

# Chapter 7

## Surveys and Reviews

This chapter describes the programs and procedures adopted by DOE HQ to implement the requirements of DOE Order 470.4B, *Safeguards and Security Program*, Appendix A, Section 2, Survey, Review, and Self-Assessment Programs.

The Survey and Review Programs provide assurance to the Secretary of Energy, Departmental elements, and OGAs that safeguards and security (S&S) interests and activities are protected at the required levels. These programs also provide a basis for line management to make decisions regarding S&S program activities, including allocation of resources, acceptance of risk, and mitigation of vulnerabilities. The results of these reviews provide a compliance and performance-based documented evaluation of the S&S program. In addition, these reviews identify S&S program strengths and weaknesses, develop and complete a process improvement schedule, and use the results to correct and improve the overall S&S program. The survey and self-assessment reports provide documentation of oversight and assessment activities.

- Section 701 describes the types of surveys and reviews conducted at DOE HQ, the contents of associated reports, and the rating system in use.
- Section 702 describes the procedures for developing Corrective Action Plans, tracking them to completion, and obtaining validation of closure.

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# Section 701

## Surveys and Reviews

This section describes the programs and procedures in effect at DOE HQ to conduct S&S surveys and reviews. These activities are conducted to assure the Secretary of Energy, Departmental elements, and OGAs that S&S interests are being protected at the required level.

AU-42 is responsible for the conduct of all surveys and reviews of HQ facilities and for conducting an annual survey of overall HQ security operations. The HQ Survey Team has been established within AU-42 to carry out these surveys and review activities.

### **Types and Frequencies of Surveys and Reviews:**

Below are the types and frequencies of surveys and reviews conducted by the HQ Survey Team:

1. Initial Surveys – Conducted upon establishment of a new facility that will have an Importance Rating of A, B, C, or PP (see Attachment 701-1).
2. Periodic Surveys – Conducted for already-established facilities with an importance rating of A, B, or C, once every 12 months. Facilities with an importance rating of PP are surveyed once every 24 months.
3. Special Surveys – Conducted upon request for a specific, limited security purpose.
4. Termination Surveys – Conducted upon termination of a facility to ensure that Departmental security interests have been returned, relocated, or disposed of properly.
5. Periodic Reviews – A documented review of Non-Possessing (NP) facilities conducted at least once every 5 years.

### **Headquarters Surveys:**

An annual HQ S&S Survey is conducted by the HQ Survey Team with assistance from HSOs) of selected HQ elements. The S&S Survey is conducted continuously from October 1 through August 31 each year.

HQ elements are permitted to conduct internal security self-assessments for their own individual purposes.

## HQ Implementation Procedures

The HQ Survey Team maintains a list of all HQ facilities and a schedule for conducting required S&S Periodic Surveys and Reviews. Initial, Special, and Termination Surveys are conducted only when the HSO or FSO responsible for that facility sends a request via e-mail to the HQ Survey Team requesting such a survey. The HQ Survey Team then coordinates with the requesting HSO or FSO to facilitate the necessary survey or review.

The HQ Survey Team establishes a schedule for conducting the HQ S&S Survey and provides it to the HSO Program Manager for further dissemination to all element HSOs. When the Survey Team conducts an S&S topical/subtopical survey or review of a specific HQ element, the HSO for that element is expected to accompany the Team and participate as needed.

All applicable S&S topical and subtopical areas included on DOE F 470.8, *Survey/Inspection Report Form*, are covered during HQ surveys and reviews. See the Forms/Samples/Graphic subsection below for a link to DOE F 470.8.

