomly selected employees by a process designed to ensure that selections are made in a nondiscriminatory manner." LLNL has created, at a minimum, an appearance of predictability that challenges the requirement for random testing. Specifically, a majority of the individuals (approximately 67 percent from our sample) were being tested within the last 2 months before their 12-month anniversary date. In fact, some LLNL HRP employees that we interviewed said that they thought the drug testing was an annual requirement associated with the annual recertification because they were always drug tested at about that time.

Management also provided technical comments concerning the report. We evaluated these comments and made changes to the report, as appropriate.

Appendix A

SCOPE AND METHODOLOGY

We performed the majority of our inspection fieldwork between July and October of 2005. We interviewed LLNL officials, NNSA Service Center officials, LSO officials, and LLNL employees and supervisors involved in the HRP. We reviewed DOE and LLNL policies, procedures, and records relating to the HRP process. Documents used in this review included:

- 10 CFR 712, "The Human Reliability Program."
- 10 CFR 707, "Substance Abuse Programs at DOE Sites."
- DOE Form 470.3, "HRP certification form."
- The Livermore HRP Implementation Plan, dated March 24, 2004.
- The HHS 2004 National Survey on Drug Use and Health.

Also, pursuant to the "Government Performance and Results Act of 1993," we reviewed Livermore's performance measurement processes as they related to the HRP.

This inspection was conducted in accordance with the "Quality Standards for Inspections" issued by the President's Council on Integrity and Efficiency.

Department of Energy
Washington, DC 20585

May 12, 2006

MEMORANDUM FOR ALFRED K. WALTER
ASSISTANT INSPECTOR GENERAL
OFFICE OF INSPECTIONS AND SPECIAL INQUIRIES

FROM: GLENN S. PODONSKY
DIRECTOR
OFFICE OF SECURITY AND SAFETY
PERFORMANCE ASSURANCE

SUBJECT: COMMENTS FOR IG DRAFT INSPECTION REPORT -- The Human Reliability Program at the Lawrence Livermore National Laboratory (SO5IS030)

The Office of Security and Safety Performance Assurance (SSA) has reviewed the subject draft inspection report provided by the Inspector General's memorandum of April 20, 2006, and provides the following comments.

In your review, you make the following recommendation:

> "We recommend the Deputy Director for Security and Safety Performance Assurance review the adequacy of the current HRP drug testing categories for identifying commonly abused drugs, and update the current HRP drug testing program, as necessary, to address omitted drugs commonly abused today."

In response to your recommendation, I have directed the Office of Security Policy to conduct a review to collect information from DOE sites that conduct HRP programs under Title10, Code of Federal Regulations, Part 712, to determine the drug testing regime under their current implementation of HRP drug testing program and to determine which, if any, prescription drugs may be abused at that site. A list of additional drugs to consider for possible inclusion in the drug testing panel would also be requested from each site. To collect additional information, SSA is enhancing our line of questioning under the current security evaluation inspection protocol to ensure we are gathering data that will assist us in determining if the HRP is adequately and promptly capturing information concerning the abuse of drugs outside the current testing standards. We expect to have completed the initial survey of our HRP sites and a preliminary analysis of the results by September 30, 2006.

We have also discussed with the Office of Epidemiology and Health Surveillance their work on the revision of Title 10, Code of Federal Regulations, Section 707 (10 CFR 707). We understand that they have taken preliminary steps to contact the Department of Health and Human Services

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concerning additional testing requirements. We will monitor their progress and include it appropriately in the review.

Based on the results of the review and on progress toward revision of 10 CFR 707, we will incorporate required changes to the HRP drug testing program.

If you have any questions, you may contact me at (301) 903-3777, or Regina Cano at (301) 903-1503.

cc: Michael Kilpatrick, SP-1
Lesley Gasperow, SP-1.2
Arnold Guevara, SP-41
Patricia Worthington, SP-44
Marvin Mielke, SP-44
Jack Cowden, SP-61
Bonnie Richter, EH-53
Ken Matthews, EH-53
Jerry Eisele, ORISE

Department of Energy
National Nuclear Security Administration
Washington, DC 20585

May 17, 2006

MEMORANDUM FOR Alfred K. Walter
Assistant Inspector General
for Inspections and Special Inquiries

FROM: Michael C. Kane
Associate Administrator
for Management and Administration

SUBJECT: Comments to Draft Report on Livermore HRP;
S05IS030/2005-16501

The National Nuclear Security Administration (NNSA) appreciates the opportunity to review the Inspector General's (IG) draft report, "The Human Reliability Program at Lawrence Livermore National Laboratory." We understand that this inspection was conducted to determine if the Livermore Human Reliability Program (HRP) was being administered in accordance with overall requirements and with their own HRP Implementation Plan.

NNSA agrees with the draft report and the associated recommendations. I have attached comments of a technical nature that I received from the Livermore Site Office that add clarity to the report and provide information related to the recommendations.

Should you have any questions related to this response, please contact Richard Speidel, Director, Policy and Internal Controls Management.

Attachment

cc: Camille Yuan Soo-Hoo, Manager, Livermore Site Office
Robert Braden, Senior Procurement Executive
Karen Boardman, Director, Service Center

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IG Report No. DOE/IG-0732

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3. What format, stylistic, or organizational changes might have made this report's overall message more clear to the reader?

4. What additional actions could the Office of Inspector General have taken on the issues discussed in this report which would have been helpful?

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