The HQ Survey Team issues an official report upon completion of all Initial and Periodic Surveys. The report contains:

- A completed DOE F 470.8.
- An executive summary containing:
  - The scope, methodology, period of coverage, duration, and date of the exit briefing to management
  - A brief overview of the facility, function, scope of operations, and contractual information
  - A brief synopsis of major strengths and weaknesses that impact the effectiveness of the facility's overall S&S program, including identification of any topical areas rated less than satisfactory
  - The overall composite facility rating with supporting rationale
  - Reference to a list of findings identified during the survey, review, or self-assessment.
- A narrative for all rated topical and subtopical areas that includes:
  - A description of the facility's implementation of the program element
  - The scope of the evaluation
  - A description of activities conducted

- The evaluation results and associated issues
- The identification of all findings, including new and previously identified open findings, regardless of source – e.g., Office of Independent Oversight (IEA) and predecessor organizations, the DOE Inspector General (IG), and the Government Accountability Office (GAO) – and their current corrective action status
- An analysis that provides a justification and rationale for the factors responsible for the rating.
- Attachments, including:
  - A copy of the current DOE F 470.2, *Facility Data and Approval Record* (FDAR)
  - A listing of all active DOE F 470.1, *Contract Security Classification Specification* (CSCS) form(s), or DD F 254, *DOD Contract Security Classification Specification* form(s)
  - A listing of all new findings resulting from the survey/review
  - A listing of all previous findings that are open, along with the current status of corrective actions
  - A listing of team members including names, employer, and their assigned area(s) of evaluation
  - A listing of all source documentation used to support the survey/review and results (e.g., GAO, IG, IEA, and similar assessment documentation).

The HQ Survey Team distributes the reports to the applicable senior managers, personnel responsible for corrective actions, and other appropriate personnel.

Any findings identified in the report are assigned to the specific HQ element where the deficiency was identified. The element is required to submit a Corrective Action Plan (CAP), with applicable milestones, to the HQ Survey Team within 30 days after issuance of the finding. Actions taken to rectify the finding are to be tracked through updates to the CAP until the deficiency is corrected. See Section 702, Corrective Action Plans, for additional information on developing and completing CAPs.

All open findings from previous surveys and reviews are reviewed by the HQ Survey Team during the next survey or review to validate the status of corrective actions and to evaluate their impact on the S&S program.

If, during the conduct of a survey, the HQ Survey Team identifies a vulnerability that places national security, classified information, or Departmental property at significant risk, the Team notifies the HQ element immediately.

All findings identified during a survey or review are to be documented in the associated report, even if the finding was closed/rectified during the survey or review. (See Section 702, Corrective Action Plans, for additional information on this issue.)

The survey or review report includes a formal rating that summarizes the effectiveness and adequacy of the security program at the facility being examined. The rating system is:

- Satisfactory: The element being evaluated meets protection objectives.
- Marginal: The element being evaluated partially meets protection objectives.
- Unsatisfactory: The element being evaluated does not meet protection objectives.

*NOTE: The phrase "Does Not Apply" (DNA) may be used instead of a rating.*

### **Notifications and Actions for Less Than Satisfactory Composite Ratings:**

The following actions are required in response to less than satisfactory composite ratings for S&S Periodic and HQ Surveys:

1. Marginal Ratings – Within 15 working days of the determination of a marginal composite rating, notification must be made to line management that includes:
  - A statement identifying the vulnerability and the rationale for the rating
  - A description of the corrective actions/compensatory measures taken to date and a statement acknowledging validation of the adequacy of those actions/measures.
2. Unsatisfactory Ratings – Within 24 hours of determination of an overall composite rating of unsatisfactory, the Director, AU-40 must coordinate with the appropriate HQ elements to:
  - Suspend the activity and/or recommend suspension of the facility clearance pending remedial action
  - Provide justification for continuing operations to the HQ Cognizant Security Authority.

The Director, AU-40 must evaluate the immediate interim corrective actions and ensure that they mitigate the identified risks or vulnerabilities.

## **Possible Incidents of Security Concern:**

If the results of a survey or self-assessment identify an incident of security concern, it must be reported in accordance with Chapter 11, Incidents of Security Concern, of the HQFMSP.

## **Point of Contact**

For the names and contact information for the positions identified in this section, call (301) 903-7189 or (301) 903-2644.

## **Forms/Samples/Graphics**

Facility Importance Ratings (see Attachment 701-1)

DOE F 470.1, *Contract Security Classification Specification*, (for a copy of this form go to <http://energy.gov/cio/downloads/contract-security-classification-specification-cscc>)

DOE F 470.2, *Facility Data and Approval Record*, (for a copy of this form go to <http://energy.gov/cio/downloads/facility-data-and-approval-record-fdar>)

DOE F 470.8, *Survey/Inspection Report Form*, (for a copy of this form go to <http://energy.gov/cio/downloads/surveyinspection-report-form>)

DD 254, *DOD Contract Security Classification Specification*, (for a copy of this form go to <http://www.dtic.mil/dtic/pdf/formsNguides/dd0254.pdf>)

## **References**

*Safeguards and Security Survey and Self-Assessment Guide and Toolkit*, 2003

## ATTACHMENT 701-1

### Facility Importance Ratings (Extracted from DOE Order 470.4B)

Facility importance ratings are used to identify the protection importance of facilities. Each facility's assigned importance rating must be recorded on DOE Form 470.2, *Facility Data and Approval Record*. Importance rating criteria are as follows.

- a. "A" Importance Ratings. Ratings assigned to those facilities that meet any of the following criteria:
    - (1) engaged in administrative activities considered essential to the direction and continuity of the overall DOE nuclear weapons program, as determined by the Departmental element;
    - (2) authorized to possess Top Secret or possess SAP matter or designated as Field Intelligence Elements;
    - (3) authorized to possess Category I quantities of SNM (including facilities with credible roll-up quantities of SNM to a Category I quantity); or
    - (4) authorized to operate critical infrastructure programs determined to be essential by DOE line management.
  - b. "B" Importance Ratings. Ratings assigned to those facilities that meet any of the following criteria:
    - (1) engaged in activities other than those categorized as "A" and authorized to possess Secret (S)/Restricted Data (RD) and/or weapon data matter;
    - (2) authorized to possess Category II quantities of SNM; or
    - (3) authorized to possess certain categories of biological agents.
  - c. "C" Importance Ratings. Ratings assigned to those facilities that meet any of the following criteria:
    - (1) authorized to possess Categories III and IV quantities of SNM or other nuclear materials requiring safeguards controls or special accounting procedures; or
    - (2) authorized to possess classified information or matter other than the type categorized for "A" and "B" facilities.
  - d. "D" Importance Ratings. Ratings assigned to those facilities that provide common carrier, commercial carrier, or mail service and are not authorized to store classified information or matter, or nuclear material during nonworking hours. (Carriers who store classified information or matter, or nuclear material must be assigned an "A," "B," or "C" importance rating).
  - e. "E" (Excluded Parent) Importance Ratings. Ratings assigned to a corporate tier parent of a contractor organization that has been barred from participation in the activities related to a contract with DOE.
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- f. “PP” (Property Protection) Importance Ratings. Ratings assigned to those facilities for which a special standard of protection must be applied. Basic considerations include physical protection to prevent or deter acts of arson, civil disorder, riots, sabotage, terrorism, vandalism, and theft or destruction of DOE property and facilities. These special standards are applied when a facility has:
- (1) Government property of a significant monetary value (more than \$5 million, exclusive of facilities and land values);
  - (2) nuclear materials requiring safeguards controls or special accounting procedures other than those categorized as types “A,” “B,” or “C”;
  - (3) responsibility for DOE program continuity;
  - (4) national security considerations; or
  - (5) responsibilities for protection of the health and safety of the public and employees.
- g. “NP” (Non-Possessing) Importance Ratings. Ratings assigned to those facilities that have authorized access to classified information or matter, or SNM at other approved locations. Non-possessing facilities do not themselves possess any classified information or matter, or SNM.

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## Section 702

# Corrective Action Plans and Validation of Closure

Security-related findings may be issued as a result of a security inspection, evaluation, survey, or self-assessment conducted by the GAO, IG, IEA and its predecessors, and the HQ Survey Team within AU-42. Once a security finding is issued, a CAP must be developed to resolve the finding, and the completed CAP must be validated to ensure that the actions have fully resolved the finding. All security-related findings must be entered into SSIMS and tracked until they are closed.

Because security-related findings are issued and tracked by several different organizations, many of which do not use or have access to SSIMS, the process of tracking findings and CAPs and validating their closure requires actions by several different HQ organizations. Additionally, security-related findings issued by the GAO or IG and their CAPs must be entered into and tracked by the Departmental Audit Reports Tracking System (DARTS), which is managed by the DOE Office of the Chief Financial Officer (CF).

## HQ Implementation Procedures

### Findings:

Any **finding** issued as a result of a security inspection, evaluation, survey, or self-assessment must be entered into SSIMS as follows:

- Findings issued by the HQ Survey Team as a result of security surveys and self-assessments are entered into SSIMS by the HQ Survey Team.
- Findings issued by IEA and its predecessors as a result of security inspections and evaluations are entered into SSIMS by IEA.
- Findings issued by the GAO or IG as a result of their reviews are entered into SSIMS by the Office of Security Assistance (AU-52). Concurrently, security-related findings issued by the GAO or IG must also be entered into DARTS by personnel within the HQ element who have access to DARTS.

When findings are issued, they are assigned to the specific HQ element where the deficiency was identified. The element is then responsible for preparing an initial CAP within 30 days of issuance of the finding. The CAP must identify what specific actions will be taken to resolve the finding, along with milestones for completing those actions.

### Corrective Action Plans:

CAPs for findings issued by the HQ Survey Team or IEA must be prepared in accordance with the Corrective Action Plan Formats and instructions provided in Attachments 702-1, 702-2, and 702-3. These formats consist of:

- A Corrective Action Plan Cover Sheet, which summarizes the finding, provides relevant administrative data, identifies the root cause of the finding, and estimates expected completion dates
- One or more Corrective Action Plan Milestones pages, which are attached to and submitted along with the Cover Sheet.

CAPs for findings issued by the GAO or IG must be prepared in the formats specified by those organizations.

1. CAPs for Findings Issued by the HQ Survey Team – The Cover Sheet and Milestones pages for findings issued by the HQ Survey Team are submitted to the HQ Survey Team, which enters the information from the initial CAP into SSIMS. Each quarter thereafter, the HQ Survey Team sends an e-mail to the HSO of each element that has an open finding, requesting the current status of the CAP. The HSO is expected to respond with an e-mail providing information on what milestones or corrective actions were completed. The HQ Survey Team uses this information to update the CAP in SSIMS.

When the HSO believes that the finding has been fully corrected, he/she must notify the HQ Survey Team by e-mail and provide the documentation or justification for closing the finding.

2. CAPs for Findings Issued by IEA – The Cover Sheet and Milestones pages for findings issued by IEA are submitted to IEA, which reviews the initial CAP to ensure that it adequately addresses the root cause of the finding. Once the review of the initial CAP is complete and the HQ element has revised and finalized it, IEA enters the CAP into SSIMS. Each quarter thereafter, IEA sends an e-mail to the HSO of each element with an open finding, requesting the current status of the CAP. The HSO is expected to respond with an e-mail providing information on what milestones or corrective actions were completed. IEA uses this information to update the CAP in SSIMS.

When the HSO believes that the finding has been fully corrected, he/she must notify IEA by e-mail and provide the documentation or justification for closing the finding.

3. CAPs for Findings Issued by the GAO or IG – The CAP is prepared in the format specified by these organizations and submitted to the Office of Risk Management (CF-80) for input into DARTS. CF-80 takes the actions necessary to track the completion of the CAP and updates the DARTS record as necessary.

Periodically, the HQ Survey Team requests the assistance of CF-80 to obtain the current status of CAPs pertaining to findings issued by the GAO or IG. The HQ Survey Team uses these status reports to update the SSIMS records for the GAO- or IG-issued findings and CAPs.

## **Validation of Closure:**

The HQ Survey Team validates closure of all findings issued by the HQ Survey Team.

IEA validates closure of all findings issued by IEA.

Closure of findings issued by the GAO or IG is validated by those organizations in accordance with their individual procedures.

## **Concerns, Observations, and Recommendations:**

Concerns, Observations, and Recommendations that may be made to a HQ element as a result of security inspections, evaluations, surveys, or self-assessments are not entered into SSIMS. They are tracked and closed by the individual HQ element using their own procedures.

## **Points of Contact**

For the names and contact information for the positions identified in this chapter, call (301) 903-7189 or (301) 903-2644.

## **Forms/Samples/Graphics**

Corrective Action Plan Cover Sheet (see Attachment 702-1)

Corrective Action Plan Milestones Sheet (see Attachment 702-2)

Instructions for Completing Corrective Action Plan Milestones Sheet (see Attachment 702-3)

ATTACHMENT 702-1

<b>CORRECTIVE ACTION PLAN COVER SHEET</b>		
<b>Survey Date:</b>	<b>Survey Type:</b>	
<b>Finding Number:</b>		<b>Facility Code:</b>
<b>Responsible Program Office:</b>		
<b>Topical Area:</b>	<b>Subtopical Area:</b>	
<b>Reference(s) (i.e., Orders, Requirements, etc.):</b>		
<b>Short Description of Deficiency:</b>		
<b>Detailed Description:</b>		
<b>Root Cause Analysis:</b>		
<b>Corrective Action Description (including any mitigated/compensatory measures):</b>		
<b>Estimated Completion Date:</b>		
<b>Revised Completion Date:</b>		
<b>Completion Date:</b>		
<b>Responsible Manager:</b> <b>Print Name</b>	<b>Signature</b>	<b>Date</b>

ATTACHMENT 702-2

<b>CORRECTIVE ACTION PLAN MILESTONES SHEET</b>	
<b>Finding Number:</b>	<b>Date:</b>
<b><u>Milestone:</u></b> <b><u>No.:</u></b>	
<b><u>Milestone Description:</u></b>	
<b><u>Deliverables/Completion Criteria:</u></b>	
<b>Milestone Due Date:</b>	<b>Date Milestone Completed:</b>
<b>Milestone Manager (print and sign):</b>	
<b><u>Milestone:</u></b> <b><u>No.:</u></b>	
<b><u>Milestone Description:</u></b>	
<b><u>Deliverables/Completion Criteria:</u></b>	
<b>Milestone Due Date:</b>	<b>Date Milestone Completed:</b>
<b>Milestone Manager (print and sign):</b>	

**ATTACHMENT 702-3**

**Instructions for Completing Corrective Action Plan Milestones Sheet**

<b>SECTION</b>	<b>INSTRUCTIONS</b>
Finding Number	Enter the finding number.
Milestone Number	Enter milestone number (consecutive starting with 1).
Milestone Description	<ul style="list-style-type: none"><li>• Write milestones with clear deliverables that solve the problem. Ensure that milestones address and correct the deficiency.</li><li>• Limit individual milestone instructions to brief, concise statements describing logical segments of the specified milestone. Include milestones for recurrence control.</li><li>• Write realistic and achievable milestones that can be verified.</li><li>• Do not overextend milestones beyond your control. Ensure that resources are available.</li><li>• Identify the milestone manager responsible for completion of each milestone and the respective program element.</li><li>• Identify only one milestone if only a single action is required to correct the deficiency.</li><li>• If completion of milestones is required by persons outside of the responsible manager's authority, the responsible manager coordinates the milestone with the supporting program element.</li></ul>
Deliverables/ Completion Criteria	Include completion criteria that are discrete, finite, and verifiable.
Milestone Due Date	Enter the due date for each milestone.
Date Milestone Completed	Enter the actual date each milestone was completed.
Milestone Manager	Milestone managers sign for concurrence of each assigned milestone.